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THE  
BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO ST. MARY'S HOSPITAL.

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1862<sup>2</sup> BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JULY 5, 1862.

## General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

### XV.—PAIN.

*Remedies for Pain. Anæsthetics. Anodynes.*

ON the all-important subject of Pain and its Remedies, there is still something that I wish to say—little in the way of speculation, perhaps, but yet liberally. For I cannot help believing that physiological, pathological, and medical research is now at work towards a better knowledge and a better treatment of diseases of the Nervous system, and especially of Pain.

Surprising facts have within these few years become familiar to us respecting insensibility to Pain and the modes of procuring it. Already they have carried with them to the mind and hand of man a knowledge and a power so full of mercy in their use, and so stamped with the character of a divine gift, as to call for praise and thankfulness. Think of the world of Pain that has been spared by the use of chloroform! Think of the lives that have been saved by operations of surgery, which never could have been accomplished without it!

This would, indeed, seem enough, were nothing more to be expected. But there is probably wrapped up in these facts something more yet to be learnt and used for beneficial ends, though it may be of a less splendid sort and pretension. For they must have their own place belonging to them in the sum of our knowledge. And to ascertain what their just place is, and how they fall in with our prior experience of diseases and of remedies would seem to be a first step to any reasonable calculation what more they are likely to teach us.

The observation is as old as Hippocrates (lib. ii, ch. 6), that in states of disease and injury which might (so to speak) naturally to produce Pain, even extreme Pain, it happens sometimes that none is complained of, and, there is reason to believe, none felt. But in all such cases, whatever be the present disease or injury sufficient to produce Pain, and not producing it, there is, moreover, some present harm sustained by the sensorium. Thus, in the intestine, casual hurts and accidents often lead to disease of a great amount remaining unnoticed, because uncomplained of. And thus, too, in those who suffer fevers, when they continue long delirious, and so for some time are on a level with the insane, deep ulcers

often appear on the back, or erysipelas spreads over a limb, unaccompanied by the least expression of Pain on the part of the patient.

Here nature offers us her own pattern of things; a sample (as it were) of her own handiwork for us to study. She blunts or she abolishes the perception of Pain; but, in the mean while, she strikes the brain with confusion or incapacity. And it is after this copy that we find ourselves working, whenever we would bring Pain into subjection to the power of medicine. There is nothing which we can administer with such intent but will make itself felt by the sensorium, while it operates remedially upon the suffering part. Be the effect proposed anæsthetic in the completest degree, or anodyne only in the ordinary sense, the sensorium must still be interested.

Hence, when we use such remedies, two things come to be considered and weighed against each other in almost every case; what does the pain need, and what will the brain bear? When all that is needed by the one can be borne by the other, then no restraint is put upon the just use of the remedy. But oftentimes the susceptibility of the brain limits its use to some inadequate measure, or entirely prohibits it. There are some unfortunate cases in which you cannot use opium to abate Pain, because the brain will not bear it.

But an anæsthetic remedy is a new thing under the sun. Therefore let us be sure that we know what it means. And as many things are better understood in contrast or comparison with other things than by themselves alone, so is this. And, therefore, we will still bring the anæsthetic remedy and the anodyne together, and mark the distinction between them; and thus contrive to get a better notion of both.

To make myself better understood, I will define what I mean by an anæsthetic, and what by an anodyne.

The Anæsthetic annuls the capacity of feeling Pain altogether, *without limit* as to its degree. It defies all the powers and methods of torture, all that fire or steel can inflict for the production of Pain.

But the Anodyne mitigates or abolishes Pain *within limits*. Its remedial power is restricted chiefly to Pains which are the adjuncts and consequences of disease. A sharp inflicted hurt from without is enough to break down all the power of defence or resistance it can offer against Pain. Your anodyne has no chance with fire or steel. Chloroform may be taken as the representative of one class of remedies, and opium of the other.

Thus far, tested by their effects upon Pain, the anæsthetic and the anodyne have the same operations in kind—only the one can do more in that kind than the other. The anæsthetic has the greater, the anodyne the less force. Mind, I say, tested *thus far*, and as to the power which each has over Pain.

Well, then, if *thus far* the anæsthetic can do all that



the anodyne can do, and much more, what need have we of both? Why, in our dealing with Pain, should not the remedy which has the greater force be always chosen before that which has the less? And since, for such purpose, the greater force and the greater certainty go together, why should not the anæsthetic entirely supersede the anodyne? Why, as a remedy for Pain, should not chloroform beat opium out of the field? Because, in the very treating of Pain, more is to be taken into account than the mere Pain itself. Because, as aforesaid, the two questions are always to be asked, both, What does the pain need? and, What will the Brain bear? Truly, as regards this intermediate operation upon the Brain, each remedy, anæsthetic as well as anodyne, is tied to its own conditions of doing its proper work. These are such, in the case of the anæsthetic, as will not allow it to fulfil the manifold office of the anodyne; and such, in the case of the anodyne, as will forbid it, by any augmentation of its dose, to reach safely the full power of the anæsthetic.

This sensorial operation is now the thing to be considered.

Prior to experience, one would have thought that, when absolute incapacity of feeling was produced summarily and suddenly at our will, and by an agent at our command, and by one and the same agent, as by chloroform, one would have thought that its sensorial operation would be always the same in every case. But the fact is not so. In one instance, as soon as the insensibility to Pain is complete, and as long as it lasts, there is a profound coma—no sense, no consciousness, no voice, no motion. The lungs respire; the heart contracts; and the blood circulates, telling us that the man is not really dead. The anæsthetic dose is discontinued, and it is not renewed. The sensorium throws off its coma. Sense, consciousness, voice, motion, all return; and with them returns the capacity of suffering Pain. But all has been a blank to the patient, from the moment that the chloroform had its anæsthetic effect to the moment that it lost it.

In another instance, as soon as the insensibility to Pain is complete, and as long as it lasts, there is no coma. Sense, consciousness, voice, motion, all remain; but they exist divorced from the present scene. The man is altogether in some visionary world. He sees and hears and talks with phantoms. But this world is always a happy world, and its phantoms are happy phantoms. And, indeed, it is passing strange to witness the dreadful business of a surgical operation going on, and see something of anguish and doubt and fear in every other countenance, and the patient himself the only person unconcerned and apparently happy. But the anæsthetic dose is not renewed; and its effects are unsustained, and wear themselves out. And then the sensorium wakes up from its dream, and the man returns to the real world; and he brings back with him his senses and his consciousness, his will and his intelligence, to live and dwell and converse again with things as they are. And, moreover, he recovers his capacity of feeling Pain. But he has to be told of all that has happened during his dream.

Ecstasy, trance, somnambulism (for we want a collective term for this class of affections), were things of rare occurrence, until we learnt that the means of producing them were within our own power.

Accordingly, beyond the few striking phenomena, which bear the name, nothing was known about them. The instances were too few to furnish an *experience*. Nobody could tell what conduced to them, or what or how much more than the mere ecstasy, the trance, or the somnambulism, was wrapped up in their essence—what, in short, was the state of internal functions and feelings, what were the capacities and susceptibilities of *pain* in persons so affected.

Whichever of these two remarkable states be induced, the coma or the ecstasy, the anæsthetic effect, which was the thing desired, is equally certain and complete: equally, whether the brain has its actings and its consciousness extinct for the time, or has them still alive and energetic, but under such forms and guises as characterise ecstasy, trance, somnambulism.

The operation of chloroform is one of those things which deserve to be dwelt upon and studied, for the sake of the light it throws upon the effect of medicines which are our daily resource and reliance in the treatment of diseases. Chloroform, administered as an anæsthetic, while it displays much that is properly and exclusively its own, exhibits something that it has in common with other remedies—something, for instance, in which it affords a magnified representation of what occurs whenever we give opium as an anodyne internally. Besides its local effect of abating or abolishing pain, which we desire and aim at, opium has a sensorial effect annexed, which is no part of our purpose, and which we had often rather be without. And it is remarkable that, incident to its operation as an anodyne, the sensorial effect of opium is of two opposite kinds, just as the sensorial effect of chloroform has been shown to be, which is incident to its operation as an anæsthetic.

Opium, administered in sufficient dose to abolish the severer degrees of Pain, such, for instance, as attend the passage of biliary or renal calculus, does not fully compass the purpose until it has made itself powerfully felt by the sensorium in one of two ways, either until it has subdued the sensorium into sleep, or roused it into delirium. The Pain remains in subjection to either of these conditions as long as they last. But when the sensorium awakes up from its sleep, or reposes from its delirium, then the Pain is free to return; and it will return, the cause still existing which first produced it.

But chloroform and opium, both possessing this vast power for the control of Pain, and both exercising it through the sensorium, are nevertheless not convertible remedies. Each can do what the other can not. Each can go beyond the other within the range of its special power. And it is the mode and conditions of their operation upon the sensorium which prevent them from being employed *convertibly* as remedies for Pain.

That appalling impression upon the sensorium, which is essential to its complete anæsthetic effect, chloroform can be made to produce in a minute or two. But the impression does not abide. As in a few minutes it reaches its full amount, so in a few minutes it totally disappears. And if, for the sake of a longer anæsthetic effect, a longer sensorial impression be needed, the chloroform must be applied afresh; and so on again and again. Thus, when we use chloroform for its great purpose of procuring insensibility to pain during a tedious operation, we



seem to be playing upon the sensorium, as it were upon an instrument, sustaining its effect so long as we keep the pressure upon the keys, and letting it subside when we take the pressure off.

Arising spontaneously, or from causes independent of our interference and intention, there are forms of disease, which, in popular language, and, indeed, in medical language, are called Fits. They are of great severity, of great present alarm, and of *short duration*, and belong most frequently to the brain. But Fits, severe as they are, and terrible as they look, and having their root, as they often have, in incurable disease, are themselves seldom fatal. Yet they are so sometimes. A man may die in a Fit. But before this happens, his disease has generally lost the character of a Fit. It has lost its shortness of duration, and its distinctness of attack. Each attack abides longer; and when it is considered to have subsided, something still remains as a memento of it, and occupies the interval until another attack takes place.

Let us take Epilepsy, for instance. Epilepsy is made up of elements which give it, apparently, a fatal stamp. Yet it is not fatal while it retains the character of a Fit; while it is an affair of minutes, or not of more than a quarter of an hour. But when it is lengthened out for half an hour, an hour, or more, it thus loses its character of a Fit, and a fear begins to arise of its proving fatal. Indeed, but for the shortness of its attack, Epilepsy (one would think) must be always fatal.

And, thus, chloroform does not produce its vast impression otherwise than *fitfully*, and the impression itself may be said to consist of Fits of coma or Fits of trance. From its own nature the coma or the trance is ready to pass away every few minutes; but chloroform applied every few minutes succeeds again and again in keeping and retaining it or bringing it back. And numerous Fits procured in this manner serve to give an apparent length and continuity to the impression. But let the impression hold on spontaneously, let it sustain and prolong itself independently, and so lose the fitful character, then peril is nigh at hand.

This sensorial impression, then, produced by chloroform, which looks so formidable, has in its *fitful* character the great condition of its safety. And its subsidence, or inclination to subside, again and again, after being again and again renewed by fresh applications of chloroform for one, or even two hours, is still a condition of its safety.

Doubtless, you can produce as great an impression upon the sensorium by opium, if you only give enough of it, as you can by chloroform; but not an impression as great in degree, and, at the same time, as short in duration. You cannot play upon the sensorium with opium, as you can with chloroform. You cannot urge and take off the pressure of your opium, and so raise, or lower, or stop its effect once produced. Opium once given is gone beyond your power to recall. It must be then left to work according to its nature. And its nature is to exercise its impression, not *fitfully*, but continuously.

Now, *inflicted* Pain is, beyond all experience and conception of Pains, the most severe. No Pain can come near the Pain of the knife. To counteract it, to stop its cry, requires an insensibility which shall equal the insensibility of death. But the world has grown old before the medicine has been found which

can procure the insensibility of death yet not procure death itself. But it is found at last; and that medicine is chloroform; and thus chloroform is peculiarly the remedy of inflicted Pain.

Further, *inflicted* Pain is as short or as long as, guided by the present necessity, we choose to make it. Generally it is short; or if it be long, it is rather several successive inflictions than one continuous Pain. In the meantime, we want to have that deadly insensibility, which is counteractive of it, as much at our command as the injury which we inflict is at our command. To make the insensibility short when we make the injury short, and long when we make the injury long. Chloroform is the medicine which can both procure the insensibility and can put it thus wonderfully at our command. In this respect, also, chloroform is peculiarly the remedy for inflicted Pain.

But opium is no remedy for *inflicted* pain. The conditions of its operation forbid it. Its operation, whether great or small, is always continuous. It can produce the insensibility of death, but not without producing death itself.

## Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

### LIVERPOOL NORTHERN HOSPITAL.

#### CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. WATERS, M.D.,  
Physician to the Hospital.

[Continued from page 623 of last volume.]

CASE XX. *Pleuropneumonia: Recovery.* Thos. Roscoe, aged 21, a hawker, was admitted into the hospital on December 28th, 1861. The patient stated that he was quite well on December 24th, and was out hawking on that day. On the morning of the 25th, he was suffering so much from pain in the side, that he was unable to leave his bed, which he kept until he was brought to the hospital. Six leeches had been applied to the left side the night before his admission. He said he had been drinking "hard" for about a fortnight before he was taken ill.

When admitted, he complained of pain in the left side, and shortness of breath. The pulse was 116, and hard; the respiration 60 per minute. There was no great heat of skin, but a good deal of general distress. Both lungs were resonant in front, with loud breath-sounds, especially on the right side. The right lung was resonant behind, and there was fine crepitation at the extreme base; elsewhere, the breathing was good. There was loud bronchial breathing, with fine crepitation, over the whole of the back of the left lung, with slight dulness below the level of the spine of the scapula and towards the axilla. The sputum was tenacious and rust-coloured. The urine was free from albumen. He was ordered a calomel and colocynth purge, with a quarter of a grain of antimony in a saline mixture every three hours, and beef-tea for diet.

At 9 P.M., he was breathing very rapidly, with a good deal of distress. The pulse was 110, and strong. He was ordered to take the mixture every two hours.

On the following day (the 29th), he said he felt better, but had not slept. He complained of pain in the side on coughing. The bowels had acted; there



had been no sickness; and the skin was perspiring freely. He had had slight epistaxis. The pulse had fallen to 74, and was softer; the respiration to 28. The right lung was free from crepitation. On the left side the crepitation was less distinct; but the bronchial breathing was more marked; and there was distinct bronchophony. The antimony was ordered to be discontinued during the night.

On the 30th, he had slept but little, was restless, and had an anxious expression of countenance. The pulse was 78; respirations 40. The dulness was more marked at the back of the left lung. The sputum was less discoloured. He was ordered half a drachm of laudanum at once—the dose to be repeated in four hours, unless he slept; to have two ounces of brandy at night; and to take the mixture every four hours, with the addition of ten minims of laudanum to each dose. He took the two doses of laudanum, and slept.

On the next day, he was better. Physical signs about the same. Ordered a blister, and three ounces of brandy.

On the 1st of January, he had slept well. The pulse was 72; respirations 20. The mixture to be taken every six hours. To have two ounces of brandy at night, strong beef-tea, etc.

On the 2nd, the pulse was 64; respirations 20. There was dulness on the left side below the spine of the scapula, with bronchial breathing, but less harsh than before. At the extreme base of the lung, the dulness was very marked, with very faint breath-sounds. The mixture was omitted, and a grain and a half of opium ordered every night, with four ounces of wine and two ounces of brandy daily, and chop diet.

On the 3rd, he complained of pain at the lower part of the left side. The pulse was 88; respirations 28. The bowels were confined. An injection was ordered, with six ounces of wine and an ounce and a half of brandy daily; and a grain of opium thrice during the day.

On the 5th, he was improving. The brandy was omitted, and a blister was applied to the left side.

On the 7th, the pulse was 68; respirations 15. The breathing was nearly natural over the back of the left lung, except at the extreme base.

On the 9th, the opium was omitted.

On the 12th, a herpetic eruption appeared over the trunk; otherwise he was well.

From this date he rapidly improved in strength, under the influence of quinine and wine; and was discharged quite well on January 21st. The urine was examined for chlorides, but not during the early part of the disease. On January 4th, the amount of chlorides was considerable, although not very abundant; but, as the patient progressed towards recovery, there was an increase in the quantity of these salts in the urine.

CASE XXI. *Pneumonia: Recovery.* Charles Williams, aged 26, a muscular, well-developed, and healthy looking seaman, was admitted into the hospital on April 26th, 1862. He said he had been quite well up to the 23rd; namely, three days before admission. On the night of the 22nd, he lay down in damp clothes; and on the following day felt somewhat unwell; but still was able to do his work. On the 24th, he was too ill to leave his bed, which he kept up to the time he was brought to the hospital. No treatment whatever had been adopted.

On admission, the patient complained of cough and pain in the left side; the latter increased on inspiration. The skin was hot, and rather perspiring; the countenance dusky, with an anxious expression; there was a herpetic eruption about the mouth. The pulse was 108, full and compressible; and the respiration rather hurried. The sputum was tenacious and rust-coloured. There was somewhat deficient movement of the left side of the chest; with dulness on percussion over the lower two-thirds of the back of the left lung, and well marked

crepitation over the same parts. He was ordered a calomel and colocynth purge, with a quarter of a grain of antimony in liq. am. acet. mixture every three hours; and beef-tea for diet.

On the 27th, the bowels had acted freely. He expressed himself as much relieved; had less pain and no difficulty of breathing. He had not vomited; but had felt a little nausea after the first dose of the medicine. He had not slept. The pulse was 80, and the respirations 28 per minute. The skin was cool and moist; the tongue somewhat furred; the dulness and crepitation were about the same as on the previous day. The right eye was the seat of a rather acute attack of conjunctivitis. The urine was examined, and found free from albumen; but contained plenty of chlorides. He was ordered to take the mixture every four hours during the day only, and to have a grain of opium at night, and opiate fomentations to the eye.

On the 28th, there was general improvement of the chest symptoms; he had no pain except when he coughed. The pulse was 80. The sputum scant, but still rust-coloured. Both eyes were inflamed. The mixture was omitted. He was ordered a grain and a half of opium at night; and vinum opii was dropped into each eye.

On the 29th, the dulness was much diminished over the back of the left lung; but crepitation was still distinctly heard. The pulse was 72. There was still some rust-coloured expectoration. The ophthalmia was subsiding. He was ordered a purgative, with a small blister to the left side, and chop diet.

On the 1st of May, there was no dulness at the back of the lung, but crepitation was heard at the extreme base. The pulse was 80; and the appetite good. Carbonate of ammonia and calumba were ordered.

On the 3rd of May, the breath and percussion sounds were natural over the left lung. There was no cough nor expectoration. The patient was up. The vinum opii had been dropped into the eyes daily, and the inflammation was entirely gone.

The patient was discharged well on May 9th.

[To be continued.]

"SPIRIT" WRITING. The latest miracle of all is the old stigmata medium; the medium with the large white-skinned arm on which the spirits scrawl blood-red letters in a very bad hand, and looking marvellously like an earthly scratch with a material pencil! This flesh writing is of no recent date. The Oxford Council of 1222 crucified two "naughtie fellows" at Arborberie for feigning the stigmata: but St. Francis of Assisi was canonised for his fraud two years later—as a compensation, probably. The Dominicans who got caught in false flesh-writing tricks at Berne, and Maria da Visitacam who disgraced herself in the same way at Lisbon, brought the fashion into temporary disrepute for a long long time, until lo! it starts up again in the Irish revivalist who had "Geasus" written over her stomach, and in the medium who bares his arm to show: scrawling "John" scratched there. What believer in the power of revivals would doubt the heavenly handwriting of the one (never mind the spelling); and what enthusiast in the cause of mediumship and spiritualism would question the ghostly origin of the other? Oh! how strange it is, that with the collective knowledge and advancement of the age for his guidance, a sane man can witness the marvellous dexterity of a modern juggler who confesses that all he does is by fraud of sense and mechanical combination, and can then accept the "spiritualism" of a bungler, who cannot speak tolerable English, and whose perpetually-failing tricks are of the lowest and most explainable order of legerdemain known. (*All the Year Round.*)



# Original Communications.

## MEDICAL STUDENTS.

THE SUBSTANCE OF AN ADDRESS DELIVERED AT ST. MARY'S HOSPITAL ON THE OCCASION OF DISTRIBUTING THE PRIZES IN 1862.

By H. W. ACLAND, M.D., F.R.S., Regius Professor of Medicine at Oxford.

THE distribution of prizes in a School of Medicine may hardly seem to be a matter of general concern. To compare a small assemblage like ours with one in which attainments in general education receive their reward publicly from some eminent statesman, would in truth be at once rash and illogical. Some kind of general education is immediately important to every member of a community, and is so esteemed by all educated men. Medical education, though sooner or later of consequence to every human being, is yet to the healthy, like some higher duties, of only remote significance. Nevertheless there must be to every thinking person something of special interest in the sight of young students collected in a hospital which has been built by private persons for the sake of the poor, at which these youths are earnestly taught by voluntary teachers, and where they learn how to devote their lives faithfully and efficiently to the relief of sickness and of suffering.

This impression is not diminished when the medical staff has been pleased to confer the honour of acting as chairman, not as is usual at such times on some public person of weight and consideration, but on one who has but this claim to your favour and to your sympathy, that he has been, and is, and hopes to the end to be, a *Student of Medicine*.

When members of a profession are willing to stand alone and unsupported on public occasions, it argues a strong faith in the intrinsic nobleness of their calling.

These circumstances almost prescribe as the subject on which you must be addressed to-day the aims of a student of medicine. Mixed as this gathering doubtless is in its character, and in respect of the occupations of those who compose it, it must consist either of teachers, practitioners, or students of medicine; of the friends of these; or of those beneficent friends of humanity to whom hospitals and hospital work are a source of attraction and interest.

To this subject, then, let us apply ourselves. We need not discuss directly what the student is nor what he ought to be; we may rather measure ourselves with some of those that have been, who have gone, and have left their work and their names to follow them; who have told to this age, which prides itself, and properly prides itself, on its progressive, and, in many things, its actual greatness, what they were when there were fewer helps and less sympathy with scientific and philanthropic work.

I am not unaware of the claims of living men, nor unmindful that in some departments we do unquestionably outrival all that has gone before. I can scarce refrain, indeed, from endeavouring to pourtray the character of that person who, revered in our profession in England, and highly esteemed through all Europe, stands almost alone among us, a monument of the fruits of honourable exertion: for whom we unavailingly grieve that one great inlet of knowledge, which guided an unerring hand so well for so long, is half closed. Yet we still admiringly receive fresh fruits from that calm large mind which in most mature years bends inwards a steady gaze on problems of the higher nature of

man. (Sir B. Brodie's *Psychological Inquiries*.) But neither of him, nor, from motives which you will surely allow, of any other living person may I attempt to speak. I propose, then, to state, first, What is the general vocation of a student of medicine; and next, very briefly, how certain notable students in each of the last three half centuries, Haller, John Hunter, Boerhaave, and one, but just removed, William Alison, acquitted themselves therein.

The student of medicine is first of all essentially a *student*—one of the race of workers, as opposed to the dilettanti—a lover of truth and of knowledge—a seeker of them both for their own sakes—honest, unprejudiced, receptive, patient.

He is a student of Man, whose nature it is his special vocation to learn. He must study man before birth; man at birth, in growth, in perfection, in decay; man at his death, soothed though not saved; man followed after death for the sake of the knowledge which he yields even in his mode of decay.

What labour, what sympathy, what grave delight is here for the student. Yet how feeble a statement of the truth. Man cannot be understood if studied alone; he is but one of unnumbered beings which submit to some of the same conditions as himself. He is placed at the apex, as has been said, of a vast cone of organisation. To all points of this cone beneath him, he has mysterious relations. The import of these relations, the days of Darwin, Owen, and Lyell have not yet been able to determine. Nor is this all; he is indeed at the summit of this vast mass of organised life; but above that material height there burns a flame, the flame of his responsible *soul*, which, tending upwards, is drawn by a congenial if not by a common nature, into incomprehensible union with a brighter light, "that which lighteth every man that cometh into the world."

Thus man is bound by his higher nature to Infinite Goodness, and by his material organisation to all the material organised structures which culminate as it were in him. The broad base of this cone of life rests on the common ground of the inorganic world. Though not wholly obedient to the physical laws which regulate inanimate matter, it so far shares them, that, in the progress of knowledge, the severance between the organised and unorganised has become less sharp than once it seemed to be. It becomes every year more certain that the laws of living structure are, to an extent once little suspected, intimately connected with the laws which regulate matter before it has entered at any point the great current of life, which in perpetual movement and change streams through our world. All this he must try to grasp, though he cannot wholly master.

That this seemingly large, some may be inclined to say exaggerated, account of our human nature, and of the subject matter on which we are engaged as students of medicine, is the only one which we can safely accept as the basis of our studies, I propose to show to you in the sequel.

I shall have to ask the forbearance of my professional colleagues if many of my remarks are addressed to those who may be supposed not to know the history of medicine. To such it cannot but be interesting to learn how far physicians have endeavoured in all seriousness to improve the art which they profess. But sketches only, not complete pictures, can now be given.

At the close of his preface to the *Methodus Studii Medici*, Albert Haller gives us the apparently obvious advice that, whoever wishes to learn the science of medicine, should follow a good plan, read good authors, do nothing but what bears on medical science, and omit nothing that is necessary for its acquisition.\* How this

\* "Qui enim animo omni doctrina vacuo se adplicans medicinæ, pessima calamitate incideret in auctores, qui et minus necessaria, et futilia proposuerunt, is id demum lucrabitur, ut cum tempore



is to be done he proceeds to show. But remarkable as is his book, his own preparation for the work is more remarkable still. He tells us that he had himself read, and made notes upon certainly more than six thousand volumes, besides journals, and other works not included in the calculation. Haller was not a book-worm. That at least was not his vocation.

His character was essentially that of a student of nature. He used books because he respected other men as he did himself. Reading books, he says, has the same advantage as foreign travel. By seeing and hearing divers opinions of human affairs, we are drawn from the narrow sphere in which our education had restrained us. We cannot indeed, he argues truly enough, dispense with the written labours of other men. "*Quæ solertia suffecerit exæquandis difficillimarum regionum animati corporis historiis, quales felicibus naturæ cultoribus debemus, quorum nomina continuo exprimentur. Velisne carere SWAMMERDAMIANIS, supra humanan patientiam subtilibus, experimentis, sperasne te eundem, et insecta incisurum, ut SWAMMERDAMIUS, et nervos ut MEKELIUS. et musculos ut ALBINUS?*" (Haller, *Elementa Physiologiæ*, tom. i, p. 8.)

This extraordinary man so prepared himself, dissecting in human and comparative anatomy, making and re-making experiments, verifying the statements of authors to test their accuracy, and writing (I have not seen them all), in fifty years, two hundred treatises, of which one is of nine volumes in quarto, and another, that for which he had read his six thousand volumes, was condensed into two not large quartos. I will not even mention his most varied general attainments, or hint here at his ordinary literary labour, on subjects remotely connected with medicine.

It is well to contrast at once with this work the different yet parallel labour of a name so known in London, that the mention of it may seem to some of my colleagues superfluous. For the sake of the less instructed, they will let me explain the nature of John Hunter's work—his objects—and the way he set about to accomplish his purpose: Haller showed what literary work could do in medicine. "What did John Hunter effect?"

John Hunter was essentially a surgeon; to the improvement as well as exercise of the art which he practised till his death, he devoted himself. While young, he had numerous opportunities of seeing gunshot wounds. He then considered attentively the processes by which injuries are repaired; he concluded that for the right understanding of the smallest actions in a living body, the nature of that body, and the laws, as far as they can be learned, of life itself must be unravelled. To know the mechanism by which the simplest boil is formed and cured, the principles of action in living things must be learnt to the uttermost. It is quite unnecessary to consider whether all John Hunter's conclusions concerning life and vital actions are absolutely correct; this is not now to the point; we have to ask how this eminent student applied himself to learn his art. To understand disease he must understand that from which it is a departure, health. To understand the balance of organs, in the perfection of which health consists, the organs must be studied. If the organs are too complicated for investigation, as one might expect to find, and is in fact the case, they must be looked for in some simple shape. Where there is life in a simpler form, there may be seen, perhaps, the clue to some law unintelligible in the more complex structure. All life, vegetable and animal, is to be questioned.

videat, se nihil didicisse, nisi ea dogmata, ex quibus nihil ad suum finem obtinendum haurire queat.

"Huic in medicina nihil utilius video, quam scire, quonam ordine incipiendum, unde incipiendum, quomodo pergendum, quibus auctoribus utendum sit, ad medicam scientiam acquirendam.

"Qui vero eam vult discere scientiam, debet bonam sequi methodum, bonos legere auctores, nihil admittere, quod non faciat ad medicam scientiam, et nihil omittere, quod necessarium sit ut ea acquiratur."

Every structure and every operation of every mechanism has to be first separately examined, and then they must be compared with each other. And further the same structure may by different relations to other parts, have new significance. All these inter-dependencies are to be studied. Hunter did all this, and more—he instituted experiments on living beings of very various kinds to determine the laws of growth and of repair—and examined with the most particular care the mode of formation of the young in every accessible class. Nor was this done cursorily. The dissections were so carefully made as to be fit for permanent preservation, and remain a precious national treasure to this day.

I can scarcely venture now to go through even an enumeration of his work, though I must add that not content with this survey of the existing tribes of living things, he compared with them the relics of the past, amassing from all quarters the remains of the ancient world.

It is sufficient, perhaps, to the present purpose to say that, though Hunter was convinced that life is something essential in itself, he ransacked every living thing to detect the material laws by which it operates; and though he was most minutely observant as a clinical student, he sought the ground of his pathological conclusions not in disease alone, but in the whole history of the human organism, in all its relations, and from its first formation to its maturity and decay.

It is doubtful whether Hunter paid much attention to the common physical properties of substances out of which organised bodies are made. Indeed it was probably then unnecessary. Already another person had drawn the attention of the learned world to the importance of physics as the foundation of physiological research. Boerhaave, the teacher of Haller, though eminently a practical physician, had perceived that as organic bodies are formed of inorganic substances, (*ex necessitate rei*) therefore that, whatever may be the properties of the organised substances, the mere physical properties of their inorganised constituents should be known and appreciated as thoroughly as is possible. This instance of laborious honesty in the practical physician, is the third lesson which I venture to suggest to the student. Boerhaave was, I said, essentially a physician, and a practical physician of the most consummate order, skilled in all the learning of a learned age. Altogether eclectic, a metaphysician, and physiologist, he conceived, and properly, that in the care of beings to whose life and to whose mind a material body is essential, the physical laws of all the original components of the body should, if possible, be known. It is interesting, therefore, to see that the beginning of his treatise on the study of medicine (written in Latin, as was and is the custom at Leyden) is on geometry, and the importance of precise ideas and definitions in physics. How much our views are tending again in the same direction I need not now stop to say; but the result was that he was reproached for being too mechanical in his views of *life*, and for neglecting to attribute a proper share to the actions properly called *vital*. The charge was unjust and unfounded, and, as though to leave behind him the strongest refutation, he breaks out in the midst of a noble academic oration, calling on all "*physici, mechanici, hydrostatici, hydraulici, anatomici, chemici*, to make a single drop of that dew, by which moisture is given to the eye."

"*En panem, en vinum*," he goes on to say, "let them all come and make a single drop of blood. In vain they will meet. While the very food, without chance of failure, shall in every part of the meanest frame make its proper texture."

The following half century—prepared, perhaps, by Haller and Hunter and their followers—swung the pendulum the other way; in our day again, to return to the same physical explanation of the still insoluble problem of the "vortex" of life. The chemists, indeed,



claim already to have manufactured some seven hundred substances, which would, in Boerhaave's time, have been recorded as belonging to the organic kingdom.

The labours and researches of those remarkable men whom I have specially named, Haller, Boerhaave, and Hunter, give, it need hardly be said, but a small insight into what has been done for mankind by true students of medicine. Besides, the work of two of these men might be called inquiry into causes, rather than the wielding of remedies. The statement would be partly true; yet it would be no demerit. Medicine cannot be wholly empirical. For the perfection of the art, progress in the science was, and is, imperatively demanded. Blessed are they to whom the progress is due. By investigation into the conditions by which life and health are modified in nature, or can be modified by artificial circumstances, on a large scale or on a small, the true medical students, the Sydenhams, the Harveys, Laennecs, Prouts, and hosts of living men, have been, and are, gathering a vast treasure of fact and principle into the well ordered storehouse of medicine.

In order, therefore, to give one example of the labour which physicians have undertaken in a purely remedial sense, let us take the conduct of William Alison in respect of the poor-law of Scotland. His name is less known than those of the three eminent men of whom I have already spoken; but they who knew him well would not shrink from a comparison of Alison, the whole man being weighed, with either of the three. The work was different; the soul the same.

The points which I further wish to illustrate to-day are the pains that have been taken to provide the proper remedy for disease—which, after all, is the physician's first business—and the temper in which it has been done.

To understand the lesson of Alison's work, a brief sketch of his life is necessary.

William Alison, son of the well known Episcopalian clergyman of his name in Edinburgh, elder brother of the historian, took his degree in medicine at that university in 1811. He became physician to a great dispensary founded shortly after; and in the closes and wynds of the dense city, visited the sick with an assiduous humanity and scientific observation, which obtained at once the affection and respect of the people. How many thousands of destitute poor he, the ardent metaphysical student, the inmate of one of the most refined houses and cultivated societies of the north, visited, while attached to the dispensary, would surprise you, could their number now be ascertained. In a few years, he became Professor of Medical Jurisprudence; shortly after, Professor of Physiology and Clinical Professor in the Infirmary.

As Professor of Physiology for twenty years, he taught great classes. Owen, Watson, and Carpenter, were, I believe, among his followers; he not only taught, but he inspired a love of his great subject into the hearts of his pupils. His comprehensive grasp seized every principle which minds such as those of Haller, Cuvier, Bischat, Hunter, had, in their respective ways, imparted and elaborated. Nothing escaped his physiological genius; and the abstract metaphysical subtleties, which he had discussed with Dugald Stewart in the palmiest days of the Scotch school of mental philosophy, were interwoven by him into the psychological history of the material organism of man.

In 1842, he quitted this interesting and arduous post for the Chair of Medicine; and now he, the metaphysician, physiologist, practitioner, professor, concentrated his whole powers on the one crowning work of his life,—the combat with the decimating fever, which had taxed his herculean frame, and melted his heart, as by day and by night he had wended his way among the wynds.

Nearly twenty-five years of medical observation had now convinced him that, among his people at least,

destitution was a cause of fever. He had seen I know not how many hundred cases so produced, as he thought. He considered it his mission to prevent the ravages which he could not cure. The day of fashion had not come for sanitary inquiries. There was no legal relief for the poor in Scotland. The voluntary principle of charity was insufficient. Destitution must be made impossible by law. This was the only remedy. At all hazards, the remedy must be had. A compulsory law was unacceptable; it was offensive to the lairds; it was opposed by the clergy. Chalmers was in his zenith. To the task Alison binds himself. Step by step, writing by writing, you may trace his weighty argument; and he lived to see his dear poor provided with certain, though it may be scanty, provision.

Mark! I do not say whether, in political economy, this or that was right. I speak of the labour undertaken in order to thoroughly remedy disease. I invite you to contemplate a man who as an active practitioner and professor, in either character was inferior to none within his university, addressing himself, from a sense of duty, to this new and arduous effort, and engaging in this seeming unequal contest.

In the preface to one of his writings, he gives his own reason for undertaking the work. "It cannot be thought," he writes, "beyond the province of one who is honoured with a situation of trust and responsibility in the greatest of these medical schools, to endeavour to investigate the causes of this mortality, and the means by which it may be diminished."

"Nor can it be thought presumptuous for one who has been for many years daily engaged as a dispensary and hospital physician, in applying remedies to diseases which have obviously been the result of privations and sufferings in the poorest of his fellow citizens, and too often found them ineffectual, or known that they could be only temporarily useful, simply because he had no remedy for the privations from which they originated; to extend his inquiries to the grand evil of poverty itself, and endeavour to apply to it the same principles of investigation by which physicians are guided in determining the immediate causes and remedies of disease." (*Observations on the Management of the Poor in Scotland*, 1840, p. 9.)

If you ask, were these all the secret springs that moved him?—I would answer that, in truth, all interests were his. On his journeys, as they who knew him well know, not a spot did he pass that Scott or some older bard had chronicled, but his gentle voice would murmur here and there the verse that told it; not a military road or an ancient work or way but that he knew it all; not a bird that warbled as he went but he knew its song, and he seemed as though he was its friend. Alison was a man. And anything else? He was reserved almost to a fault; and, as great men are, in all that concerned himself, reticent to a degree; but, happily, once, in his controversial writings, his inner soul bursts forth. He writes:—

"There are many persons who consider this question as merely one of pounds, shillings, and pence..... But, at present, I do not address myself to such men. ....I address myself to those who have been accustomed to look upon the poor, not as objects of disgust or aversion, but as brothers and sisters in affliction, who are born to the same hopes as themselves, look up to the same Father in heaven, and trust to the Mediation of the same Redeemer; to those who remember that charity is the highest of Christian duties, and that 'our Saviour himself chose to be a beggar, that we, for his sake, might not despise the poor.'" (*Observations on the Management of the Poor in Scotland*, 1840, p. 36.)

This said, he returns to his controversy and his arguments; and in the end his arguments prevailed. It is beside my intention to carry, on this occasion, the instructive story further. From these short sketches in



truth, the character of the student of medicine may be inferred. Appreciation of the laws of nature as a whole; nothing too large for study nor too small for inquiry in the domain of physics or in any organisms; just perception of the relation of literature to observation; subordination of everything to the end of healing or preventing or mitigating disease; may be stated as the cardinal lessons to be learnt from these men.

Yet some student may say, what men were these? What have their examples to do with me? Not so. It is a question only of how we use the talents we have; the five, the two, or the one; we all have the spirit of these men, or we have it not. Either we are students at heart, or the aim of the student is unknown.

May I venture on but a few words of direct advice to the younger learner; they relate still to the student's character rather than to the work on which he is engaged. All these men were at once self-reliant and modest. It is for you to be the same. For this end, Have faith in your own souls; that you will do your best with such as you have, and in such a lot as you may be cast in: Have faith in other men, especially in your teachers, who know your difficulties, which themselves have surmounted, and, by teaching, give earnest of their desire to help you through: Have faith in the eternal order of things; that order by which we students can alone grope our way along the intricate path of which we hardly see but the edge; that order which is evidence of Him who made it.

It is by such faith that you will succeed. You will succeed, not by seeking directly the learning of Haller, the grasp of Hunter, the comprehensive research of Boerhaave, the practical goodness of Alison; but by doing in trust that which is set before you to be done, and by keeping the student heart whole and pure to the end.

I have not consulted your committee whether it would be acceptable to them that you should separate to-day without any allusion on the part of the chairman to the loss which all students have, during this last session, sustained. But I know there is one feeling that thrills through the hearts of all earnest students that the chief and head of them in this empire is taken away. It was to us all no small thing that by the side of our Queen there lived a Scholar Nature, interested in all student work that was worth the name, and in a special manner in the work of the student of Nature. To us it was no small thing that every sign of progress in science, every advance in our struggle against disease, every improvement in the lot of mankind, was welcomed by him, was neither unobserved nor unappreciated. I say no more. The influence that high nature has brought has cheered you, will cheer you; do not think that though himself is gone, the light he kindled and the help he gave is to pass away. For many years to come, let us say it thankfully, he has made more precious in England the aim and character of the Student in every Science, and of the Worker in every Art.

GENERAL McLELLAN ON DRUNKENNESS IN THE ARMY. The General in-Chief says, in returning the unsatisfactory finding of a court-martial in which drunkenness was made a palliation for breach of discipline:—"No one evil agent so much obstructs this army in its progress to that condition which will enable it to accomplish all that true soldiers can, as the degrading vice of drunkenness. It is the cause of by far the greater part of the disorders which are examined by courts-martial. It is impossible to estimate the benefits that would accrue to the service from the adoption of a resolution on the part of the officers to set their men an example of total abstinence from intoxicating drinks. It would be worth fifty-thousand men to the armies of the United States.

## SOME OBSERVATIONS ON APNŒA NEONATORUM.\*

By GEORGE GREAVES, Esq., Lecturer on Midwifery, Manchester Royal School of Medicine and Surgery.

THE condition of the vital functions of the fœtus during labour, and of the newly-born child in the interval which often occurs between birth and the full establishment of respiration, has not hitherto, in this country at least, received the attention which, both in a theoretical and practical point of view, it appears to merit.

In the following remarks, an attempt will be made to reduce into a consistent theory the facts, bearing on this interesting subject, of which we are already in possession; to point out the true significance of some phenomena hitherto scarcely understood; and to deduce rules of practice more in accordance with the present state of knowledge of the physiology of gestation, than the too often traditional, and, in some respects, unscientific instructions contained in the standard treatises on midwifery.

The consideration of the subject will be most advantageously commenced by a reference to the state of infants apparently still-born.

The phenomena observed in children who do not respire immediately on birth are not invariably the same. In one class of instances, the surface of the body is pale, and, if uncovered, speedily becomes cool, the child lies motionless in any position in which it may have been placed, and it is so nearly lifeless that the pulsation of the funis has entirely ceased, and the beating of the heart can scarcely, if at all, be felt.

In another class, there are the same external phenomena; but the pulsation of the cord, although weak and very much slower than before the commencement of labour, or after respiration, is still quite perceptible.

In a third class, the pulsation of the cord, although sometimes, but by no means always, slow, is, at first, tolerably strong, and the surface is rather blue than pale, the face and neck especially are livid and swollen, and the eyes, instead of being closed, as in the two other classes, are often widely open.

In other words, the infant may be in a state of asthenia or syncope, in one of simple apnœa, or in a partially apoplectic or comatose condition.

These various states have, of course, originated under different circumstances. That of syncope has been ascribed to anæmia arising from defective nutrition, or from a loss of a portion of the blood previously circulating in the child's body, in consequence of uterine hæmorrhage preceding or accompanying labour. It has also been referred to hæmorrhage from the infant into the placenta. The first of these alleged causes has, probably, sometimes been in operation; but, as for the second, it is manifestly impossible that, while the cord and the fœtal portion of the placenta remain entire, any amount of uterine hæmorrhage which can occur during labour can affect the quantity of blood in the body of the child, although it may seriously influence its quality. Repeated observations have shown that, when the mother has had profuse and even fatal flooding, the heart and larger vessels of the infant are found gorged with blood. (*Vide* Dr. Evory Kennedy *On Obstetric Auscultation*, pp. 94-96.) The third supposition will be shown to be equally untenable.

The two first named states, therefore, of asthenia or syncope, and of apnœa or delayed respiration, differ in degree only, and are essentially more or less complete degrees of asphyxia, using that word in its true signifi-

\* Read to the Medical Section of the Manchester Royal Institution, March 5th, 1862.



ation of pulselessness; and, further, they depend on one cause; namely, the more or less prolonged interruption to that intercommunion between the organisms of the mother and the fœtus, which is the efficient agent in the maintenance of fœtal life.

The third condition, that of congestive apoplexy, is essentially different. It is found only, I believe, in cases in which respiration, having been to some extent performed, has been suspended. Thus, if, after the birth of the head, some delay takes place in the delivery of the shoulders, the child makes futile efforts to expand the chest, while its walls are compressed by the parts of the mother. The same occurs in a breech-presentation, in which the head remains for two or three minutes in the vagina after the birth of the trunk, and in which position it is quite possible, during the intervals between the pains for a little air to reach the child's mouth. In both these instances, incompletely as breathing has been performed, it has yet been sufficiently so to give rise to the phenomena of genuine suffocation.

It is quite unnecessary, for the purposes of this paper, to enter at all minutely into the consideration of the conditions of fœtal life, or the structure and functions of the placenta. It is sufficient to recal the fact that that organ has a double function; that by means of it the nutrient fluid is supplied by which the tissues of the fœtus are built up; and that, in its vessels, the blood of the fœtus is brought into such relations with the arterial blood of the mother as to undergo changes identical with those which, in the air-breathing animal, are performed by the atmosphere, and in the fish, by the water which bathes its gills. Hence, if the functions of the placenta, or its communication with the body of the fœtus, be more or less completely, or for a longer or shorter time suspended, the little being is, to the same extent, placed in the predicament of an animal deprived both of food and air.

We may dismiss from our thoughts, the effects of the privation of nutriment, and limit our attention to the consequences of the suspension of the breathing function of the placenta. This suspension may, while the child is still unborn, be effected in various ways.

1. If the blood of the mother be not duly arterialised it cannot produce the vitalising changes in that of her offspring; and, therefore, the latter must suffer in the course of those diseases which materially interfere with the respiration of the parent, and in a degree proportioned to their severity.

2. If, by any cause capable of producing syncope, such as great loss of blood, or severe accident causing a great shock to the nervous system, the force of the maternal circulation is greatly weakened, the blood is not sent to the uterine arteries in quantity sufficient to effect the necessary changes in the fœtal blood. Early and extensive separation of the placenta, although attended with serious hæmorrhage, acts in a different way.

3. Another mode of production of the effect in question is by interruption to the circulation through the umbilical cord. This, of course, most frequently arises during labour; but as it is then complicated with other agencies, its effects, at that time, may, for the moment, be left out of consideration.

Before labour, however, at any time after the formation of the placenta, the communication between it and the body of the fœtus may be stopped by causes acting solely on the funis. A knot on the cord is one of these; such a knot sometimes includes a limb of the embryo; and, in a case which some years since occurred to myself, the funis was so tightly tied round the neck of the fœtus as to cause miscarriage in the sixth month. Excessive œdema of the funis is another cause occasionally fatal. I, some time since, exhibited to the section a fœtus, born dead at six months, which presented appearances hitherto, I believe, undescribed. The cord, in other respects normal, was at three points twisted upon itself so

tightly, as to diminish its circumference by four-fifths, and of course to close its vessels.

4. There is, lastly, a mode in which the breathing function of the placenta may be more or less impeded, different from any of these, and which has not, hitherto, received the attention it merits. The blood, sent from the heart of the mother, may be of good quality, fully charged with oxygen; the uterine vessels may receive their full share of it; the umbilical cord may be pervious throughout its whole extent; and yet the blood of the fœtus may cease to undergo the changes essential to the full activity of its life, and the force of its circulation may, in consequence, be much weakened, and its pulse sink to half its usual rate of frequency.

The suspension of the respiratory office of the placenta in the three first of these modes, being continued, is usually fatal to the fœtus; but that produced in the last named mode, occurring, as it does, during labour, and being dependant on the contractions of the uterus, is, like its cause, intermittent, and does not usually go beyond a lowering of the vital activity, and a weakening and retardation of the pulse of the fœtus, while the cause is in operation.

A variation in the strength and frequency of the fœtal circulation has been referred to by several writers. The earliest allusion to it which I have met with is in Dr. Evory Kennedy's treatise on *Obstetric Auscultation*, already quoted. At page 95, he mentions an instance in which, as the result of excessive uterine hæmorrhage, the fœtal heart was ascertained, by the stethoscope, to be beating at the rate of 88 in the minute.

Independently of maternal hæmorrhage, he alludes at p. 91, and again at p. 249, to the same or a greater degree of slowness of the fœtal pulse as the result of uterine action.

The most distinct references to the phenomenon in question which I have found in any published work, occur in the *Practical Observations on Midwifery*, by the late Dr. James Hamilton of Edinburgh.

The appendix to Part I contains a report by Dr. Moir, of experiments with the stethoscope, and otherwise, on the action of the fœtal heart; and cases are cited, in which, by means of the hand, introduced for the purpose of turning, as well as by auscultation, its pulsations were ascertained to be, during the pains, from 70 to 90 in the minute.

"On the recurrence, and during the continuance of the pains," says the reporter, "the pulsations invariably diminished in frequency; but gradually accelerated as the pains went off, and continued so during the interval." (Part I, p. 310.)

Again, in the Appendix to Part II, a letter is given from Dr. Sidey, who had in four cases counted the pulsations of the cord with the hand in the uterus, and found them to be only 60 per minute.

The most interesting remarks are, however, those of Dr. Hamilton himself. They are made with the intention of disproving the statements of Dr. Evory Kennedy as to the utility of obstetric auscultation, which, it need not be said, they do not disprove.

"Almost half a century has elapsed since he" (Dr. Hamilton) "remarked that in infants who did not breathe upon birth, but in whom the pulsations of the cord continued, the action of the heart did not exceed sixty pulsations in the minute until breathing took place, when it became so frequent that it could not be counted. This led him to take every opportunity (when he had occasion to introduce his hand into the uterus to extract the fœtus) to endeavour to ascertain the action of the fœtal heart before the birth, and he has in no instance ever discovered it to be more frequent than in the still-born infant whose cord beats; and it has been confirmed in these fifteen years incidentally by several foreign authors."

Dr. Hamilton then refers to three or four instances



in which protrusion of the funis took place before delivery, and in each of which he found its pulsations not to exceed 60. Commenting on these observations, he remarks:

"There is such a discrepancy between the experience of those who have applied the stethoscope to ascertain the state of the gravid uterus, and that of the author, respecting the action of the heart of the fœtus *in utero*, that he cannot divest himself of the impression that there is some fallacy on that point." (Pp. 155, *et seq.*)

A fallacy undoubtedly there was, and a gross one; but it was on the part of the learned and ingenious, but very prejudiced professor himself. It consisted in confounding the state of the placental and foetal circulation during labour, or immediately after delivery, with that existing before the commencement of uterine contractions. Dr. Moir, on whose experiments Dr. Hamilton in part relies, correctly attributes the retardation of the foetal circulation to the contractions of the uterus; but incorrectly (as I hope to prove) refers the phenomenon to the pressure on the child's brain.

One of the foreign authors to whom Dr. Hamilton referred was probably the late M. Moreau. In his *Practical Treatise on Midwifery* (American edition, p. 104), Moreau refers to the modifications which the uterine and foetal circulation undergo during labour, but without giving them their true significance. Dr. Edward Rigby, at page 98 of his *System of Midwifery*, quotes from *Die Geburtshülffliche Exploration* of Dr. A. T. Hohl some interesting observations on the variations of the *tone* of the uterine sounds during labour; but, although Hohl says that the sounds at the height of the pains become dull and even inaudible, he does not appear to have noticed any diminution in frequency of the pulsations of the foetal heart.

Dr. F. Ramsbotham, in the fourth edition of his *Obstetric Medicine and Surgery* (p. 81), tells us that the rate of circulation in the fœtus "differs much in different individuals, and in the same individual at different times"; and that it "is greatly influenced not only by causes existing within its own system, but by accidental circumstances affecting the mother, and external agencies to which her person may be exposed". He does not, however, specially refer to the uterine contractions as among the causes of the variations alluded to.

One other notice of this interesting but hitherto too much neglected subject I have met with in the number for November 1861 of the *Monatschrift für Geburtskunde und Frauenkrankheiten*. It is in the report of a discussion which followed the reading of a paper on the increased frequency of the foetal pulse accompanying various febrile affections of the mother. The question arose incidentally, whether, during tedious labour, the pulse of the fœtus is retarded or accelerated. One speaker correctly maintained that it is retarded, while others asserted the contrary. All admitted the uncertainty which invests the question, from the difficulty of counting the pulse by means of the stethoscope during the pains; but it does not appear to have occurred to any of them to avoid this difficulty by counting with the hand introduced into the uterus for the purpose of correcting the position of the child.

That the facts have been accurately stated by Drs. Kennedy, Hamilton, Moir, and Sidey, there can, however, be no doubt; and I am happy in being able to confirm their statements by living authority. Dr. Charles Clay, of this city, author of many valuable contributions to obstetric science, in a letter with which he has favoured me, says that, having been a pupil of Dr. Hamilton, his attention was early called to the subject of the lowering of the foetal pulse during labour. He adds that, in the course of his experience, he has frequently observed a reduction of its frequency during the pains by at least a third of its normal rate. Dr. Clay further tells me that, in the manuscript notes which he

possesses of the lectures of the late Mr. Kinder Wood of this city, he finds "the same statement".

I may add, that I have myself also observed the phenomenon. It is by no means easy with the stethoscope to count the pulsations of the foetal heart during labour; but, in a case recently attended, I distinctly heard the pulsations, during the pains, sink from 140 to 95, rising again as the pains went off.

The diminution of the frequency of the foetal pulse during the pains of labour, to the extent of a third or even of one-half, may therefore, I presume, be accepted as an ascertained fact. Taken in connexion with its cause, it will be found to throw light on some hitherto ill-understood phenomena. But what is that cause? It will at once be admitted that it is a cause which, operating with more than ordinary force, must be the chief agent in producing still birth. That event, when not manifestly dependent on immaturity or disease in the fœtus, has usually been ascribed to the pressure which the fœtus undergoes during labour. As to the exact mode of action of that pressure, various opinions have been held. It has been assumed that its action was on the chest or on the head. But it is difficult to believe that the heart and larger vessels, protected as they are by the bony walls of the thorax, can, except in cases of transverse presentation, receive such pressure as seriously to impede the flow of blood through them. Still less can we believe that the head, however it may be compressed while passing through the pelvis, can sustain any injurious pressure while still above the brim.

Compression of the placenta between the uterus and the body of the child, to an extent capable of arresting the circulation of the blood through the placental vessels and the funis, has also been supposed to be a cause of the phenomenon in question. It may probably occasionally conduce to the result, but only as subsidiary to another cause which I believe to be the main agent in producing the temporary lowering of the vital activity of the fœtus occurring in every labour, and capable, if too long or too unremittingly applied, of producing death of the fœtus *in utero*. That cause is the obstruction, by even the earliest contractions of the uterine fibres, of the flow of blood through the ultimate ramifications of the uterine blood-vessels—the "curling arteries" of Hunter. I am not aware that the temporary closure of these arteries by the uterine contractions has been specially noticed by any writer; but it is difficult not to believe, not only that it must occur, but also that their peculiar spiral arrangement has been given to make them more susceptible of the influence of the contractions of the tissues which they permeate. These vessels furnish the fresh supplies of vital fluid by which the blood contained in the sinuses of the maternal placenta is maintained of a normal degree of purity, and capable of effecting the due changes in the foetal blood contained in the placental tufts, which are bathed in it as the gills of the fish in water. If the blood in the sinuses becomes venous, that in the placental tufts remains unchanged. Like the blood in the pulmonary capillaries when the air is not admitted into the air-cells, the foetal blood, under the circumstances supposed, at first moves more slowly through the placental capillaries, and then stagnates altogether. The current through the umbilical arteries is in consequence arrested. The blood, which through them ought to leave the circulating system of the fœtus, is thrown back on the descending aorta, on its arch, and ultimately on the ventricles of the heart, from both of which it arises, and which, in consequence, become congested. At the same time, the current through the umbilical vein having, in like manner, ceased to flow, the inferior vena cava no longer brings the fresh supplies of arterial blood into the left ventricle, which, losing the stimulus of pure blood, has its powers for work weakened at the same time that the work to be



me has been enormously increased. As a consequence, the contractions become weaker and less frequent, and, unless the obstruction to the placental circulation be removed, finally cease altogether. Under the ordinary circumstances of the earlier stages of labour, the obstruction is removed by the cessation of the pain. The uterine arteries, having again become pervious, convey fresh blood to the sinuses. That contained in the placental tufts again undergoes the changes essential to vital activity; the capillaries forming the tufts recover their power of contractility; and the stream of life again flows freely through the arteries of the cord, to return by the vein. The heart, thus relieved of the load which oppressed it, and stimulated to increased efforts, beats with greater force and frequency, and the balance of circulation is restored. If, however, as in some very rapid labours, from the incessant, unrelaxing character of the pains, the intervals of rest are not afforded, during which the equilibrium of circulation may be for a time restored, the child is born apparently or really anæmic.

In a more advanced stage of labour, when a part of the liquor amnii has been discharged, and the cavity of the uterus is in consequence much contracted, another cause comes into operation. The maternal surface of the placenta, being unable to adapt itself to the lessened superficies of the uterine cavity, becomes to a greater or less extent detached; and thus the communication between the uterine arteries and the placenta is to the same extent not merely suspended, but permanently broken. In one class of cases—those, viz., of placenta prævia—the same event occurs at the very commencement of labour; and the child is consequently, in a large proportion of such cases, born dead.

[To be continued.]

**COMPULSORY VACCINATION.** The New York Sanitary Association has had under discussion the subject of compulsory vaccination. The results of its deliberations are embodied in the following resolutions. This Association, after mature deliberation, has become convinced that vaccination, and revaccination as often as every seven years, is necessary to protect this community against small-pox, therefore, resolved, That in the judgment of this Association, further legislation is imperatively required to secure a more general and effective vaccination, but so framed as to avoid offensive compulsion if possible. That, in the opinion of this Association, the Board of Education, or the Legislature, or whatever body is necessary, ought to pass and enforce an ordinance prohibiting the attendance in all the schools receiving any part of the public moneys of any children who have not been well vaccinated, or variolated within seven years, or who cannot show a valid certificate to that effect, giving the date of the vaccination or variolation. That, in the opinion of this Association, the Metropolitan Police Commission should cause all policemen, or others under their employ, to be vaccinated, or show a valid certificate or proof of vaccination or variolation within seven years. That measures should be taken for the passage of a law compelling the vaccination of every prisoner shortly before discharge. That, in the opinion of this Association, the Commissioners of Charities and Correction, as well as all other bodies having the care of the poor, should comply with the above rule in all institutions under them, and withhold all in or out door relief of any kind until vaccination is performed, or the dates of previous vaccination ascertained; and that the legislature should make the same a feature of all chartered institutions. That it should be made necessary that every person affected by the above ordinances shall be required to procure and preserve a vaccine certificate, properly filled out and dated. (*American Med. Times.*)

## British Medical Journal.

SATURDAY, JULY 5TH, 1862.

### FEMALE DOCTORS IN MEDICINE.

THE city of Edinburgh has been in a state of agitation during the last few weeks, in consequence of a spinster lady (as announced in the JOURNAL) having demanded admission to examination by the Royal College of Physicians of Edinburgh. The propriety and the impropriety of an Institution of Female Physicians have been warmly discussed by the good people of that city, if we may judge from the letters which appear in its daily press on the subject.

As is usual in such controversies, there are strong "reasons" offered on both sides of the question. Many advanced persons see in the fact of female doctors the perfection of our social system in its medical aspects. The existence of feminine Hippocrates is, in their eyes, just the article wanted to fill up a great deficiency experienced amongst certain representatives of our sick population. Modesty, real, honest female modesty, we are told, will often suffer deeply under the torture of disease rather than proclaim its sufferings to the ear of masculine medicine; whereas into the congenial bosom of a female doctor said modesty would have unhesitatingly poured out its tale of suffering, and have thus found early relief to its woes.

"Surely all must feel that it is only necessity and custom that at all reconcile us to the idea of females, young and unmarried, as well as others, consulting men-physicians in some cases."

Besides, why should there not be free trade in doctors, as in other articles of primary necessity?

"As things are now, ladies are compelled either to accept the services of male doctors, or to forego medical attendance altogether. But is this right and fair? Surely the choice should at least be free. No one should be forced to employ a woman; but, on the other hand, no one who prefers female attendance should be forced to resort to a man."

Inasmuch, therefore, as there is a demand—a positive want of female doctors—ought there not, on ordinary commercial principles, to be an adequate supply?

Then, again, it is argued or suggested, that the profession of maternity and domesticity at present assigned to woman is over-stocked, and that, therefore, the weaker sex—and especially the more strongly-minded of them—require a fresh field wherein to display, or rather exercise, their faculties. "Professions, as a means of livelihood, are greatly needed by educated women; at present, they can only be governesses or artists." And, as women have a natural



hankering after the physicking of, and tending upon, the sick, why not develope this inclination, and foster and educate it? At present, their doctoring propensities often lead them—or rather their patients—into mischief; a misfortune which a scientific education would rectify.

Besides, after all, what earthly objection can be taken to a woman becoming a doctor, if she have a call that way?

"It is easy to show why women should enter the profession; it is not so easy to show why they should not. The many thoughtless and trivial objections which are urged against women-physicians fall to the ground in the face of the real necessity of the case. If any one lady, endowed with sufficient physical and mental strength, could be induced to come forward and take the first step, others would speedily follow, and this much needed reform would in a few years be fully accomplished. The difficulties of education need only to be met in a resolute spirit to be overcome. In the nineteenth century, what we wish to do we do; and if the want of lady-physicians were thoroughly known and understood, the medical profession would not be backward in lending their aid."

It is, of course, impossible for us to reply to these positions taken up by the weaker sex—our better halves; for no man ever yet successfully opposed the determined will of woman. All we can say is:

"If she will, she will, you may depend on't,  
And if she won't, she won't, and there's an end on't."

We dare not interfere; but shall let the sex itself decide and fight out the question. Thus, we find one indignant lady, on the other side, protesting

"Against the idea which seems to be gaining ground, that we, as a class, are discontented with our position, or ambitious of entering on those public spheres of life for which the loudest assertors of mental equality must allow our want of bodily strength unfits us?"

Only one lady, she asserts, has, as yet, asked permission to become a medical woman.

"When a number of women unite in making such a demand, it will surely be soon enough to consider their claims."

But to this it will probably be answered, that to be this primeval one required an amount of moral courage, possessed but by few even of the stronger minded ones of the feebler sex. How hard, for example, to find the woman who dares brave fashion and society by appearing crinolineless in public. But let such a noble minded woman appear, and she will soon find imitators. So let us have one, and we shall soon have many female doctors.

Another rather difficult suggestion is thrown out by one of the anti-female-doctor party. She says, our ablest women do not seem to see the want of the thing;

"Our ablest women—both as workers and thinkers—those who will leave the deepest stamp on this generation, are not among the claimants of 'wider spheres of action'."

And she throws out a diverging hint for the benefit

of those women who have a call or a vocation for attending the sick. How is it, she asks, if these women need and cannot find employ,

"That our nursing sisterhoods, our orphanages, and training schools for nurses, are all asking for women workers, and cannot find enough able and willing to supply their need?"

This good lady adds that she, being an old fashioned woman, had kept silence so long as she knew that her "sisters" were not listened to; but she can no longer hold her peace. If men are going to discuss the subject seriously, it is

"Only fair that we should be allowed to state that we do not wish to become lady-doctors, and, what is more do not wish to employ them. The attempt to mix up the question with that of having thoroughly able midwives is unfair. We do and can have these without any such revolution as is contemplated. How many ladies may be seized with a passion for dissecting-rooms and hospital-walking, if once the barrier is removed, it is impossible to say; but we can only hope that man, as 'the head over the woman,' will prevent any such absurdities. If woman's place of 'helpmeet' is more clearly defined in any one case than another, it is surely in the art of healing, where her nursing is as necessary as man's superior science and prompt action."

Another writer winds up the subject with the following unanswerable arguments "on the other side," and thus makes the chapter complete:—

"The arguments in favour of admitting ladies to the medical profession are so conclusive that any attempt to refute them would be equally silly and impertinent.

"Old-fashioned prejudices must give way to reason, and before long physicians will doubtless be able to obtain by marriage partners with whom they may spend their evenings in discussing medical questions, or dissecting specimens of morbid anatomy. But if the female mind is so capable of grappling with the difficulties of one learned profession, why should the field of its exercise not be extended to others? Theology is well known to be a favourite study of what used to be called the softer sex; and, as fluency appears to be the principal desideratum for pulpit oratory, the undeniable loquacity of your *protégées* might qualify them for popular preaching, while their pertinacity of purpose and shrillness of tone would probably prove no less effective in forensic contention. Now that reason has happily taken the place of regard for delicacy and refinement, the business of life will, of course, come to be discharged equally by both sexes, the conventional distinctions of dress, demeanour, and language, will be discarded as the relics of an antiquated prudery, and all the members of society will enter upon a generous rivalry for success in the departments to which the choice of each may lead him or her.

"The only consideration likely to interfere with such an advanced state of things would be an uneasy fear that the discharge of important public duties, together with the engrossing cares attending them, might possibly interfere with the subject of maternity, or even perhaps endanger the perpetuation of the human race. But any inconvenience of this sort may be easily obviated by setting apart those who are willing to undertake the domestic drudgery of providing recruits for the nursery; and with due care in the selection of proper persons for this purpose the species might be perfected, so as to realise the grand idea of those philosophic philanthropists whose proposals have hitherto been treated with ridicule instead of the respect which they deserve."



## THE WEEK.

WE believe that Dr. Lankester's success as candidate for the coronership of the Central Division of Middlesex is certain, if his professional brethren in London fail not at the last moment to give him the full force and benefit of the countenance and support which they have promised him. As a member of the medical profession, and as the representative of the claims of the profession to the vacant coronership, Dr. Lankester has in every respect the strongest right to expect support at the hands of his brethren. We especially urge this, because his opponents are men of law, and well versed in the art of carrying elections according to the most approved party practices and procedures. It is very clear, indeed, that with men of business of this stamp no ordinary candidate has much chance, unless he be strongly and firmly backed by his own friends. It must be remembered, as we have already said, that in this matter of the coronership Dr. Lankester is fighting a great battle, the results of which must tell strongly as a precedent at all future elections of this nature throughout the country, either in favour of or against the medical candidate. It is difficult, indeed, to understand that any of our medical brethren should have doubts or hesitation in a matter so clear and distinct. The only claims which Dr. Lankester's opponents have to the office are, we believe, that they have been useful electioneering agents for the Conservative party. No doubt those services will be properly recognised in the right quarter; but they surely give these gentlemen no kind of claim to the office of coroner. If either of them held prominent or distinguished positions in the legal world, something might then be said on the score of their especial fitness for the office; but nothing of the kind. At present, therefore, we have before us, on the one side, two very ordinary members of the lower branch of the legal profession, who have been remarkable as useful electioneering agents; and, on the other side, we have Dr. Lankester, a man who has highly distinguished himself as a member of the medical profession, and who notoriously possesses those qualities which are essential in a coroner. Under such circumstances, we really must look upon any support given by the profession to the men of law as something done of detriment to the interests of the profession. We most earnestly urge on our associates in the Middlesex central district to be early at the poll on Monday, and to bring all the voters they possibly can. Activity and energy must be manifested; and every means of promoting Dr. Lankester's election, such as the employment of carriages during the first few hours of the day for the convenience of voters, should on no account be omitted.

THE *Social Science Review* of last Saturday concludes an able article on *Medical versus Legal Coroners*, with the following remarks, which we commend to the attention of our readers.

"Turning from the extreme arguments of both parties to a common sense view of the question, it is obvious that the primary and indeed only useful office of the coroner is that of determining the cause of death. The decision he and his court arrive at on this point is, or ought to be, absolute; all else is secondary.

"For, if the duties of the office went further, if the coroner could not only assign a cause of death, but could fix the guilt of such a cause on a man, why should he not deal with the man at once, without any further interposition of magistrate, judge, or assize tribunal? Further, what, after all, has the lawyer to do more than the medical man with collection of evidence? The notion that every lawyer takes evidence after a given recognised and imparted system is long exploded; we know it to be sham, and that every lawyer and barrister has his own way of extracting evidence, the success of which depends on the talent of the man, not on the method and learning of the law.

"The view to which we are naturally led by these thoughts is, that the lawyer, by virtue of his office as a lawyer, is no more competent than any other educated member of the community for the duties of coroner; while the medical man, by the nature of his studies, is of necessity trained, to a large extent, to the office. In time it may happen that another class of scholar will arise, who, combining an extensive knowledge of the laws of life with a sound knowledge of the laws of the land, may stand above both the professions in his claims. But, until such a phenomenon appears, it is surely best for the community that the most fitting substitute should be selected out of the profession which has the most profound knowledge of the primary duty—the determination of death."

WE last week recorded one more death from chloroform; and the fact leads us again to ask whether the profession has really done all that it is capable of doing in order to prevent these sad events. Let it be admitted that the use of chloroform as an anæsthetic in operations is necessarily attended with a certain percentage of deaths. Let us admit this to be an unavoidable contingency—a penalty attached to the immense benefits derived by suffering humanity from its use. But, admitting this, it clearly becomes our duty to reduce the percentage to the lowest possible rate to which it may be brought by the scientific study of the application of the anæsthetic. Now, we would ask the profession, has science said its last word on this subject? Has science pointed out, with all the precision of which it is capable in the case, the right method of procedure to be adopted in the administration of chloroform; the conditions of the body—if any such exist—which should contraindicate its administration; the most efficacious means to be resorted to when the destructive action of the vapour is manifested? It must be confessed that the authoritative voice of science has not done this. There has not been any solemn inquest appointed to investigate and report upon these things and to recommend and advise the right path to follow in respect of them. We



would, therefore, suggest to the Medical and Chirurgical Society that no fitter pendent to the doings of its Committee on Asphyxia could be found than the one we are now speaking of. There are different methods of administering chloroform. All cannot be equally good and equally safe. One, we may fairly surmise, must be the best, because the freest from danger. Let the Committee tell us which one that is. So, also, with regard to the measures to be adopted for the accidents arising from its use. Some measures must be more efficacious than others; which are they? And there are or there are not certain conditions of the body which contraindicate the use of the agent; if so, what are they?

THE Council of the College of Surgeons met together last week; but did not elect an Examiner. We sincerely trust that this fact—this hesitation, if we may so call it—is an indication of some intention on the part of the Council to inaugurate a new era in its system of elections. We have heard that members of the Council, anxious that the terms of the new charter should be no longer evaded, but faithfully carried out, have declared in despair that, in their belief, nothing but the peremptory terms of a new charter will ever bring the Council, as a body, to do this great act of justice. We cannot believe that such a *force majeure* is requisite. A duty so plainly and manifestly prescribed by the charter cannot be set aside, if its performance be insisted upon by the voice of enlightened professional opinion. The very reputation of the College would be involved in resistance to such opinion. Besides, the Fellows have the power in their hands, if they choose to exercise it. Let them only pledge the three members whom they yearly elect into the Council, to carry out the reforms indicated by the charters of 1843 and 1856, and demanded by every well wisher of the College, and the thing will very soon be done. With regard to the election of Examiners, it is manifest that the permission accorded in the new charter to elect Examiners from the body of the Fellows at large was given for the express purpose of enabling the Council to ensure, under all circumstances, the election of men eminently capable of undertaking the duties of Examiners. Is it not, indeed, self-evident that no one who is not actually engaged in the business or the teaching of physiology and anatomy, for example, is fitted to be an Examiner in Anatomy and Physiology? Candidates for the license of the College are, in these days, supposed to be master of minute microscopical anatomy, and also of the most recent discoveries in physiology. And it is most unreasonable to suppose that any man can possibly be master of these studies as they are now taught in the schools, unless he himself be an actual teacher of them. If such men are to be found amongst the Council, by all means

let them have the honour of being elected Examiners; but if they are not there to be found, then we say the Council are bound to do what the charter permits, if not directly enjoins, them to do; viz., seek outside the Council for such Examiners. Let the Council in this matter also take a leaf out of the proceedings of the Royal College of Physicians. A contemporary states that the election was adjourned because the Council could not, on voting, come to a definite decision. Ten of the Council voted for and ten against Mr. Kiernan, on two separate takings of votes. Consequently, we must suppose that they have been waiting for the addition to their number before proceeding to another trial of forces. If it should happen that the two new councillors take opposite views of the case, we know not how the Examiner is to be elected.

AN election of a physician to St. Luke's Hospital is now going on. A subcommittee has selected three candidates for the consideration of the General Committee. Amongst these three is Dr. Risdon Bennett.

WE are glad to see that public opinion, as shown through the press, is so strongly in favour of medical coroners. Even our friend *Punch* gives his adhesion to the proposition: "Mr. Punch, as a freeman, presents his vote to Dr. Lankester, who is a man of weight."

M. NÉLATON has announced to the Academy of Medicine the performance by him of a successful case of ovariectomy. This is a great event for Paris, and for France. The most incredulous surgeons must now admit the possibility of the successful termination of this operation in future cases. The extraordinary amount of ignorance concerning this operation, as performed in England and elsewhere, which has hitherto existed in Paris, is something marvellous. One would have thought the countries separated by the Great Sahara, instead of being within a few hours reach of each other. One distinguished surgeon there lately remarked, when told of one of these operations and its successful issue by a person who had witnessed it, "Je n'y crois pas; je ne l'ai pas vu!" Great credit is due to M. Nélaton for the energy and determination which he has exhibited in this matter; and everyone will be pleased to hear that his case has proved successful.

"The tumour," he remarked, "was in this case voluminous; the patient weakened by long suffering; the numerous adhesions rendered the extirpation of the tumour laborious; and yet the recovery of the patient was very rapid. I may, therefore, assert that ovariectomy will now become a part of our practice, and that in this particular, as in all others, French surgeons will have no cause to envy their *confrères* across the water."



M. Nélaton, however, cannot claim the credit of being the first successful operator in this way in France. Professor Kæberlé of Strasburg claims this. He writes as follows :—

“I performed the operation of ovariectomy on the 2nd of June, on a person 26 years of age, who has recovered. This is the first operation of the kind practised in France of late years—*dans ces dernier temps.*”

THE election of three members of the Council of the Royal College of Surgeons of England, in the room of Mr. Cock (retiring by rotation), Sir B. Brodie (resigned), and Mr. Stanley (deceased), took place on Thursday. The following were the numbers polled for each candidate :—

Cock . . . .	126	Bishop . . . .	108
Adams. . . .	121	Lane . . . .	48
Paget . . . .	116	Turner . . . .	43

The first three gentlemen on the list were, therefore, elected. We congratulate the country Fellows of the College on the admission of one of their body into the Council, in the person of Mr. Paget of Leicester.

A MR. MARTINDALE has received the just reward of his attempt to libel Mr. Soffe, a medical practitioner, of Sawston. We should conclude, from a perusal of the report of the case, that Mr. Martindale is a very mischievous and spiteful busybody. The accusation brought by him against Mr. Soffe was of the most trumpety and trumped up character ; and so thought the jury, who gave Mr. Soffe £100 damages.

M. LAMI read, at the French Academy of Sciences, a paper on the metallic body thallium, newly-discovered by the aid of the spectroscope of MM. Bunsen and Kirchhoff.

M. Beneden objects to the opinions which have been laid to his charge by MM. Pouchet and Verrier ; namely, that the *cænurus cerebralis* is the larva or the scolex of the *tænia serrata*. What he really professes is this, that the *tænia* proceeding from the *cænurus* forms a distinct species, under the name of *tænia cænurus* ; and that the *tænia* from the *cysticercus pisiformis* of the rabbit produces the *tænia serrata*. In my opinion, adds M. Beneden, it is through their not having properly distinguished between these two species of worms, that MM. Pouchet and Verrier have failed in their chief experiment ; and it is in consequence of this failure that they express a doubt concerning the doctrine of the metamorphosis of entozoa, and of their peregrinations through the body. These gentlemen return to the charge. The *tænia cænurus*, they say, was never a distinct species of the *tænia serrata*. “Until further proof is given, we cannot believe that a microscopic embryo of a *tænia* enclosed in the in-

testines of a sheep can make for itself a passage up into the brain of the ruminant, and then undergo transformation into a vesicle, which engenders numerous scolices.”

*L'Union Médicale* speaks of the numerous scientific, and especially medical, *conversazioni* now going on in London, and gives its readers the following Assolant-kind of information thereon :—“Some of them are organised by subscription, and thus become a source of revenue to the institutions which give them. Skilful at seizing every occasion of coining money, our English *confrères* have not failed to organise *soirées* after *soirées* during the Exhibition year in order to attract foreigners.” The writer says that he has just assisted at three of this sort, the Royal Society, the College of Physicians, and the Social Science *Soirées*.

M. Richard has lately practised in M. Nélaton's wards an operation called *tonsure conjunctivale*. M. Furnari first performed it twenty years ago in Africa on two natives, and has frequently repeated it in Paris. The operation consists in the removal of the whole of the mucous membrane of the globe of the eye, as well as of the subconjunctival cellular tissue, for the purpose of obliterating abnormal vascularities. The results of the operation in M. Richard's case are to be told to us.

M. Beau has discovered, he says at least, that tobacco smoking is a cause of angina pectoris.

M. Grandeau lately pointed out the presence of rhubidium in beet-root. He has now also shown, by the aid of spectral analysis, that this metal is present in tobacco, coffee, and tea. Hence, it would appear, that this simple body is widely distributed in nature. It is not, however, as was once thought, always associated with lithine.

An address has been presented to Rokitansky by the Imperial Society of Physicians of Vienna, on the occasion of the opening of the new building for the study of pathological anatomy and chemistry.

The Belgian Academy of Medicine has just elected, as foreign members, Drs. Ricord, Marion Sims, Stilling, and Stromeyer. It would seem that there is no one in the United Kingdom worthy of the honour.

THE SEXES IN SCOTLAND. It appears from the Scottish census, just published, that of the 3,062,294 persons in Scotland on the 8th of April, 1861, only 1,449,848 were males, while 1,612,446 were females, being an excess of 162,598 females, or in the proportion of 111·2 females for every 100 males. These numbers, however, it must be remembered, do not take account of the large number of Scotsmen who are serving in the army, navy, and mercantile shipping, and who in the census returns are only represented by the number of military or of seamen actually in Scotland or on its coasts when the census was taken. As compared with England, however, the proportion of females in Scotland is disproportionately great.



# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirtieth Annual Meeting of the British Medical Association will be holden in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

*President*—ALFRED LOCHÉE, M.D., F.R.C.P., Canterbury.

*President-elect*—GEORGE BURROWS, M.D., F.R.C.P., F.R.S., London.

*All the Meetings will take place at the Royal College of Physicians, Pall Mall East.*

### TUESDAY, August 5th.

12 NOON. Meeting of Committee of Council.

1.30 P.M. Meeting of the General Council.

3 P.M. First General Meeting of Members. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted.

9 P.M. *Conversazione*. The President and Fellows of the Royal College of Surgeons of England have invited their Fellows and Members to meet the members of the Association at the College on this occasion.

### WEDNESDAY, August 6th.

10 A.M. Meeting of the Members of the new Council.

11 A.M. Second General Meeting of Members. An Experimental Report on the Treatment of Suspended Animation will be read by B. W. RICHARDSON, M.D. Papers and Cases will be read.

1 P.M. The Address in Medicine will be read by W. H. WALSHE, M.D., F.R.S. The Report of the Medical Benevolent Fund will be presented. Papers and Cases will be read.

9 P.M. *Soirée*. By the kind invitation of the President and Fellows of the College of Physicians, this Meeting will take place at the College.

### THURSDAY, August 7th.

11 A.M. Third General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Surgery will be read by JAMES PAGET, Esq., F.R.S. Papers and Cases will be read.

### FRIDAY, August 8th.

11 A.M. Fourth General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Physiology will be delivered by W. SHARPEY, M.D., F.R.S. Papers and Cases will be read.

6.30 P.M. Dinner at the Albion Tavern, Aldersgate Street. Tickets One Guinea each.

Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, Royal College of Physicians; where cards will be supplied which will secure admission to all the Proceedings.

Refreshments will be provided in the College during the Meetings.

Members who wish for previous information may communicate with Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Papers have been promised by Francis Sibson, M.D., F.R.S. (Aneurisms of the Arch of the Aorta); William Budd, M.D., of Bristol (On the Occurrence of Malignant Pustule in England, illustrated by numerous Fatal Cases, and a Series of Photographs); C. Handfield Jones, M.D., F.R.S. (Suggestions for Inquiries into the Action of Medicines); Lionel Beale, M.B., F.R.S. (Observations on the Formation and Destruction of Tissue in the Living Body); William Farr, M.D., F.R.S. (On Medical Statistics); C. E. Brown-Séquard, M.D., F.R.S. (Remarks on a Case of Wound of the Spinal Cord); Ernest Hart, Esq. (On the Successful Treatment of Aneurism by the Flexion Method); W. Tindal Robertson, M.D., of Nottingham (On Hydro-Therapeutics); A. P. Stewart, M.D. (Some Remarks on the Treatment of Intestinal Obstructions).

PHILIP H. WILLIAMS, M.D., *General Secretary*.  
Worcester, July 1st, 1862.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Annual.]	37, Soho Square.	Tuesday, July 8th, 4 P.M.
SOUTH-WESTERN. [Annual.]	Athenæum, Plymouth.	Tuesday, July 8th, 3 P.M.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Rose and Crown Inn, Saffron Walden.	Wednesday, July 9, 2.30 P.M.
BATH AND BRISTOL. [Annual.]	General Hospital, Bath.	Thurs., July 10, 4 P.M.
YORKSHIRE. [Annual.]	Museum, York.	Thursday, July 17.

## LANCASHIRE AND CHESHIRE BRANCH: ANNUAL MEETING.

THE Twenty-sixth Annual Meeting of the Lancashire and Cheshire Branch was held on Wednesday, June 25th, at the Royal Institution, Mosley Street, Manchester. There were present thirty-six members, and four visitors.

The President for the past year, E. BATTY, Esq., of Liverpool, commenced the proceedings by introducing his successor, G. SOUTHAM, Esq., of Manchester.

*President's Address.* The new PRESIDENT delivered an address. He said that, valuing the esteem of his professional brethren, he could not but regard with feelings of pride and gratitude the honour they had conferred upon him in electing him their President for the ensuing year, especially as he had taken a deep interest in most of the movements which had raised the British Medical Association, of which this was a most important section, to its present exalted position. Possessing no legal privileges, but depending solely upon its own efforts to advance the medical and political interests of the profession, with a due regard at the same time for the public weal, and numbering upwards of two thousand members, it might be looked upon now as the most influential and independent body in the kingdom. Through its influence mainly, various corporations had been stimulated to raise the standard of medical education; the position of the medical officers of the poor-law unions had in many respects been considerably improved; army and navy surgeons had had fewer causes of complaint; the incalculable mischief of unscrupulous quacks had been exposed; whilst, through the same power, the great measure of medical reform, if not yet satisfactorily settled, had at least made important advances. On the subject of poor-law medical relief, he expressed a hope that the memorial of the Executive Council, recently presented to the Houses of Parliament, would meet with the cordial approbation of the members of the Association. As a member of the Council, he did not hesitate to say that the suggestions therein contained had been prepared with as much consideration for the interests of the sick



or and the public in general, as of the medical officers particular. It was, therefore, to be hoped that they would obtain a careful consideration at the hands of the legislature, and that this important question of poor-law administration would now be effectually disposed of. In reference to medical reform, as four years had now elapsed since the passing of the new Act, they were enabled to judge of its results. [Mr. Southam then noticed briefly some of the provisions of the Medical Act, and proceeded.] But, though great were its advantages, the Act was still capable of much amendment. It did not prevent persons, whether registered or unregistered, from assuming medical titles to which they had no legal claim; for the penal clause was so worded that the penalty turned, not on the use of professional titles, but on the "implying that he is registered under this Act, or that he is recognised by law." Registration, therefore, constituted the only distinction between the qualified and unqualified; and the legal claim to the designation of "Dr." was now a more vexed question than ever, owing in a great measure to the unpardonable way in which many medical diplomas had recently been granted. In former days, if a man was ambitious of the title of "Dr." or physician, and either unable or unwilling to follow the course of study and to pass the examinations of our leading British Universities, he applied to hundred institutions in Germany, and thus obtained his wish on the most advantageous terms. But within the last few years, certain corporations in our own country had completely outbid their continental rivals in the lavish distribution of their favours; and thus apothecaries and others, having only passed partial examinations in medical science, had been suddenly raised to the desired titular elevation; and in several instances the Edinburgh College of Physicians had enrolled them as members of their body without any additional examination, or even without personal attendance at the College. This strange proceeding, however, must not be affiliated upon the Medical Act; for it was distinctly declared, in clauses 20 and 21, that, "if the qualifications of any of the Colleges are not such as to secure the possession, by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their profession," such qualifications "shall not confer any right to be registered under this Act." The Council, therefore, appointed to carry out the provisions of the Act, and not the Act itself, was clearly responsible for these regularities; but, as eighteen out of twenty-four of its members were appointed by the medical corporations, they need not be surprised that these clauses had not been enforced; for all the important changes in the constitution of these bodies during the present century had been made solely in obedience to the general voice of the profession, rather than at the instance of the governing bodies. The Reform Committee of the Association had exerted themselves to secure a more effectual representation of the profession in the Council; but the influence of the corporations prevailed with the legislature, and thus their monopolies remained in a great measure untouched to this day. The result had been the infliction of a tax upon them which had realised during the last three years upwards of £40,000, for which the general register of qualified practitioners was almost the only return. With such funds, surely district lists might have been prepared in a separate form, and published at intervals in the local newspapers, by which the public would have been enabled to distinguish the qualified from the unqualified men. On the subject of medical education, the proceedings of the Council were not more satisfactory; for, beyond the recommendation of a certain course of study, which, through the influence of one of the colleges, they were enabled to enforce, their labours had not been attended with any beneficial result. To obtain the full benefits of the Act, they must endeavour to secure a more impartial Council; and it appeared to him that

the time had arrived for this Association to ask Parliament so to remodel the Bill that its leading principles, which had hitherto been a dead letter, might be brought into active operation. Another defect in the Bill was, that it contained no new powers for the suppression of quackery. The popular bone-setter and cancer-doctor continued their deceptive practices; the one by magnifying a simple bruise or sprain into either a fractured bone or a dislocated joint, and the other by magnifying the mildest form of tumour into a virulent cancer, with the obvious intention of prolonging the treatment of the case, and securing a false reputation for skill. He believed that the public would give the profession credit for philanthropic and disinterested motives in their recommendations for the suppression of empiricism. But no legislative powers could reach those specious systems of quackery which were continually invented to attract the more credulous portion of the public, and of which Mesmerism, homœopathy, and hydropathy were the most recent examples. Within the last few months the profession had suffered considerably in public estimation by the conflicting evidence of the medical men in a celebrated case of lunacy. It was not, however, the profession generally who were responsible for these inconsistencies, but the public, who were so anxious to seek the advice of specialists, or "experts", as they had been recently designated—a class of practitioners who, in the present day, seemed to be of very questionable utility to either the profession or the public; the speciality in most instances being taken up, not because individual pursuits had intuitively led them to the subject, but because specialities formed the most lucrative kind of practice. The plea that disease could be more efficiently investigated in special than in general hospitals, was altogether at variance with past experience. It was their duty to caution the public against medical specialities, at least as practised at the present time; for the encouragement recently given to them, and also to quackery, was producing an injurious effect on the minds of those who were studying medicine, and would eventually deprive the public of the professional services of many well-informed and right-thinking individuals, who could easily discover many new paths to honourable distinction.

*Report of Council.* Dr. WATERS (of Liverpool), the Honorary Secretary, read the following report:—

"In presenting their accustomed annual report, the Council congratulate the members on once more assembling in the city of Manchester.

"At the last annual meeting, the following resolution was passed; viz.: 'That the Council be requested to take into consideration the mode of electing members of the Council, with a view to secure a more thoroughly representative body.'

"In accordance with this resolution, your Council have carefully considered the question that was submitted to them; and, although they have not been able to arrive at an unanimous conclusion as to the desirability of modifying the existing laws, they have yet resolved, by a majority present at the meeting when the subject was considered, to recommend such a change in them as will, in the opinion of your Council, meet the requirements of the case.

"In the circular convening this meeting, notice has been given that a proposition embodying the recommendation of the Council will be submitted to you. It will be for the meeting to determine whether the proposed alteration in the laws shall be enacted.

"Your Council deem it their duty to express their satisfaction with the manner in which the JOURNAL of the Association continues to be conducted. During the past year, many valuable contributions to medical science have appeared in its pages, and a decided improvement is observable in its scientific character. Several matters of importance also, not exactly connected with



medical science, have been discussed; and your Council believe that they will only give expression to a general feeling when they say that the thanks of the Association are due to the editor for the high professional tone which has pervaded his articles, and for the able manner with which he has dealt with the various ethical questions to which attention has been of late directed.

"Your Council, in common probably with the members of the Association at large, have seen with feelings of regret the course which has been recently taken by the Medical Council with reference to the proceedings of the Royal College of Surgeons of England; and they consider it a matter of sufficient importance to refer to in their report. One of the most important objects for which the advocates of medical reform have contended is an improvement in the standard of education, both general and professional, required of those who desire to enter the profession. It was thought that the regulations of the Medical Council, as issued last year, would ensure such a result; and your Council believe that, if these regulations were complied with, they would tend in the desired direction. The requirements of students, as recently issued by the Royal College of Surgeons of England, are not, however, in accordance with the regulations of the Medical Council; and they appear to be such as, in the opinion of your Council, are calculated to frustrate the objects which the Medical Council in their regulations had in view.

"Your Council have the pleasure to state that the Branch still continues large and prosperous; but, from various causes, it appears that the present number of members is somewhat smaller than that of the last few years. That this is a matter of regret all will agree. With an increasing population of medical men in the district which the Branch includes, and with the greater inducement which now exists to join the Association from the improved character of its JOURNAL, your Council feel that a little exertion on the part of members might be the means of recruiting the somewhat diminished ranks of the society. It is especially in some of the localities away from the two largest towns in the district that the number of members in proportion to the professional population is small; and it is in those places that an increase of strength ought to be looked for. Your Council are the more anxious to secure new members of the Branch, inasmuch as there has been, on the whole, an increase in the Association during the past year; and in some districts the increase has been considerable. They would desire to see the Lancashire and Cheshire Branch maintain that numerical preeminence which has so long characterised it, and they therefore desire earnestly to impress on the present members the importance of individual exertion to procure new associates.

"The Treasurer's statement, which will be laid before you, shows a balance in favour of the society of £20:11:4."

Dr. DAVIES (Chester) moved, Mr. MARTIN (Hindley) seconded, and it was resolved—

"That the Report of the Council now read be adopted and printed, together with the proceedings of this meeting."

*Votes of Thanks.* It was moved by Mr. BRIGHAM (Lymm), seconded by Mr. STEELE (Liverpool), and resolved—

"That the best thanks of this meeting be given to E. Batty, Esq., the late President; to L. E. Desmond, Esq., and H. Wilson, Esq., the late Vice-Presidents; to the Honorary Secretary, and the other members of the Council, for their services during the past year."

Mr. WILSON (Runcorn) moved, Mr. DESMOND (Liverpool) seconded, and it was resolved—

"That the best thanks of this meeting be given to the Local Secretaries, J. Sharp, Esq. (Warrington), J.

Thorburn, M.D. (Manchester), and J. P. Scowcroft Esq. (Southport), for their valuable services during the past year; and that they be severally reappointed."

*Next Annual Meeting.* Dr. NOBLE (Manchester) moved, Dr. WATERS (Chester), seconded, and it was resolved—

"That the next annual meeting be held in Liverpool that J. Vose, M.D., be appointed President-elect and that R. Martland, M.D. (Blackburn), and G. Turner, M.D. (Stockport), be appointed Vice-Presidents-elect."

*Council of the Branch.* It was moved by Dr. WILKINSON (Manchester), seconded by Dr. CALLON (Liverpool), and resolved—

"That in future five members of the Council who have served the longest time on that body shall retire annually, but shall be eligible for reelection."

*Lectures.* Dr. WATERS (Liverpool) said he had a suggestion to offer for the consideration of the Council, which, if practically carried out, he thought would be found to benefit the profession. The Lancashire and Cheshire Branch was a very large and important one—in fact, the largest connected with the Association; and he thought, considering its importance, enough was not done to make the society attractive. Much might be done, not only towards increasing the number of the members, but towards improving the status of the society in the country, by paying more attention to scientific subjects. There was in Manchester and Liverpool a medical population of between 500 and 600, and in Lancashire and Cheshire the profession numbered between 1,200 and 1,300. In connexion with the district, there were large and flourishing medical institutions and schools, which gave great facilities for the study of medicine. Considering these facilities, the large medical population of the district, and the great opportunities which they enjoyed as medical men, might fairly be expected that the Association should do more for the encouragement of medical science, and that they should take up a leading position in that respect. In order to attain that object, he suggested that the Branch should institute an annual course of lectures, to be delivered alternately at Liverpool and Manchester, on subjects of medical science, by gentlemen to whom the Council and the profession should have confidence. He moved—

"That this meeting approves of the suggestion that an annual course of lectures should be delivered in connexion with this society; and requests that the subject may be taken into consideration by the Council, with a view to the institution of such lectures."

Mr. MATHER (Ashton-in-Makerfield) seconded the resolution, which was agreed to.

*Registration of Disease.* Mr. RANSOME (Bowden) moved, Dr. WILKINSON (Manchester) seconded, and it was resolved—

"That the Council be requested to take into consideration the propriety of appointing a Subcommittee, whose duty it shall be to encourage a weekly registration of disease in large towns."

*Quarterly Meetings of the Branch.* It was moved by Mr. STEELE (Liverpool), seconded by Dr. WATERS (Chester), and resolved—

"That this meeting begs to recommend to the Council the consideration of the desirability of holding quarterly meetings of the Branch for the reading of papers on medical subjects."

*Proceedings of the Medical Council.* A resolution proposed by Mr. MALLETT, and seconded by Mr. HUNTER, relating to the desirability of the discussions of the General Council of Medical Education and Registration being published by the press, was referred to the Council of the Branch for their consideration.

*Office-Bearers and Council.* The following were ap



ointed for the ensuing year:—*President*: G. Southam, Esq., Manchester. *Vice-Presidents*: T. Davies, M.D., Manchester; W. T. Callon, M.D., Liverpool. *Secretary*: T. H. Waters, M.D., Liverpool. *Council*: L. E. Desjardins, Esq., Liverpool; J. Dickinson, M.D., Liverpool; V. H. Duncan, M.D., Liverpool; R. Flint, Esq., Stockport; H. Halkyard, Esq., Oldham; Ellis Jones, Esq., Liverpool; E. Lund, Esq., Manchester; P. Macintyre, M.D., Liverpool; G. Mallett, Esq., Bolton; R. Martland, M.D., Blackburn; T. Mellor, Esq., Manchester; D. Noble, M.A., M.D., Manchester; A. Ransome, M.A., M.D., Manchester; W. Roberts, M.D., Manchester; J. Harp, Esq., Warrington; H. Simpson, M.D., Lymm; L. Spencer, M.D., Preston; G. Turner, M.D., Stockport; J. Vose, M.D., Liverpool; M. A. E. Wilkinson, M.D., Manchester.

*Representatives in the General Council.* The following were appointed:—J. Dickinson, M.D., Liverpool; Ellis Jones, Esq., Liverpool; G. Mallett, Esq., Bolton; T. Mellor, Esq., Manchester; G. Southam, Esq., Manchester; L. Spencer, M.D., Preston; A. Stookes, M.D., Liverpool; J. Vose, M.D., Liverpool; A. T. H. Waters, M.D., Liverpool (Secretary); E. Waters, M.D., Chester; M. A. E. Wilkinson, M.D., Manchester.

*Papers.* The following papers were read:—

1. Double Paralysis of the Seventh Pair of Nerves. By W. Roberts, M.D., Manchester.
2. Artificial Pupil. By T. Windsor, Esq., Manchester.
3. Pulsatile Respiration. By J. Thorburn, M.D., Manchester.
4. Carbolic Acid as a Remedial Agent. By T. Turner, Esq., Manchester.

Dr. SKINNER moved, Mr. HUNT seconded, and it was resolved—

“That the thanks of the meeting be given to the readers of papers for the communications they have made to the society.”

*Vote of Thanks.* It was moved by Dr. WATERS (Liverpool), seconded by Mr. SWIFT (Liverpool), and resolved—

“That the best thanks of the meeting be given to the Council of the Royal Institution for the use of their rooms on this occasion.”

*Dinner.* After the annual meeting, the members of the Association dined together at the Clarence Hotel, Spring Gardens. Mr. G. SOUTHAM, the President, occupied the chair.

MESMERISM IN PLAUTUS. In the *Amphitruo* of Plautus, Mercury, who is importuned with Sosia, deliberates whether he shall not put him to sleep by *passes*: “*Mercury. Quid si illum tractim tangam ut dormiat?*” To this Sosia, who overhears him, and has kept a long vigil, has no objection: *Sosia*. “*Nam, continuo has tres noctes pervigilavi.*”

PRIMARY AMPUTATIONS. A surgeon in the volunteer army, of great practical experience, writes from a distant field of service where he has had an opportunity to put into practice the precepts of military surgical authorities: “I conjure you in the august name of that humanity which should be identified with the title surgeon, to guard young surgeons against yielding to their eagerness to *cut*, and also to counsel against *primary* amputations, particularly in the thigh, when there is a large wound of the soft parts, combined with fracture of the bone. Of the three ‘primary’ amputations performed in my presence yesterday, the subjects died, one of them in the very act of the operation. In each of these cases, with the rules of army surgery stated by the eminent army operators, fresh in my mind, I silently *dissented* from the practice.” (*American Med. Times.*)

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JULY 1ST, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

#### REPORT OF THE COMMITTEE ON SUSPENDED ANIMATION.

THE Report, which was of considerable length, contained the histories and results of experiments on living animals, and on the dead human body.

1. *Experiments on Living Animals.* In this department of the investigation, the first object to which attention was directed was the observation of the phenomena of apnoea (or asphyxia) arising from simple deprivation of air. For this purpose, the trachea of each animal experimented on was tied, and opened below the ligature; and a glass tube, provided with a stop-cock, was inserted into the artificial aperture. The experiments were varied by sometimes closing the tube by the stop-cock alone, and sometimes plunging the end of the tube into mercury. Inquiries were specially directed to ascertain the period at which respiratory efforts ceased after making the obstruction; the period at which the heart's action ceased under the same circumstances; and the period during which the heart's action continued after the cessation of respiratory efforts. It was found that, in dogs, the average duration of the respiratory efforts was 4 min. 5 secs.; of the action of the heart, 7 min. 11 secs.; and that the average duration of the heart's action after respiratory efforts had ceased was 3 min. 15 secs. In rabbits, this interval was increased by 30 seconds.

Observations made on the period at which recovery is possible after complete obstruction, without artificial aid, shewed that the time was limited in dogs to 4 minutes. If the obstruction were continued only 10 seconds longer, recovery did not take place.

The force of the respiratory efforts, in a dog of average size, was found capable of raising a column of mercury four inches. The respiratory force was capable of drawing mercury and plaster of Paris to a considerable distance within the air-tubes.

The Report next contained an account of experiments on drowned animals. In these it was found that, while recovery after apnoea from simple obstruction was possible at the end of four minutes, one minute and a half was the longest time at which recovery took place after immersion in water. This remarkable difference suggested an inquiry into the cause. When the animals were prevented from struggling by being enclosed in a cage, no difference in the time was observed. Was cold the cause? The preservation of every part of the body except the head, from this agency, produced no effect. The effect of closing the trachea, as in the first series of experiments, was also tried: and of two dogs, plunged into water under similar conditions, except that the trachea of one was closed, the animal which had the trachea free died after immersion for two minutes, while that in which the trachea was obstructed recovered after having been immersed during four minutes. In the latter, the lungs were remarkably free from blood; while in the drowned animal, the air-tubes contained a sanious foam of blood, water, and mucus; and the lungs were highly congested and very heavy, pitted on pressure, and did not collapse.

In animals in which the muscular respiratory efforts were diminished by the administration of chloroform, it was found that recovery took place after immersion for two minutes fifteen seconds. It, therefore, appeared



that the more rapid fatality in drowning was due to deprivation of breath *plus* the introduction of water into the lungs.

In the treatment of apnoea, experiments were made on artificial respiration by various methods, and on several other measures which had been recommended.

Artificial respiration produced various results. The Committee could express no definite opinion as to the value of any special apparatus; which, they considered, possessed certain disadvantages, such as that of not being always available when required.

The application of the actual cautery produced no good result in five experiments; nor did any good effect arise from opening the jugular vein. The rapid application of cold, suddenly alternated with heat, seemed to produce considerable effect; while the use of cold or heat alone gave rise to purely negative results. Of seven animals heated by galvanism, five died; nor were any more certain results obtained by puncture of the diaphragm. The Committee, therefore, could not speak of any of these means as being of unequivocal efficacy.

2. *Experiments on the Dead Human Body.* In these cases, care was taken, as far as possible, to procure subjects in which there was no disease of the chest. Numerous experiments were performed with the view of ascertaining the merits of the method recommended by the late Dr. Marshall Hall and by Dr. Sylvester. In addition, attempts were made to determine the actual quantity of air drawn in and expelled by each of these methods—a point which had not been previously determined. Inquiry was also made into the effect of pressure on the sternum.

Pressure on the lower part of the sternum, amounting (as in the other cases in which this agency was employed) to about thirty pounds, caused the displacement of from eight to ten cubic inches of air—the quantities ranging from two to fifteen inches. Pressure on the upper part of the sternum expelled two or three cubic inches less. Pressure on both the upper and the lower part of the sternum produced the same result as pressure on the lower part alone. When a weight was placed on the sternum, the amount of air expelled was in proportion to the weight.

When the ribs on each side were compressed with a smaller force, no greater result was obtained; and pressure of the thorax by a bandage did not expel more than eight or ten cubic inches.

Dr. Marshall Hall's "ready method" was tried sometimes before other means on the same subject; sometimes after them. When the body, being on the side, was turned into the prone position, not more than from one to eight cubic inches were expelled; but a somewhat greater quantity was displaced when the arm was laid on the abdomen. The quantity of air inspired when the body was replaced was always somewhat less than that expelled. When the body was turned on the face, the quantity of air expelled was somewhat increased by pressure on the spine; but it never exceeded fifteen cubic inches.

When the arms were carried to the head, as in Dr. Sylvester's method, the amount of air taken into the chest varied from nine to forty-four cubic inches; and the results were very uniform on the same subject. On replacing the arms by the side, the quantity expired was generally rather less than, but sometimes as much as, that which had been inspired. The effect was increased by alternating the movements of the arms with pressure on the lower end of the sternum; the expelled air amounting even to fifty cubic inches.

Without expressing a decided opinion as to the actual efficacy of Dr. Sylvester's method, the Committee considered that its results were more marked than those arising from Dr. M. Hall's method. It had also this advantage—that it commenced by a movement of inspira-

tion; whereas Dr. M. Hall's method begins by expelling the air from the chest.

Observations on simple inflation showed that the effect was much modified by the position of the tongue. During inflation, a sound resembling vesicular murmur, and in some instances crepitation, was heard.

In performing the experiments according to Dr. Sylvester's method, it was observed that the *rigor mortis* disappeared under the repeated movements of the arms, and that the amount of air displaced was increased.

From these observations, the Committee were led to suggest that, in cases of apnoea, impediments to respiration should be removed by placing a cushion under the shoulders, drawing the tongue forward, and alternately raising and depressing the arms twelve or fourteen times in a minute. If no result be soon obtained, douches of warm and cold water should be used. The body at the same time must be kept warm, and friction should be employed. In drowning, the body should be placed higher than the head for a period of about thirty seconds, before the abovementioned means are tried.

Other points relating to apnoea and its treatment have not been yet investigated.

## Correspondence.

### RUPTURE OF THE UTERUS.

LETTER FROM THOMAS RADFORD, M.D.

SIR,—In the JOURNAL of June 21st (page 649) is a case of rupture of the uterus, related by Dr. Copeman, upon which, with your permission, I will briefly make a few remarks; not in a spirit of criticism—an avowal which I hope Dr. Copeman will accept; but as suggestive of the causes of the accident, and of the mode in which it happened.

An inference may reasonably be drawn that the lady was a very excitable subject, and most likely very susceptible to moral impressions. This conclusion is warranted by her telling the children "not to make her laugh so much, as it made her very uncomfortable." And, further, it is allowable to suppose that the uterus organically participated in this high nervous excitability, and, therefore, I conclude the exciting cause was clearly emotional.

During the highly excited state of the nervous system shown by her expression, a violent irregular contraction of a portion of the uterus was produced; and its tissue, doubtless weakened by disorganisation, yielded, and an extensive longitudinal laceration of the muscular tissue was the consequence, which did not involve the peritoneal coat. She died from the great shock the vital powers sustained; not from loss of blood.

The pain she endured was not, in my opinion, produced by the "powerful" movement of the child; but from the unnatural and cramped condition of a portion of the uterine tissue which took place, and which, indeed, must have been most violent to have caused such an extensive laceration; nor do I hesitate to venture an opinion, that the muscular efforts of the child *in utero* floating in the protective liquor amnii are never so strong as to hazard the uterine structure. I have frequently heard women, after the birth of the child, say they "feared there was another child," and complained of great pain which they considered was produced by its movements, but which, on a very careful examination, I found arose from irregular contraction of a portion or of portions of the uterus. In women whose abdominal parietes are thin, this spasmodic state may be readily felt; and in some cases the spasm is migratory, shifting about from one part to another, which, naturally enough, deceived the patient.



The liquor amnii was probably not so trifling in quantity as it appeared to be when the membranes were ruptured by the obstetrician; but a considerable portion of it may have dribbled away as "bloody water" through an aperture made in the membranes above the os uteri, simultaneous with the laceration of the uterus itself.

Dr. Copeman asks, "Had the structure of the uterus undergone any alteration disposing it more easily to give way, in consequence of the attack of inflammation some years before?" But although he says, "we could detect no such lesion," yet I am inclined to think—nay, I am convinced (as far as I dare express such an opinion)—that disorganisation of the uterine tissue had taken place—softening or fatty degeneration. The grounds on which I base my conclusions are the following: the time of its occurrence happening before labour had even commenced; and so suddenly and so rapidly that it is impossible for any injury to have been sustained from uterine effort or pelvic opposition.

The "puerperal inflammation" she had formerly suffered from might have laid the foundation of an organic change of tissue; and several of her former labours being hæmorrhagic, clearly show that the uterus wanted its natural contractile power; and, again, she had one premature labour; and not knowing the cause which induced it, I venture to ask, had the changing organic uterine tissue, impatient of distension, any influence in leading to a premature expulsion of the ovum?

I am, etc., THOMAS RADFORD.

Higher Broughton, Manchester, June 21st, 1862.

## Medical News.

### APPOINTMENTS.

ROCKATT, William, M.D., appointed Surgeon to the Dundee Royal Infirmary.  
 PARIE, George C., M.D., appointed Physician to the Dundee Royal Infirmary.

ROYAL NAVY. The following appointments have been made:—

ARNOTT, James W., Esq., Acting Assistant-Surg., to the *Euryalus*.  
 DALBY, William B., M.D., Surgeon, to the *Winchester*.  
 DICKINS, F. P., Esq., Acting Assistant-Surgeon, to the *Euryalus*.  
 KEVERN, Charles T. S., Esq., Staff-Surgeon, to the *Wellesley*.  
 LAY, Joseph, Esq., Acting Assistant-Surgeon, to the *Euryalus*.  
 RISK, James G., Esq., Surgeon, to the *Hastings*.  
 FERNAN, John, M.D., to the *Brilliant*.  
 THOMAS, David, Esq., Surgeon, to the *Hawke*.  
 JERQUHART, Lewis C., M.D., Surgeon, to the *Black Prince*.

VOLUNTEER CORPS. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ANDERSON, J., Esq., to be Surgeon 1st Lancashire R.V.  
 BINDLOSS, J. B., Esq., to be Assistant-Surgeon 1st Manchester R.V.  
 BREWER, J., M.D., to be Surgeon 1st Administrative Battalion Monmouthshire R.V.  
 FIELD, A. G., Esq., to be Surgeon 3rd Administrative Battalion Sussex R.V.  
 REECE, J. R., Esq., to be Surgeon 1st Administrative Brigade Glamorganshire A.V.  
 WHATELY, E., Esq., to be Assistant-Surgeon 1st Sussex R.V.

To be Honorary Assistant-Surgeon:—

BYERS, R. H., Esq., 1st Administrative Bat. Pembrokehire R.V.

### BIRTH.

LANSDOWN. On June 29th, at Bristol, the wife of \*F. P. Lansdown, Esq., of a daughter.

### MARRIAGES.

\*JACKSON, T. Vincent, Esq., Wolverhampton, to Alice Jane, eldest daughter of \*James GATIS, Esq., of Wolverhampton, on June 5.  
 \*THOMAS, W. W., Esq., to Kezia Bromley, youngest daughter of Frederick Lloyd JONES, Esq., of Garthllwyd, at Llanfair, Montgomeryshire, on June 27.

KING AND QUEEN'S COLLEGE OF PHYSICIANS. The Lord-Lieutenant will lay the first stone of the new hall of the College of Physicians in Kildare Street, Dublin, on the 7th inst. (*Dublin Evening Mail*.)

VACANCIES. The following appointments are vacant. Poor-Law Medical Officers for No. 3 District of the York Union; for the Gosforth District of the Castle Ward Union, Northumberland; for the Fenny Stratford District of the Newport Pagnell Union; and for the Waddingham District of the Caistor Union.

MEDICAL WEIGHTS AND MEASURES IN AMERICA. The Committee of Revision of the American *Pharmacopœia* have decided on retaining the troy weight, but have discarded the terms scruple, drachm, and pound. Quantities less than half an ounce are to be expressed in grains.

UNIVERSITY OF OXFORD. At the Commemoration holden at Oxford on Wednesday last, the honorary degree of D.C.L. was bestowed on the following persons:—His Excellency Comm. Francisco Ignacio de Carvalho Moreira, Minister Plenipotentiary from the Emperor of the Brazils; Lord Palmerston; Sir E. W. Head; Lieut.-General Sir James Outram; Sir Roundell Palmer; Rev. James A. Jeremie, D.D.; Thomas Watson, M.D., F.R.S.; and Charles Wheatstone, Esq., F.R.S.

IRISH DISPENSARY MEDICAL OFFICERS. The Medical Officers of Dispensaries and Workhouses in the counties of Sligo and Leitrim, have presented a petition to Lord Palmerston, in support of their claims to be included in any bill to be brought before Parliament for the superannuation pensions of poor-law officers. "The long course of medical education and examinations", the petition runs, "in medical science and practice required by law to qualify medical officers for their special duties, and also to aid the Crown in criminal prosecutions and the public and corporate bodies in many matters of medical police and sanitary science, give them claims superior to those of any other officer in the public service for adequate salaries and superannuation pensions from the state; for no other public officers have such onerous, responsible, and dangerous duties to discharge, liable to be called upon every day, Sunday not excepted, at all hours by night and day, and so exposed to all weathers and forms of contagion regardless of their own health, that their lives may be said to be a continual sacrifice to their public duties. The medical officer of a dispensary cannot calculate upon one hour of his own time, all seems pre-engaged by the very nature of his public duties, which are rigidly exacted by prescribed rules. Your memorialists pray that the same measure of public justice which is being afforded by superannuation pensions to assistant-barristers, to petty session-clerks, to county surveyors, to the medical officers of county gaols and lunatic asylums, be extended to the medical officers of workhouses and dispensaries in Ireland. Neither of those officials already provided by law with superannuation pensions who are referred to, are required to devote their whole time to the duties of their respective offices, while the officers of the poor-law medical department are the only class of public officials which the state has hitherto neglected to protect by superannuation pensions in return for their immense physical and mental toil, many of whom become disabled by long service, and in consequence are liable to be superseded—superannuated without pensions. Your memorialists, therefore, pray that as the salaries of the poor-law medical officers in England are paid in half from the consolidated fund, that superannuation pensions from the same source be paid to the few medical officers in Ireland who may survive twenty years such severe service, the premature mortality of medical officers in Ireland being greater than that in the most unhealthy dependencies of the British crown (see Report by Drs. Stokes and Cusack of 1848.) In the year of



famine-fever, 1847, one-fifteenth of the medical officers were cut off by the epidemic, and their lives were refused insurance except on very hazardous premiums. Your memorialists respectfully urge the vital interests of the medical life guards of the nation, and pray that their claims may receive your lordship's favourable consideration.

**THE NEXT MIDDLESEX CORONER.** There are three candidates for the coronership of the new central division of Middlesex, who are canvassing the freeholders of the metropolis. One is a physician, two are lawyers, and they are all men of good character and standing. The physician is Dr. Lankester, whose name as a practical scientific man is generally known. The other candidates are Mr. C. E. Lewis, a clever bankruptcy lawyer, very much liked by those who know him; and Mr. Cameron, who has distinguished himself in parochial politics. Of the three candidates, the contest is supposed to lie between Dr. Lankester and Mr. Lewis; and, since one is a physician, the other a lawyer, loud battle is waged on the professional question—ought a coroner to be bred in medicine or law? We do not regard this part of the question as quite so abstract a problem as it is made to appear. The fitness of the man is of more moment than the nature of his calling. Other things being the same, a clever physician is no doubt more competent to get at the true cause of a death than a clever lawyer. It is said, the lawyer understands extracting evidence; but let any one consider with how much habitual tact, from stupid nurses, gossiping friends, and daily masses of superfluous irrelevant talk, the skilled physician swiftly follows each clue to his right understanding of a cause of disease or death; and it will be evident that on this ground even the shrewd lawyer is less at home. But between second and third rate men—especially the third rate men—a country attorney will usually prove more sharp witted than his neighbour the surgeon; so that if the choice were between inferior men of the two professions, law might be assumed to give the better training. Between Dr. Lankester and Mr. Lewis, however, there is no question of mediocrity. They are both men of high ability; but the abilities of Dr. Lankester have had strength to obtain for themselves the wider recognition. He has shown, with high attainments and intelligence, an active public spirit. His writings and lectures, always in furtherance of public health, have been distinctly practical. The article on Sanitary Science in the new edition of the *Encyclopædia Britannica* is from his hand; and this public spirit, joined to a physician's acute habit of observation, would make him a most efficient and trustworthy London coroner. It is to his credit that he has busy against him every man connected with a vested interest in dirt. (*Examiner.*)

**DRINK AND SOLDIERS.** The curse of an army is intoxicating liquors. Even the rebel leaders have made this discovery, and have suppressed the liquor traffic in the vicinity of their armies. The spirit ration is the great source of all this mischief; as long as that is continued, the flame is silently fed, and only waits a favourable opportunity to burst forth. The navy, it seems, suffers from the same evil. An intelligent surgeon in the navy writes from one of the gunboats: "If the spirit ration now given in the United States navy could be abolished, it would undoubtedly result in a marked improvement in the efficiency of the service. At present the ration consists of one gill of whiskey a day to every man that desires it. It seems to be productive of no good, but in the majority of cases does immense harm, by exciting a strong appetite for rum, which when allowed full license on shore, leads to beastly excesses. The result is, the unfortunate returns to the medical officer, a victim of sexual disease, and to duty in a condition unfit for labour. (*American Med. Times.*)

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.  
St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—Univers College, 2 P.M.—Royal Orthopædic, 2 P.M.  
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.  
FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M.: Dr. Hermann Weber "On Hirsch's Hand-Book of Historical Geographical Pathology"; Dr. S. Hall (of Hobart Town), "On the Vital Statistics of Tasmania."

## POPULATION STATISTICS AND METEOROLOGICAL OF LONDON—JUNE 28, 1862.

[From the Registrar-General's Report.]

	Boys..	Girls..	Births.	Death
During week.....	897	910	1807	1066
Average of corresponding weeks 1852-61 .....			1879	1227

**Barometer:**  
Highest (Wed.) 29.985; lowest (Sun.) 29.597; mean, 29.762.  
**Thermometer:**  
Highest in sun—extremes (Mon.) 115.5 degs.; (Sun.) 86 degs.  
In shade—highest (Th.) 72.5 degrees; lowest (Sat.) 43.8 degs.  
Mean—56.2 degrees; difference from mean of 43 yrs.—4.4 degs.  
Range—during week, 28.7 degrees; mean daily, 17.7 degrees.  
Mean humidity of air (saturation=100), 77.  
Mean direction of wind, N.W.—Rain in inches, 0.09.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course no necessarily for publication.

## RELIGIOUS SERVICE AT THE MEETING OF THE ASSOCIATION.—

SIR: Though I had heard of "a very proper suggestion" having been made in reference to the approaching meeting of the Association, I did not see "X. P.'s" letter till yesterday, as it had not occurred to me to look for it among the notices to correspondents. I most heartily approve of "X. P.'s" proposal that our proceedings should commence with a religious service, and take shame to myself for not having anticipated it. I think he deserves the thanks of the Association for having directed attention to an omission which has, I believe, been the result of inadvertence. When the claims of spiritual religion are so fully acknowledged by other great associations, it seems a reflection on ourselves that we should neglect to follow their good example.

July 2nd, 1862.

Yours, etc., A. P. STEWART.

**ARSENIC versus STRYCHNINE.**—SIR: The following is copied from the *Queensland Guardian* (N. Australia); date April 19th, 1862:—

"A sheep dog belonging to Mr. Martyn, J. P., of Murrurundi, having accidentally eaten strychnine, a dose of arsenic was administered to abbreviate the animal's sufferings; but, strange to say, it had a contrary effect, and the dog recovered. The same peculiarity was observed on two several occasions."

This is, I consider, worth a trial; and should any one who has a better opportunity and time wish to try the experiment, I should like to be present, if they will kindly send me a line.

I am, etc., JAMES GARDNER.

9, Crescent Place, Mornington Crescent, N.W., June 25, 1862.



**LIMA LA'MERT AND THE EDINBURGH COLLEGE OF PHYSICIANS.**  
**SIR:** I am instructed by Dr. Lima La'Mert to write you on the subject of a statement in your Medical Journal of the 21st instant, which has just been called to his notice, and which is as follows:—

"The first one is the youth who joined the College of Physicians during the year of grace, after becoming M.R.C.S.E. in 1859."

By this statement, you seem to imply that Dr. Lima La'Mert as one of those who in the year of grace (as you call it) obtained his diploma without having been subjected to the test of professional knowledge; this is doing Dr. Lima La'Mert the greatest injustice. With the full knowledge of who he was, and after a severe examination, the College announced their satisfaction with his attainments, and his election as a member of the College, and it was not till sometime after he had left Edinburgh, and while at Glasgow, that they improperly induced him to sign the memorandum set out in your article. In the expectation you will do Dr. Lima La'Mert the justice of correcting the error in your article. I am, etc., HENRY PHILIPPS.

2, Robert Street, Adelphi, W.C., June 29th, 1862.

**USE VENTILATION.**—Mr. Hartshorne reminds us that we did not allude to his scheme in the remarks lately made in the JOURNAL on ventilation:—"Will you allow me to invite your attention to some back numbers of our JOURNAL—i.e., June 30th, 1860, p. 512; July 20th, 1861, p. 77; and December 21st, 1861, p. 673. If you do so, I think that you will perceive that 'how to get the air which is outside our windows inside them, and how to get it in *cito et secundo*—i.e., abundantly, and without the creation of a draught'—has been there fully answered without the aid of an architect. I have laboured to make the plan intelligible; but I suppose it is still misunderstood; but, from my experience of it, I am convinced that it is perfect in principle. Dr. Styrap, of Shrewsbury, has also informed me that it acts admirably in some model cottages which he has designed."

**INSURANCE OFFICE FEES.**—Mr. Harrington, of Reading, writes:—"Pray put the Provident Clerks' Mutual Life Assurance Association in your black list. A few days ago, I received from the office, professing to do business at 15, Moorgate Street, a long string of questions to be returned. In answer to my inquiry, 'Who paid the fee?' they replied: 'We do not pay any fee for answering our Reference Letters.' I need scarcely add, their reference letter was not answered."

**PHYSICIANS' FEES.**—**SIR:** Will you grant me a small space in answer to "One of the Old School", who writes very feelingly. He does not deny my assertion as to the unsatisfactory state of the profession caused by the physicians lowering their fees; but blames the general practitioner indirectly for it, by not calling in the young physician in consultation. He treats a consultation as a light matter, and as if the general practitioner could have it when he liked, or could call in whom he pleased. I never desire a consultation except in a serious case—I never object to it; both for my own credit's sake, and the patient's pocket; and often when I have proposed it, it has been considered unnecessary. Frequently, the patient or his friends choose the man to be called in; but if it be left to me, I select one whose opinion I consider better than my own; and at my age, hard upon fifty, I hope he will not accuse me of presumption, if I think I know nearly as much as some of the young physicians, as there is but one royal road to medical lore. I often call in a general practitioner, if it be left to me, and should prefer him to a young physician; moreover, some of the latter are not popular. The fact is, that the state of the profession has changed much during the last fifty years, for reasons I need not again enter into, and will continue to do so; and if the physician does not keep up his fees, he will certainly not keep up his rank, and the general practitioner will often supplant him.

June 24th, 1862.

I am, etc., BRISTOLIENSIS.

**COMMUNICATIONS** have been received from:—Dr. HANDFIELD JONES; Dr. LATHAM; THE HON. SECS. MED. CHIR. SOC.; Mr. T. M. STONE; Dr. A. T. H. WATERS; Mr. T. S. WELLS; Dr. GRAILY HEWITT; Dr. CHEVALLIER; Dr. RANKING; Mr. S. FREEMAN; Mr. W. COOPER; Mr. CADGE; Mr. T. W. CROSSE; Mr. GEORGE RIGDEN; Mr. W. BLOWER; Mr. HENRY PHILIPPS; Dr. R. WOLASTON; Dr. GEORGE MITCHINSON; Mr. T. H. SMITH; Mr. E. HART; Dr. INMAN; Dr. EDWIN MORRIS; Mr. GASCOYEN; C. R.; Mr. T. WINDSOR; Mr. G. F. HELM; Mr. F. P. LANSDOWN; Dr. P. H. WILLIAMS; and Dr. A. P. STEWART.

## CORONERSHIP OF CENTRAL MIDDLESEX.

TO THE MEMBERS OF THE MEDICAL PROFESSION.

**Gentlemen,**—As this is the last time before the Election that I shall have an opportunity of addressing you through the medical press, let me urge upon you the continuance of your efforts on my behalf. The present contest is not only one between the choice of a medical or a legal man for Coroner, but between myself and skilful, practised, and unscrupulous electioneering agents. I look to you, who have known me for twenty-five years, to protect me from the cowardly and dastardly attacks of my opponents, and by your personal efforts on my behalf, on Monday, to vindicate my character and that of your profession by doing all that you can to place me at the head of the poll.

I would remind those who have promised me their personal assistance on the polling day, that it is of vital importance that their efforts should be made EARLY, and that they should endeavour to bring their friends to the poll directly it opens at 8 o'clock in the morning.

Be up and EARLY at the poll.

I am, Gentlemen, your most obedient servant,

EDWIN LANKESTER, M.D., F.R.S.

8, Savile Row, W., June 26th, 1862.

## Dr. Lankester's Election Fund.

### LIST OF SUBSCRIPTIONS.

	£	s.	d.		£	s.	d.
T. H. Wakley, Esq. ....	10	10	0	J. Paget, Esq. ....	2	2	0
Dr. J. G. Wakley ....	10	10	0	Robert Dunn, Esq. ....	2	2	0
H. Ellington, Esq. ....	10	10	0	Thos. Buzzard, Esq. ..	1	1	0
Robert Hardwicke, Esq.	5	5	0	Dr. Brown-Séguard ..	1	1	0
T. Ballard, Esq. ....	1	1	0	Dr. Wollaston ....	1	0	0
Spencer Wells, Esq. ..	2	2	0	Dr. J. Hall Davis.....	2	2	0
Dr. W. H. Powell ....	1	1	0	J. Roper, Esq. ....	0	10	6
Dr. Tyler Smith ....	1	1	0	W.B.Ramsbotham, Esq.	0	10	6
Dr. Harrington Tuke..	1	1	0	Dr. Matthews ....	0	5	0
W.Bowman, Esq., F.R.S.	5	5	0	T. F. Chilver, Esq. ....	2	2	0
Dr. John Arthur ....	2	2	0	G. F. Gwyn, Esq.....	1	1	0
John Millar, Esq. ....	1	1	0	Dr. W. Jones.....	1	1	0
Dr. Huddleston ....	1	1	0	T. Lewis, Esq. ....	2	2	0
Dr. C. J. B. Williams,				Dr. Ballard .....	1	1	0
F.R.S.....	5	5	0	Messrs. McCrea & Cribb	1	1	0
John King, Esq. ....	5	0	0	W. A. Cattlin, Esq....	1	1	0
Dr. M. L. Este ....	2	2	0	Dr. Sheehy .....	1	1	0
J. White, Esq. ....	1	1	0	Dr. Pollock .....	0	10	6
Lionel Beale, Esq. ....	1	1	0	Augustus Brown, Esq.	1	1	0
John Bush, Esq.....	1	1	0	Dr. Broxholm .....	1	1	0
Dr. Pett .....	1	1	0	Dr. Stokes .....	1	1	0
Dr. Dundas Thomson,				F. J. Burge, Esq.....	1	1	0
F.R.S.....	5	5	0	Johnson T. Musgrave,			
R. Quain, Esq., F.R.S.	5	5	0	Esq.....	1	1	0
John Savory, Esq. ....	2	2	0	Dr. Jackson .....	1	1	0
Dr. Neil Arnott, F.R.S.	2	2	0	Dr. Forbes Winslow ..	2	2	0
Edwin Saunders, Esq.	5	5	0	H. Cooper, Esq. ....	1	0	0
F. F. Andrews, Esq. ..	1	1	0	Dr. Sutro .....	1	1	0
Dr. Wm. Collins ....	2	2	0	Dr. Henry Bennet ....	2	2	0
Dr. Richard Quain ....	2	2	0	Dr. W. Bell .....	1	1	0
Dr. G. Woolley .....	1	1	0	Dr. T. L. Mackesy, Wa-			
Thomas H. Hills, Esq.	5	5	0	terford .....	1	0	0
Dr. Barlow .....	2	2	0	W. Coulson, Esq.....	5	5	0
Henry Thompson, Esq.	1	1	0	Messrs. Lucas & Meehan	2	2	0
J. Whitmore, Esq. ....	1	1	0	Dr. Garrod.....	2	2	0
Charles Lord, Esq. ....	5	5	0	Dr. Wilkinson .....	1	0	0
Dr. Billing.....	5	0	0	T. Turner, Esq., Man-			
J. Probert, Esq. ....	5	0	0	chester .....	2	2	0
Dr. Wood .....	5	0	0	G. W. Bridgeman, Esq.	1	1	0
Dr. Edmunds .....	2	2	0	Dr. J. G. Davey, Bristol	1	1	0
Donald Nicoll, Esq. ..	5	5	0	A. Leggatt, Esq. ....	1	1	0
Dr. Gore.....	1	1	0	T. S. Howell, Esq. ....	1	1	0
T. Orton, Esq. ....	1	1	0	Dr. Harley.....	1	1	0
Dr. Lionel Beale .....	1	1	0	Dr. Underwood.....	1	0	0
Dr. Richardson .....	1	1	0	E. Hart, Esq. ....	5	0	0
Dr. Sharpey .....	1	1	0	Dr. Eachus Wilkinson	2	2	0
John Churchill, Esq. ..	2	2	0	Dr. Radford, Manchester	1	1	0
J. Forster, Esq. ....	1	1	0	G. Fast, Esq. ....	2	2	0
Dr. Hawksley .....	1	1	0	A. Hart, Esq. ....	1	1	0

As promptness and energy are so essential to success, the Committee beg that Contributions be immediately paid, by cheque or post-office order, Hampstead, to Charles F. J. Lord, Esq., Treasurer, College Terrace, Hampstead, N.W.; or to Dr. Lankester's Election Fund, at Messrs. Drummond's, Charing Cross; or either of the following Members of the Finance Committee:—J. Probert, Esq., 6, New Cavendish Street; J. Whitmore, Esq., 15, Winpole Street; Dr. R. D. Thomson, 41, York Terrace, Regent's Park; Donald Nicoll, Esq., 114, Regent Street.

**Dr. Lankester's Committee sits**  
 daily at 8, Savile Row, W., and at the Apollo, Tottenham Court Road.

**Gentlemen desirous of Assisting**  
 Dr. LANKESTER at the Polling on Monday next are requested to communicate with his Committee immediately.



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PROSPECTUSES ON APPLICATION.

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CAUTION.—J. T. DAVENPORT received from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff, the sole discoverer and inventor, his RECIPE for this invaluable preparation, which has never been published or made known; hence there can be no other maker, and anything compounded as Chlorodyne besides a spurious imitation and deception.

### TESTIMONIALS.

"I have now for fifteen months used Dr. J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agent. In FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Amyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size; and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief, especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all medical men.

"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; I feel quite certain that her recovery was caused by taking a dose of CHLORODYNE three times daily, or when the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and never had a recovery before when the cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

Sole Agent and Manufacturer,

J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell Street, Bloomsbury Sq., London.

## Twinberrow's Patent Double-Action Reservoir Injection Apparatus

Complete with Additional Pipes for all purposes, and suitable for every Climate.

W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced.

The Piston or Pump, which so frequently gets out of order, is not introduced into this Apparatus; there is therefore an absence of

OILY GREASY MATTER and BLACK LEAD (which are absolutely necessary to lubricate the piston in the usual syringes), which soon become rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary syringe.

### TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE,

With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

as an Eye Douche, an Ear Syringe, and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action.

JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

Twinberrow's "Double Action (Syphon) Syringe" is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is specially well fitted, being compact, portable, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital. 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe and think very highly of it. Yours faithfully,

Mr. Twinberrow, Edwards Street.

WM. FERGUSSON

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LONDON.  
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# General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

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### XVI.

*What is meant by a Man's Constitution? Great Breadth of the Subject. Full of Things indefinite and difficult to name, but real and intelligible, and requisite to be studied for their Bearing upon the Course of Diseases and their Treatment.*

WHAT do we mean when we talk of a man's Constitution? For, indeed, we are continually talking of it, both among ourselves and to our patients; and thinking of it, too, when we come to treat their diseases. And, moreover, the older we get, and the more conversant we have become with diseases, patients, and remedies, the more stress do we find ourselves laying upon a man's constitution. But this thing so talked of, and thought of, and practically regarded, what is it? Is it not a man's individuality, in a physical sense? Thus much it is, at least; and a great deal more than this expression could include.

Yet might not some lucky definition be hit upon, which would carry the whole meaning of the thing, and give us a rule to work by, that might be invaluable? But it is this very thing, even a man's constitution, which fills the whole subject of practical medicine with such endless circumstances and conditions as to spoil it entirely for definition. And strange indeed would it be, if what snatches everything else from the grasp of definition should itself submit to be defined.

True! the practice of medicine is sometimes narrowed to a point, and curiously eclectic; and sometimes it is broad and free. But, whether narrow or broad, it cannot be fixed by definition, or worked by rule. The physician's success in the treatment of each particular case depends not upon the exact definition under which he can bring it, or the exact rule he can bring to bear upon it; but it comes from his own free choice of what is now best to be done, guided by the sum of all his former experience.

But if this (so called) constitution of the man meet us thus at every turn in the practice of medicine, though it do not bear definition, yet will it not bear, and does it not demand, some careful thought? Such let us try to give it.

A man's constitution, taken for his individuality in a physical sense, may be that with which the physician has most to do upon the whole. But it is only part and parcel of his entire individuality; and the physician will find that he has to do with every part in its turn, and even with all of them together. The subject, therefore, needs to be considered a little comprehensively.

Now, all intercourse with the world as it is, and acquaintance with contemporary men, all study of history and of the characters of men still traceable on its pages, would lead to the conclusion that

never, from the foundation of the world until now, have there existed two individuals who, in outward presentment and in intellectual and moral attributes, were the exact counterparts of each other. Being first stated, this sounds a monstrous paradox. Being pondered a little, it begins to appear probably true. Something like the same bodies and minds have been traced in different ages, furnishing historical parallels. But no man of any age could be taken for either a reembodiment or a metempsychosis of any other man of an age preceding.

There are certainly as many varieties of man as there are individuals; and these varieties reach to his entire nature. Peruse men by items, and you will see that, however much they resemble one another, no two were ever found each other's counterparts. Take two brothers as near alike as any two brothers were ever known to be. Being apart, they are continually mistaken for each other. In size, and form, and face, and feature, they are the same; but no man, the least observant, can live with them for a day and not ever afterwards distinguish between the two with as much ease as if one were white and the other black. He will distinguish them, and perhaps not know how it is that he *does* so distinguish them. But it is the expression of countenance—that wonderful indefinable reality—which lets out the secret, and tells which is which. From things of every moment, things without and thoughts within, there peep out or flash out gleams and changes which are the proper living light of every human countenance, and, going and coming, photograph its individuality.

View men intellectually. Take two men educated together, and in the same way, and in the same things. Let all tests of competitive knowledge have found them equals. Let it be fairly allowed that neither is better or worse than the other. But there is a difference between them; and, if we could come at the secret of the manner in which the mind of each addresses itself to its work, herein we should plainly discern them different. One has had most trouble with his memory, the other with his reasoning power, while they have worked up their minds to the same mark, and have compassed equal results. Truly one may be neither better nor worse than the other, but they are intellectually different. Accordingly, put them both into the same profession, and one will succeed and the other fail. Put them into different professions, luckily chosen and suited to their secret but real intellectual difference, and they will both of them succeed.

View men morally, and still take them by pairs. Take two as morally the same as men were ever seen. They have become fast friends for life, from like dispositions and tastes. They seem to joy and sorrow, hope and fear, like and dislike, in equal measures and on equal occasions. The same accidents of life make both happy or both miserable. But they differ; and they know it well, though nobody else may see it. And their very friendship, however it began, is now maintained and strengthened by both of them well understanding wherein they differ, and, being naturally indulgent of what each may think the other's weakness, perhaps by never touching it at all, perhaps by gently handling it, perhaps by seasonably playing with it, but never by assaulting it. True friendship has its own delicate tests of the moral attractions and repulsions of



man's nature and its own intuitive skill in dealing with them. It is the best touchstone of moral individualities.

But when physicians speak of the constitution of a man, and make so much of it in reckoning the issue of diseases and directing their treatment, they are understood to have in view not what he is intellectually or morally, but physically. Yet how physically? Surely our thought is not of a man's body, and his body alone, when we speak of his constitution; but of his body *with the life* in it, at least. As to size and bulk, shape and make of body and bodily organs, the differences between men are pretty obvious, and need not be pointed out. In the treatment of diseases, not much (I will not say nothing) depends upon what these differences are either wholly or in detail. But be the body or the body's organs of what size and bulk and shape and make they may, it is how and what they can *do*, and how and what they can *endure* under the ordinary wear and tear of existence; and again under the stress of unusual circumstances; and still again under the harder stress of diseases; it is thus, and thus, and thus, that men make shew of their several constitutions and their physical or vital individuality.

It is a misfortune to have a great subject fall in one's way to handle, and have the fear of not handling it worthily; and, moreover, to feel at every step how possible it is to fail in explaining to others what has been in *practical exercise* by one's self during half a life. And such is the subject of man's individuality, which, being restricted to his *material vital* nature (*σωματικῶς*), is especially called his constitution.

There are more realities in medicine than we have language to describe—realities known and acted upon and put to the proof every day, yet not apprehensible as things which have definite forms and substance; and we have been obliged to find terms suggestive of what they are in their own kind, not as forms and substances, which they are not, but as living energies, which they are. Temperament, susceptibility, idiosyncrasy, diathesis, are such terms. They are in very common use among us; and they bear a stricter or a laxer sense, according to each man's habit of thought who uses them. But, stricter or laxer, there is a practical need of them; for they denote something real. Every living man has his health qualified by something which one or other of these terms may be allowed to stand for; and every living man has his diseases tinged by the qualities of his health.

Temperament, idiosyncrasy, susceptibility, diathesis, are indeed terms of portentous sound; and they all stand (it has been said) for realities; yet not for definite forms and substances, but for living energies. And their meanings, thus denoted, seem transcendental and mysterious withal. But it is the great mystery of life itself which is at the bottom of all the mysterious language we are obliged to employ concerning it. Yet it is far better for us to use these terms, even temperament, idiosyncrasy, susceptibility, diathesis, which belong exclusively and restrictively to vital things in their first and proper and only sense, than any plainer and commoner terms, which could only be made suitable to them in some secondary sense. For the plainer and commoner terms, having (as needs must be) their primary sense always adhering to them, would carry

a peculiar hazard of misteaching us in our conceptions of those things to which, in their secondary sense, they were transferred.

This matter concerns us more than is usually supposed; therefore it is worth while to pause, and try to clear it up a little. Almost all language is figurative, and so far may obscure as well as illustrate the subject which it is used to denote. Inflammation and fever contain the figures of *burning* and *boiling* and, in all our conceptions of their nature and treatment, the ideas of *burning* and *boiling* have been continually mixed up. But this is to make the name of a thing stand for a very part of it; and thus it is even possible that the name may come to dominate in our minds over the thing itself. Is it not true that the popularly prevalent notion of treating inflammations and fevers turns to the purposes of extinguishing and refrigerating? Hence the popular term *antiphlogistic*, which really takes one's understanding by storm; also *febrifuge*, which is startling enough.

Now, inasmuch as there is abundance of true inflammation and true fever which does not bear the faintest analogy to *burning* and *boiling*, and abundance of successful treatment of the same which is as remote as possible from our conception of *antiphlogistic* and *febrifuge*, it would have been well perhaps, if the terms both for the diseases and their remedies had never been used. But the names are too ancient and venerable not to remain for ever. Let it then be enough to beware of their furtive figurative sense, as applied to diseases and remedies which may belie the nature of the one, and confuse the application of the other.

The realities, which these portentous terms temperament, idiosyncrasy, susceptibility, diathesis represent, are nothing less than a man's constitution or the individuality of his physical and vital nature and its distribution into certain species which are to be understood but not defined. And truly, in using the terms, we find ourselves in tolerable agreement concerning what they represent, and probably shall continue in this agreement as long as we are content to leave their meaning to our general conceptions, and to measure it by no stricter formula.

But in thus leaving the terms and their meanings free, we should always remember that there is no greater fault than the habit of employing them familiarly. It is an offence against good taste, and has incurred and deserved some ridicule. Moreover it is excused by no necessity. Nevertheless, if we were denied their use entirely, the most sober-minded among us would not be able to communicate together upon many of the great practical realities of our profession.

Then there are other terms, in constant use among us, and of sure meaning enough for men to be agreed about the realities which they denote, yet not to be technically defined. Such are sanguine, nervous, bilious, gouty, scrofulous. And when these come to be added to temperament, susceptibility, idiosyncrasy, diathesis, they must be taken to mark (as they really do) the more special individualities of men.

All this, at least, "is meant when we speak of man's constitution"—at all events, it is as much as can be conveyed by language. To venture upon describing more would be unsafe. But there is more and most physicians know more. By observation



individuals in sickness and in health, they come to learn that this, that, or the other man, albeit in no outward respects different from the majority of mankind, holds his health upon conditions which none beside himself are tied to, or gets rid of his diseases by methods of treatment which none beside himself would require or bear.

Nothing so vitiates the practice of medicine as that over-refinement, which either pretends to see more than can be seen, or fritters away what it *does* see into endless idle particularities.

But it is not to over-refine, in either sense, when we patiently study the constitution and individuality of men respective to the treatment of their diseases. The practical end in view is ever admonishing us to make sure of what we see, be it obvious or occult, near or remote; and, instead of multiplying the particulars which we find, to reduce them to as few as possible, that so they may be more easily grasped, and handled, and turned to use.

A man's physical individuality, when it is written and displayed in any of its larger and broader characters, warns and prophecies of things which threaten and beleaguer his mortal state as long as he remains in the world. It tells of one man, that his health in its uses and duties and enjoyments, his real health, will always be tied to conditions of place, of regimen, and employment. It tells of another, that there are certain forms of disease to which he will always be obnoxious. In another, whatever be the disease he suffers, it points to the likelihood of certain intercurrent accidents and events. And thus does this individuality, which is written in larger characters, and is seen and read of all men, call for and deserve the special attention of the physician.

But a man's physical individuality may be written in a much smaller character, or in a character legible only by the physician, and not always by him, but only as circumstances chance to bring it out, and put it in points of view that make it visible. Yet this smaller thing, seen but by the physician, and by him occasionally and seldom, being, however, an undoubted reality, may become a vast event in its practical bearing and use. As thus, let a man be overtaken in the midst of health by some acute disease, by Typhoid Fever, or Pneumonia, or Enteritis, or Erysipelas; or let him suffer an extensive burn, or meet with some grave accident, lacerating and confusing soft parts deeply and widely; and after the lapse of weeks, made up of days and nights full of emergencies, met and managed according to their kind, and by remedies of definite aim and purpose, let the man be restored to perfect health. This single attack will serve the physician, who watched and treated it, with information, which will ever afterwards be his guide to the safe and successful treatment of every attack of whatever disease the same individual may suffer as long as he lives.

But how so? Even thus. In the individual case, the physician has not been studying a typhoid fever, or a pneumonia, an enteritis, an erysipelas, a burn, laceration, or a contusion. He knew well enough before what they were in their own nature, and his case has not added one jot or tittle to his knowledge of them. And he never expected that it could. Practically, he has been turning away from the disease, and fixing his attention almost or altogether upon the patient who suffers it. He has been

studying an individual constitution; and studying it under the surest test and trial that can be conceived of all its living powers. And what has the physician found? In one case, he has found the disease lightly and patiently borne; not so much suffered as complied with; and carried duly and seasonably through all its stages to its termination in health; and, whatever remedies were needed in the meanwhile, he has found them, too, as well borne as the disease, and answering their intended purposes, and helping the progress, and insuring the fortunate termination of the whole. In another case, he has found the disease impatiently borne and violently resented; the vascular system and the nervous system reacting with steady energy and power; and strong counteractive remedies, such as bloodletting, needed and successful in rescuing from death and procuring recovery—not without hazard. In another case, he has found the disease impatiently borne; and the vascular system and the nervous system making a show of reaction fitfully and capriciously, but mainly without power; and remedies as ill-borne as the disease; and the treatment of each day waiting upon each day's events; and depletion and support, stimulant and sedative, given interchangeably, yet suitably to their indications, and manifestly instrumental to the saving of life.

Thus, day and night, for two, or three, or four weeks together, have experiments, as if instituted for the very purpose, been going on to bring out of the several men what they are vitally made of. And the sum of what is noted in them under this sure test of acute diseases and their remedies, may be taken as the sum of each man's constitution, of his physical and vital individuality.

Now, whoever may be the physician that has seen me safely and well through an attack of Typhoid Fever, Pneumonia, Enteritis, or Erysipelas, or an extensive burn, or some grave accident, let me have the same to attend me ever afterwards in any severe disease which I may suffer. He may not absolutely be the best physician in the world; but he is the best for me; for he knows my constitution. But the discerning public delights in nothing more than a change of physicians for the novelty of the thing. And for this, as for other novelties, it is apt to pay dear.

Well! but is it quite true, that either written in larger characters, and under all conditions of health or disease, and so seen and read of all men; or written in smaller characters, and brought out only by the emergencies of disease, and so seen and read only by the physician; is it quite true that this physical individuality is always ready to show itself and to play its part in modes of acting and suffering, and always to distinguish man from man? Not always! There are diseases which level all individualities. The plague, the cholera, yellow fever, make all men alike. Temperament, idiosyncrasy, susceptibility, diathesis, sanguineous, lymphatic, bilious, nervous, gouty, scrofulous, even strength and weakness, youth and age and sex, go all for nothing. The disease is as a poison, making no difference between life and life, but destroying all life, or bringing all into equal jeopardy.

Again, there are diseases which have a way of levelling and reducing to nothing the constitutional differences between man and man, otherwise than after the exact similitude of poisons. Poisons are



poisons always and everywhere ; while diseases may not have it for their constant power and property to level, and destroy, and jeopardise, widely and promiscuously, but they may have the power and property for times and places. It may be for a short or for a long season, over small or wide extent, perhaps for a year or part of a year, and over a certain district only ; or, perhaps, for many years in succession, over a whole country, or over a continent, or over half the entire world. All febrile diseases which are contagious or epidemic have exemplified these truths in their return. A single one is enough for our present purpose.

Of Scarlet Fever, consulting my experience of what it was during the few first years of my professional practice, and taking this for my guide, I must have pronounced that its danger to life was as small as it is possible to conceive, and that all the difference between case and case was manifestly due to the difference of constitution in several men. But of Scarlet Fever, viewed by the light of a new experience, my experience of what it was during a series of immediately subsequent years, I must have pronounced it the most perilous of diseases, and, that no matter whom it might befall, it levelled all to a parity of suffering and an equal hazard of death.

The sum of our experience carefully reckoned is consistent enough, upon the whole, to allow of our making fair anticipation of the course of diseases, and of the effects of remedies in particular cases. Without this there could hardly be a rational practice of medicine at all. Certainly, there could be no agreement among medical men as to what is expedient to be done in any case.

Still of the simplest diseases and their course, and of the simplest remedies and their effects, our experience is not uniform enough to make us always sure of events, and excuse us from attentively watching all cases, if perhaps something new or unusual may occur in some, requiring changes of remedies and readjustments of treatment according to men's constitutions.

And thus, to comply with men's constitutions gives exactness and success to the treatment of their diseases, while it does no prejudice to any sound practical principles, but rather confirms them by showing their capability of yielding and adaptation to present necessity.

Considering how much individual constitution has to do with the treatment of diseases, a good deal more might, and ought to, be said of it, if it could only be said intelligibly. But it is difficult to deal with truths which are most important to know, and yet cannot be submitted to scientific tests. The truths of medical practice are many of them such, and in this predicament. There are some of the most important realities in the world, which, in all their fulness, can only be pictured to the mind by the help of analogies and similitudes. Then, "with what comparison shall we compare" men's constitutions ?

As there is an atmosphere without the man by which and in which who ever lives *does* live ; so there is, what may be called, by a just analogy, an atmosphere within the man by which and in which who ever lives *does* live. The external atmosphere is the air we breathe ; and somewhere in the world, perhaps, it has and always preserves its purest possible conditions, calculated to maintain existence at its

best and its healthiest. But, throughout the known world, heat and cold, dry and moist, dense and rare, fair and foul, are variously distributed, and calculated, according to their measures, to subject life to degrees of deterioration, and to induce, and prolong, and perpetuate forms of disease. The internal atmosphere (so called from analogy) exists diffusively within us, and feeds our life. And as the external atmosphere may have perfect purity in some place but one cannot say where ; so this internal atmosphere may have perfect purity in some men, but one cannot tell whom. Being, however, at its purest and its best, it maintains (we may suppose) in each and every part the power and capacity of acting and feeling according to the perfection of their nature. But it is variously qualified in different men, and his vitality so qualified is each man's constitution.

Now, there are nicely constructed instruments which pretty faithfully denote to us the states of the atmosphere without from time to time. Indeed, for any accurate information about it, we depend entirely upon such instruments. So, diseases and remedies, and all sorts of emergencies, physical and moral, the wear and tear of life, are the instruments which test men's constitution for us ; and we should know little about it but for them.

## Illustrations

OF

## HOSPITAL PRACTICE

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

CASES OF CERTAIN PAINFUL AFFECTIONS OF THE LOWER EXTREMITIES.

Under the care of JAMES RUSSELL, M.D.

AMONG the maladies which affect the extremities, particularly the lower extremities, it is not unfrequently met with certain painful affections which are not conformed to any of the established types of disease. Such cases are sometimes hastily referred to the convenient category of chronic rheumatism, gout, or sciatica ; but on a more careful examination, will be found to reject an alliance which is sought, somewhat unceremoniously, to be forced upon them.

Whilst gout, rheumatism, and sciatica are for the most part attended by symptoms sufficiently precise for their diagnosis, it must be remembered that the extremities are composed of different tissues, each of which is liable to be variously affected by external influences, and has its own proper maladies, characterised by peculiar symptoms, and requiring special treatment. Thus the arteries undergo changes which are not only productive of pain, but may exert a very powerful influence over the nutrition of the limb. The muscles are exposed to disorders peculiar to themselves, apart from their office, are especially liable to suffer in their nutrition from excessive exercise, or from impaired composition of the blood ; the ligaments and tendons are subject to unnatural stretching, which renders the performance of their proper functions irksome and often painful ; the fasciæ may resent the operation of cold and damp in a manner not always conformed to the



neumatic type; and the nerves may be irritated at their roots by disease of the cord, or be subject to pressure from abnormal growths seated in their course.

It follows that some care is needed in discriminating such disorders, and especially those in which pain is a prominent symptom. In forming an opinion upon the nature of the particular case, it will be needful to obtain a precise description of the symptoms; to learn exactly the situation and cause of the pain, together with the circumstances which relieve or increase; and to ascertain the condition of the various organs of the extremity.

An accurate diagnosis is often of material importance. Some of the following cases afford an illustration of the extent to which our success in the treatment is governed by the accuracy of our knowledge respecting the nature and cause of the malady; whilst, on the contrary, by classifying the disorders under one of the categories already mentioned, our treatment will be too often of a merely routine character, and may prove absolutely injurious.

The cases which follow will afford examples of some of these disorders. The first group consists of disease of the arteries; the first two being cases of aneurism of the iliac artery; the third, of disease of the arterial trunks, probably with chronic inflammation of the outer coat.

CASE I. [Mr. Todd.] Jas. Collingwood, aged 25, married, button-maker. His health has always been good. He had syphilis, with a suppurating bubo (of which the scar remains in the right groin), fifteen years ago. He was not salivated, and had no secondaries. He has suffered from gonorrhœa seven or eight times. For the last seven or eight years he has been exceedingly dissipated. He earned large wages, and spent them in ale, gin, and tobacco; sometimes passing a whole night away from home.

About seven months ago, whilst walking quickly, his left foot suddenly "went dead", and he was seized with "fearful" pain up the front of the leg and over the dorsum of the foot. He tried to walk to the hospital, but was obliged to stop for relief twenty times in the way. He remained confined to the house with the pain for a month; it was very severe; it came on especially when he lay down, and quite prevented him from sleeping, so that he passed the greater part of the night by the fire, until he was quite tired down. When the pain came on, the foot was numbed, and grew cold. On account of the increase of pain produced by walking, he almost lost the power of locomotion. A week before his admission, he tried to walk; but, before he had proceeded twenty-five yards, he was brought to a stand, or should have dropped, and was obliged to be carried home. For some time he had also noticed that the leg was diminishing in size.

His mother was healthy. He lost his father, of phthisis, at forty-five.

When admitted, he complained of numbness and of pain already spoken of in his left lower extremity, attacking him chiefly when he lay down, whether by night or by day; and, with the pain, of coldness of the foot. The pain was seated over the left gluteal region, the front of the thigh in the direction of the rectus muscle, the anterior surface of the tibia, and in the muscles in front of the leg; it also extended over the dorsum of the foot, and over the plantar surface of the heel. He spoke of the pain as a cramp; but it did not appear that there was any spasmodic action of the muscles.

The temperature of the two limbs was equal; but the left leg measured one inch, and the thigh three inches, as in girth, than the right. Walking was performed with some stiffness in the left extremity. There was no tenderness in any part of the limb.

Our attention was immediately directed to the state of the arteries; but we were misled at first by finding

the femoral and other arteries healthy, and pulsating naturally. Subsequently, however, we were unable to detect any movement in these vessels; and a large, solid, pulsating tumour, nearly of the size of a child's head, was then discovered occupying the region of the left common and external iliac arteries, extending deeply into the abdomen. There was no thrill, nor could any bellows-sound be heard. The impulse of the heart was feeble; and its sounds were faint, though clear.

The discovery of the tumour at once explained not only the wasting of the limb and the pain, but also the singular influence exerted over the pain by the recumbent posture. The pain was no doubt due in great part to pressure by the tumour upon the nervous trunks; in part, also, it resided in the muscles, and was felt when these organs were called upon for exertion, which their lowered nutrition no longer qualified them to undergo.

CASE II. [Mr. A. Bracey.] The following case was under the care of my colleague Dr. Johnstone, who kindly allowed me to examine the patient.

Arch. Murray, aged 39, carpenter. He has always lived well, and has enjoyed good health. He had chancre fourteen years ago, for which he was salivated; but had no secondaries. He has drank freely. He noticed a palpitation in his groin about eighteen months ago, but was not conscious of the presence of a tumour until the last six weeks. The pain from which he at present suffers commenced four months since. He was treated for rheumatism.

The aneurism, which was of the size of a small apple, was seated in the left groin. A second pulsating tumour was felt deeply placed in the abdomen, in the situation of the common or external iliac artery. The femoral artery, dilated and hard, pulsated more feebly than the opposite one. I could not feel the pulsation of the popliteal, but the beat of the anterior tibial was distinct. The radial arteries were tortuous. The sounds of the heart were normal.

He described the pain from which he suffered as of a dull, aching character, commencing sometimes in the ankles, sometimes in the thigh, but being generally most severe about the ankles. It passed down the inside of the thigh to the back of the knee and leg, and at times extended over the plantar surface of the foot; at such times he could scarcely move the foot. Frequently it shot from the groin to the intertrochanteric fossa, but did not observe the course of the sciatic nerve. He suffered sometimes from cramp in his legs. Occasionally the leg was very cold, and he fancied it would never be warm again. The pain and cramps occurred chiefly at night and when he walked. He was quite "done up" in walking from the station to the hospital, a distance of about three-quarters of a mile; and the pain, in consequence of the effort, lasted all the day. At first, he used to walk to take off the pain; but soon it obliged him to keep still. He left work four weeks before entering the hospital.

He was pallid, but well made. He asserted that his lower extremities had wasted; but they were well, and equally nourished. His father died very suddenly. His mother, he believes, died of heart-disease.

CASE III. [Mr. Birt.] John Mason, aged 36, married, brewer. He was admitted for chronic rheumatism. He has always enjoyed good health, excepting that he had an attack of fever when 21 years of age. His habits have been temperate, notwithstanding his employment; he has never had syphilis.

Five years ago, he began to suffer from pain in his left lower extremity, which, in a month's time, compelled him to leave his occupation; and he did not do a month's work in the course of the following eight or nine months. He was at first quite unable to walk, and was confined to bed; even the pressure of the bedclothes



caused pain; he sweated, but his urine was natural. He derived benefit from warm baths. At the end of the period mentioned above, he returned to his business; and had only some slight returns of his complaint when he caught cold; his urine, at such times, was thick.

About seven months ago, renewal of his symptoms compelled him again to lie by, and he has never since been able to resume his employment.

Up to the last month, the disease had confined itself entirely to the left lower extremity; but now the right is also implicated. The pain at the outset was of a pricking or gnawing character, or like the trickling of water. It originated in the right gluteal region, passed across the sacrum, and down the back of the left thigh and leg. He could not stoop without increasing it; it was much affected by changes of weather. At no time has there been any swelling in any part of the affected limb.

Both in the first and in the second access of his malady, the patient's walking power has been much affected. At the present time, on attempting to walk, he advances for a few hundred yards, when he feels pain, his feet become cold and dead, and he is obliged to stop; in about five minutes he recovers himself, and then goes further; two miles is the outside distance he can accomplish, and this only with several stoppages. For the last month, the right leg has been affected in like manner with the left; and unless he received support in walking, he would fall.

To these symptoms have been added during the last several months, fits of vertigo; one was lately so severe as to compel him to be sent home.

He is pallid, though not cachectic; muscular and well made; has no arcus senilis. The lower extremities are well nourished, and of natural temperature. Both femorals pulsate very feebly; the left femoral artery is very hard and cordlike; the right is normal in this particular. There is considerable tenderness over both arteries, but especially over the left; so much so that, when examined, the patient directs our fingers to the situation of the vessels through his sensations. The left posterior tibial artery beats very feebly, and at times cannot be distinguished; the right is normal. The dorsal artery of each foot, the radials and temporals, are natural. The impulse of the heart is very feeble; its sounds are faint, but clear. The urine is healthy. There is no sign of aneurism.

The next case is to be referred to the class of muscular affections. On a cursory glance, it presented the symptoms of sciatica; for which disease, it was at first mistaken; but, besides that, cramps and muscular atrophy, so frequent a concomitant of the advanced periods of that complaint, were wanting; an accurate limitation of the seat of the pain, the situation of the tenderness, and, above all, the nature of the circumstances which provoked the pain, stamped it with the evidence of a muscular origin, and located the malady chiefly in the tendinous fibres of the hamstring muscles, especially at the origin of those muscles. It seemed due to the operation of cold and damp, and was cured by rest and by counterirritation.

CASE IV. [Mr. Poncia.] Thomas Willmore, aged 42, carter; general health good. He has drank ale, but never spirits. He never had rheumatism nor gout; nor have any of his family suffered from these complaints. About five ago, he had primary syphilis, but no secondary affection. He never had pain in any of his limbs until four months ago, when his present complaint began. About a month previously, he had a fall on the left side, but is not aware that he injured his hip. He has been in the habit of sitting on the damp ground to take his meals; but no other cause for his illness could be traced. The pain of which he now complains commenced gradually; it slowly increased; and has been much worse latterly.

The seat of the pain is the posterior region of the

left hip and thigh. He points to the lower fold of the nates, as the starting point of the pain, in the situation of the origin of the hamstring muscles; thence it radiates over the gluteal region, and down the back part of the thigh, and it has even extended over the back of the leg to the outer ankle. The pain is always produced by movement, and continues so long as he walks; if he were to remain still, he would not feel it, excepting that the sitting posture is so painful that he can hardly assume it. The pain is always worse after walking. He suffers much pain when he rises out of the sitting or recumbent posture; on getting out of bed, whilst under our observation, he could hardly walk at first, placing his hand on the fold of the nates as the seat of his suffering; but in a few minutes he moved with greater ease. Stooping to lace his boots was always a painful action; and when he crosses the left knee over the right, he suffers pain at the back of the knee, distinctly indicating, as its seat, the tendon of the biceps. The pain soon ceases after he gets into bed.

During examination, he stood erect; but in a few minutes began to relieve the left limb by changing his posture; in walking, he limped, and his walk was restricted; but when he threw his weight on the right leg, he swung his left limb freely. Passive motion was free, and perfectly painless.

Careful examination failed to detect the slightest indication of mischief in the hip-joint; and the muscles of the left hip and lower extremity were as well nourished as of the right. When standing at ease the contractions of the glutei of the left were manifestly much less powerful than of the right side.

He complained much when pressure was made over the origin of the hamstring muscles, and suffered especially when these muscles rolled under the fingers.

He has never had any cramps in his leg. His urine has generally been clear. Appetite good. General health unimpaired. The treatment adopted was rest in bed, warm baths, and blisters in succession to the region of the fold of the natis; finally, a belladonna liniment.

He derived marked benefit from the blisters; making a considerable stride towards improvement after each. He left in about seven weeks nearly cured.

[To be continued.]

LONDONERS. The medical officer of the London post-office states that the candidates who present themselves to him for examination are, as a whole, much below the medium of height, strength, and *physique* generally. Of 367 candidates in 1861 for the situation of letter-carrier, messenger, porter, and labourer, he found the average circumference of the chest after expiration only 31½ in.; the lowest requirement for the army is 33 in. In a considerable number the expansion of the chest on inspiration was but 1 in. The average strength was 289 lbs.; the strongest raised 450 lbs. The candidates varied in age between 17 and 37; the average height was 5 ft. 6½ in.; and the average weight 9 stone 6 lbs. This is a weight decidedly below that of the prisoners in Liverpool borough gaol of the ages of 18 to 30, as stated by Mr. Danson, for the years 1857-59; but their height is above theirs. That examination of the Liverpool prison books by Mr. Danson showed this remarkable fact, that the average height and weight of the men at certain ages were less than of the men a year older or a year younger. M. Millot, a French statist, some time ago attempted to show that the years of marked deficiency in the military requisites of conscripts coincided with birth years in which the cost of food had been unusually high. Mr. Danson observes that whatever the causes of these variations, it is all but certain that they exist. The London Post-office report does not give the weight and height at each age.



## Original Communications.

### ON THE CAUSES OF THE EVILS INCIDENT TO INFANT DENTITION.

By J. C. CLENDON, M.R.C.S., Dental Surgeon to the Westminster Hospital.

[Read before the Greenwich Medical Society.]

I THINK no one will dispute the fact that, notwithstanding the great progress which medicine and general surgery have made within the last fifty years, yet, so far as the profession at large is concerned, dental-surgery has remained stationary. The errors, delusions, and questionable practices of the ancients with regard to the teeth, handed down and repeated through succeeding ages, are rife at the present day, not with the uneducated merely, but amongst medical practitioners themselves.

It would seem that the authorities shut their eyes to the plain truth, that these same practitioners of medicine and surgery are, and must remain, the actual surgeon-dentists to the great bulk of the people all the world over; for the poor—in rural districts—in the army—on board ship—and in the colonies—there can be no other; besides that everywhere and with all classes, the medical man, and the medical man only, is in the first instance called in, in numberless cases, not apparently, but really, connected with the teeth; when, from never having studied the peculiar influences they exert on the general health, he is frequently unable either to detect the source of the suffering, or to suggest a remedy.

Now, much as we may regret the want of progress in this department of knowledge, there is no room for surprise, when we remember that the College of Surgeons persists in separating between this branch, and surgery in general; on the one hand, sanctioning (most unwisely I think) a fragmentary education for special practitioners of the dental art, ignoring its own members altogether; and on the other, with regard to these its own members, not requiring that diseases and treatment of the teeth should be included in the curriculum of medical education at all, so that, although a gratuitous course is given yearly at most of the metropolitan schools, very few pupils avail themselves of it. The great majority enter upon the actual work of their profession, wholly ignorant of one entire branch of its duties; though it is certain that they must perform this portion of their duty when called upon to do so, whether they like it or not; and moreover, that without some knowledge of this subject, many of the cases within their so-called legitimate sphere will prove but hopeless enigmas, or mere guess-work; as, for instance, amongst many that might be given, in the case of infants committed to their medical care during that critical process, more productive of suffering—more pregnant with mischief—more frequently fatal in its results—than any other ordeal to which human nature is liable—I mean *infant dentition*.

To this let us now direct our attention. An infant, healthy from its birth, continues to thrive until the seventh or eighth month, when it suddenly becomes restless, fretful, and impatient at the breast. The medical attendant is called in, and on hearing of the symptoms, examines the mouth, finds the gums heated and swollen, and at once ascribes the evils to teething, that is, as he understands it, to the pressure on the gum of an advancing tooth. To take off this pressure and *liberate the tooth* he at once has recourse to lancing; after which, the child, relieved in some measure by the loss of blood from the inflamed parts, and weary from its crying and struggling, as well as from long pain and restlessness, drops off to sleep, and the mother is satisfied. But does the

medical man really believe that he has liberated the tooth? Is he not perfectly certain, if he thinks on the subject at all, that, while no gum-obstruction could hinder that tooth if it meant to come, so likewise no gum-lancing, nor any power on earth could bring it out of its hiding-place, one day or one hour before its appointed time. In making these observations, I beg especially not to be misunderstood: I do not pretend to say, that the most experienced and scientific surgeon-dentist could by any means always grapple successfully with these most intricate and difficult cases; but I do mean to say that such cases cannot be judged of fairly by those who have not studied the parts with which they have to deal; I do contend, that gentlemen of a learned profession should not be satisfied, even if the authorities are, without some personal knowledge of the subjects they undertake to treat; and that, inasmuch as wrong theory is sure, both to lead to wrong practice, and also to prove a barrier to the perception and admission of truth, and to all improvement, therefore, false views should be combated wherever found, and by whatever authorities supported.

I grant that there are on this question authorities enough. The treatment above described has been recommended and practised time out of mind. To go no further back than a hundred years, in 1770, Mr. John Hunter published his treatise on *The Natural History of the Teeth*, the first standard work which appeared in this country, and which keeps its ground to the present day.

In a short chapter on *Teething, or the Cause of Pain in Cutting of Teeth*, he says, "these twenty teeth in cutting the gum, give pain, and produce many symptoms which are often fatal to children in dentition. It has been generally supposed that these symptoms arise from the tooth's pressure on the inside of the gum, and working its way mechanically; but the following observations seem to be nearer the truth. The teeth when they begin to press against the gum, irritate it, and commonly give pain, the gums are then affected with heat, swelling, redness and other symptoms of inflammation. The gum is not cut through by simple or mechanical pressure, but the irritation and subsequent inflammation produce a thinning or wasting of the gum at this part; for it often happens that when an extraneous or a dead substance is contained in the body, that it produces a destruction of the part between it, and that part of the skin which is nearest it, and seldom of the other parts, excepting those between it and the surface of a cavity opening externally, and that by no means so frequently. And in those cases there is an absorption of the solids or of the parts destroyed, not a melting down or solution of them into pus. The teeth are to be looked upon as extraneous bodies with respect to the gum, and as such they irritate the inside of that part in the same manner as the pus of an abscess, an exfoliation of a bone, or any other extraneous body, and therefore produce the same symptoms, excepting only the formation. If, therefore, these symptoms attend the cutting of the teeth, there can be no doubt of the propriety of opening the way for them; nor is it ever, as far as I have observed, attended with dangerous consequences."

Mr. Hunter is not so clear and concise in his reasoning as usual; it seems to me, that starting with the full belief that pressure of the advancing tooth on the gum is the cause of the suffering, he is quite at a loss to account for it, since there is no analogous suffering from "extraneous bodies, or exfoliating bone working its way to the surface, or from the rapid absorption of bone from pressure of the sac of an abscess." Now it is quite plain, as Mr. Nasmyth has observed, that this distinguished physiologist had not paid any great personal attention to the diseases of the teeth, but obtained much of his information from others; and hence we find that many of the opinions, amusing conceits, and objectionable practices,



commonly ascribed to Hunter, were borrowed from Ambrose Paré's book on the same subject, published in Paris two hundred years before.

We pass over Blake—for the sake of brevity, not from want of merit in him—to the year 1803, when Mr. Fox published his large and valuable work in two volumes, *On the Natural History of the Human Teeth.* Mr. Fox was for many years Surgeon-dentist of Guy's Hospital, and the first regularly educated surgeon who practised special dental surgery. In Chap. x. *Of the Diseases which Attend Dentition*, Mr. Fox says, "The period of dentition in children is generally considered one of the most critical in life. In infancy, the *animal frame is so delicate* that the least local irritation produces a sudden and universal sympathy throughout the whole body. Hence the excitement occasioned by the passage of the teeth through the gums often gives rise to the most alarming constitutional symptoms, which are always with difficulty alleviated, and not unfrequently terminate in death." Mr. Fox is more clear in his argument than Mr. Hunter, but he agrees with him in opinion, and adopts the same theory, viz., that the evils arise from the pressure of an advancing tooth, causing ulceration of the gum; and recommends the lancing of the gum to relieve its tension by liberating the tooth.

Mr. Thomas Bell, a fully educated surgeon, succeeded Mr. Fox as surgeon-dentist to Guy's Hospital. In his work *On the Anatomy and Physiology of the Teeth*, published in 1829, Mr. Bell complains that the study of the teeth is too generally neglected by medical men during the period of their professional education, and, that when in practice they find the necessity for more extended information on the subject, they seek in vain for books from which to derive the knowledge that they had neglected to acquire during their attendance upon classes. Mr. Bell coincides with and repeats the views entertained by Hunter and Fox, attributing the evils of dentition, to the obstruction offered by the gums to the advancing teeth. He says, "a recurrence to the relative condition of the teeth to their including parts, at that period when they are about to pass through the gum, and to the means by which their exit is effected, will readily explain the causes of those numerous and severe affections, both local and constitutional, to which infancy is exposed at this important and critical epoch." He contends that, "it is only by removing the pressure which has occasioned all the mischief, that anything beyond the mere temporary palliation of the symptoms can be hoped for. As soon therefore, as any of the affections now described, or others which can possibly be supposed, shall arise, the gums should be carefully examined and wherever there is any unusual redness or turgescence, and especially if it occur over the part where the next tooth is expected to appear, the including parts should be freely and effectually divided. It is not sufficient that the incision should merely pass through the gum, the lancet must be carried down to the rising tooth, and only stopped when resistance of its point is felt against the edge of the instrument." Mr. Bell enumerates the constitutional effects and severe diseases, which frequently arise from dentition, immoderate diarrhoea, difficulty of breathing, eruption on the skin, convulsions, hydrocephalus, idiocy and death. He recommends appropriate medical treatment; but, in common with his predecessors, maintains that the cause of the mischief is the obstruction of the gum, and the prompt remedy, its free incision.

There is a remarkable uniformity of opinion in the three great authorities I have quoted; and a firm belief in its truth is all but universal at the present day. So I was taught, and so I believed and acted, until being called upon to instruct others, I was led to study the question for myself.

I will now ask you to go with me, as briefly as may be, over the grounds on which I feel it impossible to avoid arriving at conclusions, different from those of our justly

esteemed predecessors, whose works I have quoted. Of course, you will not take my word for it that my views are right, but if you will kindly give me your attention you will be able to weigh the evidence on both sides even then, I do not expect or desire that the opinion, or if I may so say, the prejudices of a life-time should at once give way. All I hope is, that if but a germ of truth can be made to appear, there will be just that much more chance of error giving way and truth gaining ground sooner or later.

Endeavouring, then, to view the question in all its bearings, we are led to consider:—

1. That amidst the wonderful harmony and adaptation to their purpose of all the works of the great Author of our being, this alone could not have been left imperfect. In the inferior animals we do not find it so; those, for instance, most closely allied to ourselves, both in general development and in the structure and anatomical arrangement of the teeth, give no evidence of this sort of suffering and derangement. There seems to be little or none of it amongst savages; and we could not suppose that God had specially willed and ordained for the highest of His creatures, that they should undergo an inevitable operation on the very threshold of their existence, such risk and evil as fall to the lot of no other. God's plans are always wise and beneficent; it is man who mars what was created good.

2. That, while a large proportion of infants suffer seriously and are subject to such dire diseases, as result of dentition, in others there is only slight constitutional derangement; whilst in others, again, the same operation proceeds to its termination, unfelt and unnoticed, without any disturbance whatever.

Passing from these general considerations to more particular ones, we observe,

3. That the period of suffering is limited, being, as a rule, from about the eighth to the eighteenth month, when dentition is not half completed.

4. That the teeth erupted in that period are the smallest and sharpest of all; they could cut their way through gum tissue almost as well as a lancet, yet they come with so much difficulty; whereas at a later period—about the thirtieth month—the four largest of the twenty temporary molars, pass through the gum quietly and unobserved.

5. That again, at a later period, about the sixth year the four first permanent molars, the largest of the adult teeth, advance also without pain or observation.

6. That the roots of the twenty temporary teeth are absorbed, and the twenty permanent teeth come forward into their places without any trouble whatever.

7. That the twelve large molar teeth, added on behind or beyond the original twenty, large and obtuse as the surfaces are, pass through the gums and assume their positions in the dental arch in the same quiet manner.

8. That the gum is a tissue of low organisation, endowed with but a small degree of vitality and sensibility, as is proved in cases of premature loss of teeth when the gums are frequently used for mastication: their stead, without suffering or inconvenience. And further, the gum is an elastic easily-yielding substance totally incapable of resisting the pressure or advance of a sharp cutting edge; as is shown, when with artificial teeth there is any uneven pressure; in that case, the edge of the plate will cut or ulcerate through the gum, and rest on the bare maxillary bone, in the course of a few hours; again it is shewn in the passage of pus (from periostitis) through the bone (alveolus) and through the gum, in gumboils, in twenty-four hours.

There are different theories for the mode of advance of the tooth through the gum, by anticipation, by absorption, or by ulceration. Certainly the necessity for its advance is the addition of its root. In infant jaws the bodies or crowns of the teeth occupy the entire depth of the alveolar cavity; when, therefore, the ossification of the



elongated pulp proceeds, and the root is adding on, the body must escape from the cavity through the gum, just in proportion to the increase of root; so that, whether it is the *vis naturæ*, ordinary development, or the *vis a tergo*, the addition of root forcing the body onward, the tooth must advance, no resistance even of solid bone could possibly withstand it, how much less, then, could gum!

These were some of my difficulties and objections with regard to the hitherto admitted theories. We have seen that the period of suffering is limited to about ten months, from the eighth to the eighteenth of the child's life, and it is manifest that Mr. Fox's mode of accounting for this limitation, viz., "that in infancy the animal frame is so delicate, that the least local irritation produces unusual sympathy," etc., can not hold good, inasmuch as infant delicacy does not cease with the eighteenth month, neither do infants suffer more than adults from operations, injuries, etc. We have seen, too, that while all the later and blunter teeth make their way with no pain at all, the great period of suffering coincides with the eruption of the sixteen small sharp temporary teeth, which would cut through anything. All these considerations made it clear to my mind that the suffering did not arise, as was supposed, from the pressure on and resistance of the gum; that we must therefore retrace our steps, and failing to find the satisfactory and sufficient cause of the mischief in the third or eruptive stage, must look for it in the second or saccular stage of development.

Now, what is the condition, what are the contents of the maxillary bones, six months after birth, just when the first teeth are about to appear? We have in those hidden cavities forty-four bodies, perfect or in progress, organs destined to last for life. Here is before you a preparation of first and second dentition, containing forty-eight teeth, more than half of them of full adult size, packed away in every direction, like bees in a hive, all elbowing and pushing their way to obtain space. And we must remember that although, in the dry preparation, the tooth alone seems to fill the socket, leaving no room to spare, yet that in life each one, besides the pulp, has also its own proper covering, the dental sac with its external and internal coats, and an enamel organ with a considerable interspace; the sac, too, highly vascular, and sensitively endowed with branches of the trifacial nerve. Trace back this nerve to its source, to the pons varolii and the floor of the fourth ventricle, where it is in close proximity to the glosso-pharyngeal, pneumogastric, spinal accessory, and spinal nerves, and at once the whole train of evils, difficult breathing, immoderate diarrhœa, convulsions, squinting, effusion on the brain, and death, are easily accounted for.\*

Imagine some forty or fifty of those highly organised dental bodies, supplied with branches of this nerve, closely packed in the maxillary bones, and that any obstruction or arrest of their natural development should arise from

\* "If we now examine the influence of the trigeminus on the other nerves, we shall discover in its functions a full explanation of the consequences I have described. The trigeminus is in fact the reflex nerve, *par excellence*; for stimuli applied to its different branches, everywhere give rise to reflex phenomena in the neighbouring nerves. That the trigeminus forms connexions with the nucleus of the facial nerve, may be inferred, *à priori*, as every irritation of the face, for example, in pain, immediately produces a reflex action of the muscles of the face, betraying an intimate connexion between the facial nerve and the trigeminus. What use there is in the connexion between this last nerve and the auditory, I cannot clearly see; we know too little of the action of the bones of the ear, and of hearing itself, to explain it. It is scarcely necessary to dwell upon the use of the connexions of the trigeminus, considered as a reflex nerve, with the glosso-pharyngeal, vagus, accessory, and hypoglossal nerves, in swallowing, inspiration, coughing, sneezing, etc.

These connexions are, however, sufficient to explain the peculiar course of this root of the trigeminus, which alone of all the nerves extends from above downwards through the medulla oblongata. Its downward direction, in fact, enables it to form reflex connexions successively, with all the nerves of the medulla oblongata, according as it approaches the level of their nuclei." (J. Schröder van der Kolk.)

the cramped position and want of space, and ask yourselves—Is not that much more likely to derange the whole economy, than the simple passage of a tooth through gum?

To impress you more fully with the effects of the crowding of the teeth in the maxillary bones, let me call your attention more particularly to one tooth, the first permanent molar, the largest tooth of adult age, as the one more likely to be the cause of evil than all the others, perhaps, together. At the period of suffering, the crown of this tooth is fully formed, and struggling into position in the dental arch. Here is one before me of its usual size; and here, also, are four of the same, lately removed from the jaws of a young child. Picture to yourselves four such monstrous teeth existing in the compressed arches of some children under twelve months old, whom we see, and can you be astonished at any amount of evil that ensues? To account for the subsidence of all unfavourable symptoms in the third year, we must remember that these teeth are then already in position, *under* the gum, the jaws are relieved of the presence of twenty teeth, and, to accommodate the remainder, the bones are also considerably enlarged.

Reviewing the whole subject—bearing in mind the condition of the teeth and dental sacs, in relation to the maxillary bones—I come to the conclusion that, when the development of the teeth, and the growth of the bones that contain them, proceed in relative proportion and in due order, there you have natural and harmless dentition. On the other hand, when the development of the teeth proceeds rapidly, and the jaw-bones are preternaturally small, then you have the train of evils so often referred to, commencing with simple diarrhœa, and terminating in death. That the maxillary arches often are preternaturally small, we have frequent evidence in the crowding together of the permanent teeth; in which cases we are compelled to remove some of them, to make room for the remainder.

I am continually asked, "But, if you reject the old views, how do you account for the relief which gum-lancing immediately affords? That it *does* so, can hardly be denied." I do *not* deny it. I admit it fully. But, if the theory of the practice were true, it should result in the emancipation of the tooth, which it does not; it is only a palliative, as its highest advocates admit; the evil is in nowise cured, and will be sure to run its course. No doubt the blood-letting, and the incision itself, like any other counterirritant, may afford temporary relief; though, perhaps, still greater might be obtained by the application of a leech or cupping-glass to any part of the inflamed gum, could such means be adopted in an infant's mouth. The lancing may do no harm, though of this I am by no means sure, but the principle involved in it is wrong; and it would be, indeed, an unworthy argument for a scientific man, that he does no harm, when, by seeking right principles and following them out, he might instead be doing a great amount of good.

Finally, I may be asked—What, then, do you propose? That is quite another question, and a very wide one. At present, I propose nothing but that we should start fair; should disabuse our minds of wrong views, so as to admit right ones; should remove error from our path, in order to see the way to truth. My only wish, in fact, on this subject is, that we should strive to ascertain the real causes of the evils we have been discussing, in the hope that better knowledge, and more appropriate treatment, may be attended with happier results.

I have given you a slight sketch of my views, not hastily formed, any more than your own, but arrived at through considerable experience, and after much thought; and not having, as I said before, the smallest idea that your own mature opinions can be suddenly relinquished, nor wishing any opinion to prevail unless it be *the truth*, I now leave the question to your calm consideration.



## SYMPATHETIC INFLAMMATION OF THE EYEBALL: ITS DANGER, AND THE MEANS OF ARRESTING IT.

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, F.R.C.S., Surgeon to the Hospital, and to St. Mary's, Paddington.

THE subject is among those in this department of medicine that modern observation has thoroughly recognised, and investigation and rational experiment have found a remedy for.

Sympathetic inflammation, or sympathetic ophthalmitis, may arise out of any circumstances that produce disorganisation of the eyeball. It is most commonly, however, seen when an eye has been spoiled by wounds.

This is the usual course of things. An eye is wounded, perhaps severely, and the lens has escaped, or a portion of the vitreous humour; or, perhaps, the cornea only has been penetrated, and the iris, or the lens wounded. The acute and primary inflammatory attack is subdued, and chronic disease supervenes. The heretofore sound eye gets intolerant to light, the first common result; impaired vision in some form is the next bad omen. Loss of focal adjustment, incapability of sustaining vision on minute objects, loss of definition (generally called feeble sight), muscæ, spectra, flashes, stars, inflammatory action, loss of pupillary movements, change of iris colour, softening of the eyeball, and shrinking, are the later manifestations. Thus it would seem that the morbid action travels from the retina forwards. Ultimately, all the ocular tissues are involved, and atrophy ensues. There may be varieties in the subjective and objective symptoms; and there may be no pain, or it may exist with great severity.

The sympathetic action is imminent, so long as any irritation produced by the traumatic disease lingers, so that it may be developed in a few weeks, or not for years.

It cannot be said that any peculiar form of wound, or the injury of any particular tissue, excites that kind of action which develops the sympathy; as blows without breach of surface, or chemical injuries, may cause it.

Inflammatory affections producing disorganisation of the eye may induce sympathetic disease. I have seen the greater number of cases arising from staphyloma of the cornea and the sclerotica—that is, general enlargement of the eyeball—the result of purulent ophthalmia in infancy, than any other cause.

The diagnosis is by no means obscure, and in traumatic cases it is most easy. The eye primarily injured or diseased, always manifests symptoms of irritation or disturbance; and there is evidence of acute or chronic inflammation. These may be slight; but they are to be discerned with care. There is always soreness under touch. So far as I know, vision is invariably extinct. If, then, a patient who had lost an eye from accident or disease, were to apply to me on account of the eye heretofore well, but now attacked with any of the symptoms that I have pointed out of sympathetic derangement, I should examine the eye primarily injured; and if I discovered any morbid action in progress, any of those states which are connected with, or arise out of, what is called inflammation, I should say that I had before me a case of sympathetic ophthalmitis.

There are two errors into which you may fall, but they are easily avoided when you are on your guard. Do not, then, mistake for sympathy what is merely the same disease that has appeared in the one eye, and is secondary only in the order of time. Remember that the destruction of one eye, from any cause, may be followed, although the occurrence is not common, by the loss of the power of the retina in the other, and this without the

least trace of any active symptom in that which was hurt. Precisely the same thing may occur after the one eyeball has collapsed, or has even been extirpated, so that sympathetic inflammation can have nothing to do with it.

The treatment is definite and sure; but is not to be found in general remedies, local applications, nor any dietary system. Nothing of the kind can be depended on; the affection can be stopped, or subdued, only by surgical treatment. A portion of the originally diseased eyeball must be removed, whereby the products that have set up the irritation, or the cretaceous, or ossified tissue, which has acted as a foreign body, may be got rid of; or extirpation resorted to. The practice works wonders when done early. If adopted before the sympathetic action has induced palpable structural changes, it will be all effectual. At later stages it may arrest progress, and stay the destruction. Even when the pupil has become adherent to the capsule of the lens, and the iris dull, I have known a check.

As a rule, the removal of a portion of the eyeball, “abscission,” is adapted to those cases in which the eye has been wounded in the front part, and the abnormal changes limited to that portion of the organ. When the whole eyeball evidently is diseased, and especially when there is distension of the sclerotic coat, or general enlargement, “extirpation” is the more adapted.

I perform abscission in this manner. The eyelids having been retracted, I transfix the cornea, or whatever remains of it, or the staphyloma if there be one, with an ordinary tenaculum, and cut it off with a long and narrow scalpel, gently and quickly. It may be necessary to make the amputation a little behind the cornea, and then the iris, or whatever remains of it, is taken away. When the lens is present, whether opaque or not, it ought to be removed. An attempt should be made by gently manipulating and rapid closing of the eyelids, to save as much as possible of the vitreous humour. I now place a ball of cotton wool or a pledget of lint quickly over the eyelids, maintain it with a bandage, and keep the eye so bound for two or three days. Afterwards, I apply strips of plaster. There is no more important part in the proceeding than this without which being properly done there may be trouble, some bleeding and long convalescence. Healing is effected by the cicatrising of the surface, and its rapidity depends on the healthiness of the vitreous humour.

Among the advantages of “abscission,” may be mentioned that it admits of the most perfect adaptation of an artificial eye. This is through the stump that is left.

“Extirpation” should be done within the “ocular sheath” of the eyeball. For much that is interesting with regard to this sheath or tissue, of which the existence was only made out a few years ago by Dr. O’Ferrall of Dublin, I beg to refer you to my work on the *Surgical Diseases of the Eye*, second edition. This operation would be called a more brilliant one than “abscission”; and there can be no doubt that, although the proceeding, so far as the practical surgery is concerned, is more prolonged and severe, the recovery may be more rapid, and the general effect on the system perhaps less. Yet I am quite sure that if the patient’s ultimate welfare be considered, its adoption should be the rare exception.

I consider this to be the best manner of doing the extirpation. The eyelids having been separated by the silver wire retractor, the conjunctiva is dissected off with forceps and scissors close to its ocular attachment; the recti and oblique muscles then taken up severally with the hook, as in the operation for strabismus, and divided at their insertions; the sheath detached by a probe or hook from the eyeball, which should now be drawn aside, and the optic nerve cut through. There is generally no bleeding; but should it occur, a compress and bandage must be employed.



SOME OBSERVATIONS ON APNŒA  
NEONATORUM.

By GEORGE GREAVES, Esq., Lecturer on Midwifery,  
Manchester Royal School of Medicine  
and Surgery.

[Continued from page 11.]

THE phenomena of still-birth (excluding the cases of immaturity, morbid action, or atrophy, in the fœtus) are, therefore, ordinarily due to the excessive action of a cause which operates in every labour. That cause is the suspension of the communication between the maternal circulation and that of the placenta, produced, except in those rare cases in which, at an early period of the labour, extensive separation of the placenta takes place, by the closure of the curling arteries of the uterus by the uterine contractions. The blood in the placental capillaries, as has been said, no longer changed by the influence of the arterial blood of the mother, ceases to move onward; the umbilical circulation is in consequence suspended; the aorta of the fœtus becomes congested; and the ventricles of the fœtal heart being in consequence over-distended, their contractions become slower and slower, and finally cease.

To this explanation it may, perhaps, be objected that the circulation through the cord cannot be suspended, inasmuch as it is still felt to pulsate, although slowly. But the beating of an artery under the fingers is, *per se*, no proof that the blood is passing through it. Tie the navel-string of a child just born, and, although pulsation at once ceases beyond the ligature, yet, between the point tied and the navel, it is for a time as vigorous as ever. A similar phenomenon, viz., pulsation in a part only of the cord, has often been observed where it was not tied. It is difficult to understand how accurate observers, like the late Dr. Denman, could remark that "the pulsation of the cord, when left untied, first ceases at the part nearest the placenta, and then by slow degrees nearer and nearer to the child, until it entirely ceases," without understanding the lesson which such a fact teaches, viz., that what has been mistaken for circulation through the cord is, in reality, nothing but the vibration communicated to the otherwise motionless columns of blood in the funic arteries by the contractions of the fœtal heart.

Again, it may be asked, why ascribe the whole effect to the compression of the curling arteries, and not, in accordance with received opinions, to pressure on the whole mass of the placenta, on the funis, or on the fœtus itself? To this it may be replied: that the cause assigned is quite sufficient to account for the phenomena, and that it is unphilosophical to seek for superfluous causes. Pressure on the placenta may act in a secondary way, but the first effect must, it is self-evident, be on the ultimate ramifications of the uterine arteries.

I have already referred to the stoppage of the placental circulation by compression of the funis previous to labour. After the commencement of parturition, the same cause may operate in aid of the compression of the uterine bloodvessels. When the cord is round the child's neck, and, after the delivery of the head, begins to be put on the stretch, the sides of its vessels must be made to approximate, not only by pressure against the child, but also by the extension to which they are subjected. The resistance to delivery caused by the cord calls forth more violent expulsive efforts of the uterus, by which the uterine arteries are more effectually closed. Some separation of the placenta also occurs, and the effect of these causes being still further intensified by the compression and stretching of the funis, which forces back the blood which its arteries contained, into the bloodvessels of the child, the action of its heart is the more impeded and its contractions become slower and slower, and, if the obstacle to delivery be not removed, finally cease. In the last case of this kind which I at-

tended, I was able, before cutting the cord, to count the pulsations of its arteries. I found them to be rather less than four in five seconds, or about forty in the minute, and yet the child, which was born almost instantaneously after its liberation from the restraining noose of cord, cried lustily before its lower limbs escaped from the vagina, and gave every other sign of vigorous life.

Compression of the head or trunk of the child probably has, in instances of tedious labour from contracted pelvis, or in preternatural presentations, its share in producing the phenomena of still-birth. But this cause cannot have acted when the child is still born, after an unusually rapid, and therefore easy, labour. This pressure, moreover, ends with the birth of the child, but the apnœa continues. That the phenomena then exhibited can be due only to the congestion of the heart, is proved by the change taking place on the establishment of respiration. With the first full inspiration the pulsation of the cord, which was 60, 70, or at most 80, in the minute, rises at once to a rate of 120 or 130, the surface, which was deadly pale, assumes the rosy hue of health, and the child cries and moves its limbs vigorously.

The explanation now attempted to be given of the phenomena of apnœa in newly born children, would be incomplete if another point were not referred to. The stoppage of the placental circulation, while it prevents the escape of blood from the body of the fœtus by the arteries of the cord, prevents also the entry of blood by the vein. One obvious effect of this is the loss of the vitalising influence of the maternal blood upon that of the child. As the whole of the freshly arterialised blood conveyed by the ductus venosus, is carried direct to the left ventricle, and thence to the brain, when the circulation through the cord is suspended, the brain suffers in two ways. Not only is the blood, in consequence of the oppressed and enfeebled state of the heart, sent to the brain with less force, but it is supplied of a deteriorated quality, and the nervous centres are thus rendered unable to furnish the heart with the necessary supplies of nervous energy; hence the state of the child is that of asthenia, and, at least partial, syncope. This, of course, is true only of the purely apnœal, or apparently anæmic, forms of still-birth. It is very different in the apoplectic variety. In that form, respiration has to a small extent been performed, and has again been suspended. By one or two more or less imperfect inspirations, the pulmonary tissues have been sufficiently expanded to cause a part of the blood sent from the right ventricle to pass through the pulmonary arteries. The current through the canalis arteriosus has thus been diminished, and the pressure on the left ventricle to the same extent relieved. It has, in consequence, begun to contract with greater force and frequency. At the same time blood has, in greater quantities, been returned from the lungs to the left auricle, by which the valve of the foramen ovale has been closed, the necessary consequence of which closure, when respiration has again, from any cause, been suspended, has been congestion of the right side of the heart, and of the general venous system. Hence the lividity of the surface, and the swollen features, the truly comatose state from cerebral congestion, and the occasional occurrence of sanguineous effusions within the cranium, or under the scalp. Notwithstanding this congestion of the right side of the heart, the left ventricle continues for a time to contract with its newly acquired frequency.

Before adverting to the practical considerations arising out of the subject before us, one or two further observations may be made.

The explanation given of the way in which very rapid labour becomes dangerous to the child will also account for the alleged effects of the *secale cornutum*. It is asserted by some writers that that drug has often been fatal to the child: it can only have been so by causing, in accordance with its mode of action, permanent, unrelaxing contraction of the uterus, instead of



the intermittent action of natural labour: unless we also believe it to be in part due to the poisonous influence of the secale on the child.

We thus also learn the true mode of the production of the quasi-comatose condition of the foetus during parturition, which has been described by writers as a useful provision of nature for the protection of the soft parts of the mother from the too lively movements of the child while passing through them.

It is thus also explained how it has been possible for doubts to arise as to the breathing function of the placenta, because of the want of apparent difference between the blood in the umbilical vein, and that in the arteries of the cord. The comparison can, during the life of the mother, be made only when by the uterine contractions, the funis has been brought within reach of the eye and hand of the observer. If, as maintained in this paper, the effect of, even the earlier pains, is to stop the supplies of arterial blood to the placenta, that contained in the umbilical vein must, by the time it can be examined, have become almost, if not quite, as venous as that in the arteries of the cord. But were it possible in the last months of pregnancy, but before the commencement of labour, to inspect the interior of the uterus and especially the placenta, and the contiguous part of the uterine wall, and were our vision sufficiently piercing to pass through the coats of the vessels, we should see a marked difference between the contents of the arteries and those of the vein.

Do we not, finally, thus obtain the true answer to a question to which so many different replies have been given, viz:—why a child first breathes? Can it be doubted that it is the congested condition of the aorta of the foetus, and consequently of the ventricles of its heart, caused by the cessation of the current through the funic arteries, and the *besoin de respirer* thus produced, which, conveyed to the nervous centres, excites them to send back to the muscles of respiration the stimulus which rouses them to act? Dr. F. Ramsbotham, who, in appendix L of his valuable work, has collected nearly all the various theories propounded on this subject, finds fault with them all, and in particular objects to that which I have adopted (which is substantially that of Blumenbach), that “the sense of suffocation produced by the closure of the umbilical vessels” cannot be the cause of the first inspiration, “because the child breathes and cries before the circulation through the umbilicus is suspended.” But it has been shown that mere pulsation of the umbilical arteries is no proof that the blood continues to pass through them, and therefore that objection falls to the ground.

[To be continued.]

AN IGNORANT AND PRESUMPTUOUS PUBLIC. We observe, with surprise as well as pain, that the public still entertain so many erroneous notions on the subject of insanity generally, the government of asylums, and the treatment of their inmates. They seem to think that no one should be interfered with, however marked may be their peculiarities or inconsistent their acts, until self-destruction is attempted or murder committed. We have ourselves known instances of individuals who have committed the grossest acts of folly, squandered their money, and reduced their families and themselves to the verge of ruin, and who had all the distinctive characters of legal insanity, in behalf of whom there were always to be found those—professional as well as non-professional—ready to contend in opposition to the most satisfactory evidence to the contrary, that they were of sound mind, because, forsooth, they could not discover the unsoundness, or wilfully shut their eyes to all the symptoms which were evidence of insanity and called for legal interference. (Dr. Pritchard's *Report on Cases of Insanity*.)

## Transactions of Branches.

### EAST YORK AND NORTH LINCOLN BRANCH.

SEQUEL TO A CASE OF VESICO-VAGINAL FISTULA  
REPORTED IN “THE LANCET” OF  
APRIL 19TH, 1862.

By KELBURNE KING, M.D., Surgeon to the Hull Infirmary.

[Read May 22nd, 1862.]

MARY DAVIS, aged 43, was admitted into the Hull Infirmary on October 19th, 1861; and, from her own evidence and other testimony, the following history of her case was obtained.

About seventeen years ago she had her first and only labour; it lasted thirty-six hours, and was terminated by delivery being effected by means of the forceps. This was followed by severe inflammation of the vagina which led to extensive sloughing of the parts; and when cicatrisation finally took place, she had no longer any power of retention of urine, which came dribbling away by the vagina, from which also there frequently passed a portion of the contents of the rectum. In this condition she became an inmate of the Bridgwater Workhouse, and remained there for about sixteen years, being prevented by her condition from following any active laborious employment, but not usually suffering any pain. To this freedom from pain an exception took place on at least one occasion about four years after her admission to the workhouse, when, after much suffering, a calculus, which she described as about the size of an apricot-stone, was discharged *per vaginam* and her painful symptoms at once relieved.\* Nothing of note presented itself in her history from that time till the month of April 1861 (not 1860, as reported in the *Lancet*), when she was admitted into the London Home, under the care of Mr. I. B. Brown, and underwent an operation, or rather a series of operations, carefully described in the number of the *Lancet* for April 19th, 1862, and which had for their object the complete closure of the vaginal orifice and diversion of the stream of urine into the rectum, where, the action of the sphincter being unimpaired, it would be retained, and the stillicidium urinae under which she had so long laboured be remedied. This operation was completely successful in the object for which it was undertaken; and that, as may be seen from the report in the *Lancet*, in spite of very decided opposition on the part of the patient.

The cause she assigned for applying at the Hull Infirmary was, that her condition (which, though sufficiently deplorable before, had been usually free from active pain) had since the operation become greatly aggravated by continual uneasy and painful sensations about the anus and rectum, accompanied by constant desire to strain, heat and excoriation of the surrounding integument, and, in fact, incessant suffering, rendering her life perfectly miserable.

On examination, the perinaeum was found effectually restored, only one very minute fistulous opening existing about half an inch in front of the anus, into which an ordinary probe could with difficulty be passed, and from which hardly a drop of urine flowed; the orifices of the vagina and of the urethra were totally effaced. On passing a speculum into the bowel, a gush of mingled urine and faeces took place; and, about two inches above the anus, there was found an opening which admitted the point of the finger, and from which the

\* Mr. Morley, of Barton, who was present at the meeting, knew of this case, and stated that several calculi had been discharged at different times from the vagina.



rine passed into the rectum. The skin about the anus was red and inflamed, and in some parts excoriated; and round it, extending over the buttocks and top and back part of the thighs, there was a circular inflamed line, also in some parts excoriated.

From inquiries made at Brigg, and from Mr. Brown, we were given to understand that the woman had a most violent temper; that she did not wish to be cured; and that her real object was to be restored to her original condition, in order that she might become a fit subject for readmission to the workhouse. Her movements were consequently carefully watched; but the nurse, an experienced woman, and the other patient in the ward, also a sensible, intelligent person, both declared that she spent her time both day and night training over an utensil, the pressure of which caused the circular ring before alluded to; that she neither ate or slept; and that, in fact, her sufferings were real, and not feigned. Nor did this seem to be improbable, when it is considered that no structure of the body, except those intended by nature to enter into the formation of the urinary apparatus, can bear, without resenting it, the presence of that fluid; and that, in this woman's case, not only was the urine brought into contact with the mucous membrane of the rectum, but was retained here by the action of the sphincter; and that the irritation complained of was quite natural, and might have been predicted as the result of the circumstances in which she was placed.

On October 16th, a tube was passed into the rectum at night; and, although she objected greatly to the proceeding, the relief afforded by a passage being given for the urine was so great that, for the first time since her admission, she had a fair night's rest.

I then commenced to dilate the fistula in the perineum, and made such progress that, on November 4th, a full-sized catheter was passed readily; and the following entry is made in the book:

Nov. 4th. A considerable quantity of urine escapes by the sinus, and altogether the woman is in a better condition.

But, after that, the use of catheters seemed to cause great irritation, and small pieces of calculi began to be discharged with much pain.

Though it was impossible to contemplate the destruction of so much ingenuity without regret, it became evident that it was necessary to take some more decided step for the woman's relief. Accordingly, on November 29th, she was placed under the influence of chloroform, a grooved director passed into the fistula, and an incision made forwards of sufficient size to enable me to pass my finger into the vagina. A small calculus, of about the size of a plum-stone, was found and removed; the finger could then be passed forward into the bladder, and backwards into the rectum. I enlarged the opening to a considerable extent, with the idea of closing the rectal fistula afterwards—a design which I abandoned for several reasons, especially the very little inconvenience which it occasioned to the patient.

I need not enter at any length into the subsequent course of this case. Some inflammation followed, but yielded to treatment. The appetite returned; the straining ceased; and she was restored to the condition in which she had been before being made the subject of operation in London.

This case is not one which can be looked upon with any feeling of gratification. To undo a work the accomplishment of which demanded both skill and resolution, is, to say the least, unsatisfactory. I have been induced to bring it before this society because it has appeared in the *Lancet* as a case which nothing but the patient's own determination not to get well prevented from being cured; and the woman is represented as no longer requiring assistance, being now able to work for her own living. These remarks (made in ignorance of the sub-

sequent history of the case) might, if not contradicted, lead to false views with respect to the physiology of the mucous membrane of the rectum, and might, in an analogous case, cause the throwing away of much mechanical ingenuity, with detriment both to the art of surgery and the reputation of the surgeon.

It is only right to add, that no case could more strongly exemplify the power which modern surgery has acquired of giving relief to those cases of vesico-vaginal fistula which not long ago were among the opprobria of our art.

[In order to make the history complete, we append the report of the case, as given by Mr. I. B. Brown in the *Lancet* for April 19th, 1862.]

"CASE III. *Recto- and Vesico-Vaginal Fistula: Several Operations: Cure.* M. A. D—, aged 42, single, admitted April 3rd, 1860, from Brigg, Lincolnshire. *History.* Sixteen years ago, she was confined of a still-born child at full period. Was in labour thirty-six hours; and instruments were applied, of the nature of which she was ignorant. Immediately afterwards, both fæces and urine came away involuntarily *per vaginam*. Has never had surgical treatment. On examination, the vagina was found nearly obliterated by sloughing, which had also carried away the urethra and neck of the bladder. At the entrance was found a fistulous opening—admitting the point of the finger—into the bladder; and, on examining the rectum, a large opening was found about two inches from the anus, through which the fæces passed into the vagina, and through which the os uteri could be felt. Mr. Brown, finding the vagina so obliterated, determined to leave both the fistulae unclosed, but to close the whole vulva, thus allowing urine, catamenial fluid, and fæces all to pass *per rectum*. April 4th. Mr. Brown pared the edges of the whole vulva very deeply, and brought them together with three deep quill twine and eleven superficial silver sutures. Enema-tube introduced into the rectum. 7th. Deep sutures removed. A slight slough where the quills have been. There is a free escape of urine. Charcoal poultice ordered. 8th. Loses water through the sloughing part; complains of pain in the rectum from the use of the tube. 10th. Tube removed. 19th. Slough all separated, and the edges looking very healthy. The anterior three inches are quite united. Tube to be re-introduced into the rectum. 21st. Sutures removed. One small orifice in the vulva, in the situation of the meatus, has not healed. May 12th. All the motions pass *per rectum*, however loose; but the urine escapes through the portion which is still open. 16th. Mr. Brown revived the edges, and brought them together with six silver sutures, secured by a Bozeman's button and six shots. An ivory tube introduced into the anus. This tube had been especially made, and india-rubber tubing attached, which carried the urine into a pan placed between the patient's thighs. No escape on the following afternoon, when she got very restless, and complained of the pain of the tube. Mr. Brown told her it was necessary that it should be retained; and that, if she attempted to withdraw it, he would know that it was because she did not wish to get well. To prevent this as much as possible, her hands were tied to the sides of the bed. By the time, however, that Mr. Brown had gone down stairs, and the nurse returned (half-past six P.M.), she had taken her hands out, and with great impudence called the nurse's attention to it. Quarter past seven P.M.: The clinical clerk went in; and not being able to do anything, so much did the patient struggle, he gave her chloroform; and, when under its influence, she was tied to the bed by bandages under the axilla to the upper corners, and by others round the wrists and thighs to the sides of the bed. From her straining and struggling it was found that the



urine had escaped from beneath the button. The patient knew that she would be seen again at 10 P.M. As soon, however, as the clinical clerk left the house, and the nurse returned, the following conversation ensued:—Patient: 'See, nurse, I have not undone my hands.' Nurse: 'I know that, for you couldn't.' Patient: 'But you didn't tie my feet, and I have used them.' This was too true. She had, by bending up her knees, seized the tube between her two heels, and withdrawn it, at the same time kicking over the pan which was placed to receive the urine. Quarter to eleven, P.M.: Again placed under chloroform; her feet firmly secured, and opium given. 18th. Seeing that she can do nothing, she is making the best of her situation, apparently in the hope that she will be released of her bonds. Two P.M.: Clinical clerk again sent for, as she has three times since morning forced the tube out by bearing down. A strait waistcoat was put on, she was tied down to the bed, and the tube secured by tapes around the thighs and body. There was, however, an evident escape from beneath the button. 19th. Finding that the urine escapes, she has been perfectly quiet, and told the nurse this morning that, 'now it wasn't healed, she was quite sure Mr. Brown would not want her to have the tube any more'. On removing the button, all was found to be uniting beautifully, except the lower part, where one stitch had burst through in her efforts to force out the tube. Mr. Brown determined to operate the next day, and to keep the edges raw; acetum lyttæ to be applied in the meanwhile; the tube also to be kept in. 20th. This being operating day, and no dinner having been given to the patient, she knew that she was to be operated on; she therefore got up, dressed, and tried to go down stairs, but, being seen, was obliged to return. Two P.M.: Chloroform having been given, Mr. Brown brought the edges together by two deep sutures, secured by pieces of wood instead of quills, and three superficial sutures. The nurse remained with her till four P.M., when she left her with the assistant nurse; and immediately she got her hands untied and the tube out, which she hid underneath her. The assistant nurse, being afraid to move her, went for the head nurse. On their return, the tube, or rather the fragments, was seen in the middle of the room, the patient having bitten it and crushed it to pieces. A No. 12 male catheter, with holes drilled around it, was introduced, and her hands secured. 23rd. Deep sutures removed; catheter to be left off on the promise of good behaviour; small escape from the parts where the pieces of wood have caused sloughs; sometimes a mere trifle from the part where the superficial sutures are inserted. 28th. Superficial sutures removed; sloughs separated, and the parts filling up nicely; no escape from the centre, and only a few drops from the side. 29th. Bowels open, and urine passed by the rectum, not in a stream, but a 'gush'. June 16th. Although there had originally been no escape from the hole in the centre since the last report, yet by constant irritation she has made the hole so large that some urine escapes while standing. Nevertheless, she is able to retain a great quantity by the power of the sphincter ani, and passes it frequently, both with and without her motions, *per rectum*. The actual cautery was applied with marked benefit; but, from the same cause as before, a report was soon again given that there was still a dribbling. Acetum lyttæ to be applied daily. 27th. Mr. Brown inserted three silver sutures, the patient being under chloroform. 28th. Half-past eleven, P.M.: Up to this time the patient has been very troublesome, complaining and abusing not only those attending her, but also those who have the misfortune to be in the same room with her. Chloroform was given, and she was carried down stairs to the bottom of the house; and, on examination, it was found that by constant straining she had nearly burst out the

stitches; at any rate, there was an escape. July 1st. Sutures removed; fistula not healed. The patient has by interference with the wires, produced deep tracks on each side of the fistula. The patient was discharged as incurable—not of the fistula, for, as will be seen, she had already been cured of that, but as regards her determination not to get well, she having been in receipt of weekly payments from the parish in which she resides ever since her accident. Considering the badness of the case, this history illustrates a triumph over difficulties almost unprecedented; and nothing but the patient's own determination not to get well prevents me from saying she was quite cured.—P.S. Since I read this paper at Canterbury, I have seen this patient in Lincolnshire. The small opening, which was unclosed when she was discharged, has quite filled up. She would give anything to have it all reopened; but as she passes her urine and fæces at pleasure, and has perfect control over the sphincter, the guardians of her parish have justly decided that she no longer requires assistance, and is now able to work for her own living."

[We have thought it well to give the previous history of this case, as recorded by Mr. I. B. Brown in the *Lancet*. How far the physical restraint to which this woman, of the mature age of forty-two, was subjected to while under the care of Mr. Brown was justifiable, we leave to the consideration of the profession. It certainly seems to us something new in the annals of English hospitals. EDITOR.]

HOSPITAL MANAGEMENT IN ROME. A correspondent of the *Philadelphia Reporter* says: "As regards cleanliness, I am sorry to say they are sadly deficient here. The hands of some of the sick look as if they had not been near water, much less soap, for years; while the bodies, and more especially the knees and the feet, offer similar testimony. A warm bran-bath, which has been once ordered since I have been attending the lectures for a case of skin disease, met with objections on the part of the assistants, who remonstrated, on the ground that it was not worth while to heat the pipes for that one patient. I think, however, that it was finally decided that an attempt would be made on the next day to give one. As regards creeping things, I have not seen more than three or four on two different occasions. They were very small; and I account for their appearance near the foot of the bed only, on the supposition that they thought the heads of the students more inviting residences than the overcrowded habitation which they had just left. I must not omit here, however, to state that very stringent orders were on this occasion given to the nurse to pick all up, and that since then, terrified by the example given to these few, the others seem not to venture out any more. Nothing has been done to reach the root of the evil, and their head-quarters have thus been spared, perhaps from forgetfulness. As an example of estimate put upon the value of time in the hospital, I will merely mention that to examine into the nature of the sputa, if a cup is not near at hand, the patient is told to spit on the coverlid, while the nurse has gone for the cup. A lesson in saving money might be taught to the physicians of the Pennsylvania Hospital, by another somewhat similar instance. To discover if bile is in the urine, instead of wasting towels or paper, dip a corner of the sheet into the vessel; and in this way you obviate expense as well as save the nurse all the trouble of carrying things about the ward after you. In one thing, however, they are not sparing, and that is in writing, for all the symptoms of every patient are day after day taken down in full by some one or other of the students; and besides this, a full account of the symptoms, previous to entering the hospital, has to be extracted from the patient and written down, even in a simple case of rubeola or rheumatism."



# British Medical Journal.

SATURDAY, JULY 12<sup>TH</sup>, 1862.

## THE FERMENTATIVE THEORY OF DISEASE.

IN a clinical lecture on Puerperal Purulent Infection lately given, M. Trousseau, in discussing the etiology of the disease, gives the following *résumé* of M. Pasteur's important observations relative to the origin of fermentations. The discoveries made by this *savant* concerning the organic corpuscles contained in the air furnish us with certain theoretical and practical facts worthy of consideration in relation to the etiology of purulent infection.

M. Pasteur's investigations of the doctrines of ferments and of spontaneous generation led him to conclusions totally different from those previously accepted in science. He noticed that all fermentations properly so called—the lactic, butyric fermentations, for example—were always associated with the presence and with the multiplication of organised beings. According to his views, the albuminoid matters do not constitute the ferments, but are the aliments supplying the materials of growth to the ferments. The true and actual ferments are certain organised entities. But, it will be asked, from whence are these organised beings derived? What is their source?

To learn this, M. Pasteur first of all proceeded to analyse the air, in order to ascertain whether or not these beings were present in the air. For this object, he made use of an apparatus which allowed a large quantity of air to pass through a peculiar kind of filter. The filter, which in fact was formed of gun-cotton, retained all the particles floating in the air, whether vegetable, animal, or mineral. The gun-cotton, thus charged with matters, was then dissolved in a mixture of alcohol and ether. The menstruum was then evaporated; so that, after its volatilisation, nothing was left except the collected aeriform floating particles, which could then be subjected to analysis chemically and microscopically. The dust thus obtained was found to contain starch, vegetable spores, and animals capable of revivification.

Further investigation showed M. Pasteur that the spores present in the acetic and butyric fermentations were of different species, recognisable by their particular forms.

M. Pasteur collected from different quarters, and under different conditions, diverse kinds, and preserved them in flasks of a peculiar construction. To propagate these spores, he placed them in liquids proper for their development—for instance, in an

infusion composed of distilled water, sugar candy, tartrate of ammonia, and ashes; and he found that, in the course of a few days, they were multiplied *ad infinitum*.

Now, for the multiplication of these organic bodies, it is evident that the requisite elements of nutrition must be supplied to them. The rudimentary plant, it appears, borrows from the infusion carbon and nitrogen, and in exchange it gives up oxygen, which, by union with other elements, occasions the different kinds of fermentations. Hence, then, we find that the spore is an organic living cell, which is nourished by, and vegetates at the expense of, the elements around it; and that certain determinate conditions of the medium in which the germs are placed are requisite for their vegetation. When these conditions are once determined, we may at pleasure, with the spores of the alcoholic, the acetic, or lactic ferment, obtain the alcoholic, acetic, or lactic fermentation. There are consequently spores special to each fermentation.

The spore, again, may be considered as an organic being, which, when placed in a medium containing the elements necessary for its life, its development, and growth, secretes alcohol and acetic or butyric acid, etc.; and in this way fermentation may be regarded as an organic function, every ferment being a germ, whose life is manifested by the presence of a special secretion.

May it not be the same in the case of morbid virus? May there not be ferments which, deposited in the body at a given moment and under certain determined conditions, manifest their presence by the multiplication of their products? Thus the variolous ferment may produce the variolous fermentation and its thousand pustules. Other virus may act locally, but at last modify the whole body. Thus, for instance, hospital gangrene, malignant pustules, and contagious erysipelas. And may it not be said that, in such cases, the organic ferment or matter may be conveyed by the lancet, by the air, or by the dressings?

Moreover, M. Chalvet, in his interesting researches into the causes of hospital insalubrity, has shown that the analysis of the air in the wards of St. Louis furnished him with a large quantity of starch-corpuscles; and that a large quantity of putrescible organic matter was collected in the bed-curtains, and on the walls, windows, etc. He also showed that the linen, as returned from the laundry, was still tainted with organic detritus, linseed, and spots of various kinds. May not linen thus stained with altered pus and blood be the vehicle of the contagion? We know that vaccine matter may be preserved on cotton or linen threads.

M. Chalvet has also shown that the vapour of water condensed in the neighbourhood of a suppurating focus is strongly charged with irregular



corpuscles, resembling dried pus. Eiselt of Prague also asserts that he has seen small cells like those of pus spread through the air of a ward in which an epidemic of purulent ophthalmia was raging. On this point M. Chalvet says:

"The atmosphere of a hospital is no longer a vague expression. The air of it differs essentially from pure air. In 1860 I witnessed the experiments of M. Réveil, and recognised in the most positive manner the presence of organic corpuscles in the apparatus constructed by that skilful chemist. We then observed chiefly cells and the *débris* of epithelial cells; corpuscles of divers forms, which became yellow under the action of nitric acid; and bits of charpie charged with these corpuscles. Under like conditions he saw, with M. Kallmann, in the laboratory of M. Réveil, organic *débris* incrustated with a granular substance, which gave the reaction of copper. The dust thus observed was collected in an ophthalmic hospital, where sulphate of copper was largely used as a caustic.

"Dust, collected by dusting the walls of the ward St. Augustine at St. Louis, furnished me with 36 per cent. of organic matter. At another period, in the laboratory of M. Réveil, dust collected from the same quarter yielded 46 per cent. of organic matters, which consisted in large part of epithelial cells, and yielded a horny smell when calcined.

"When wetted, the dusty powder quickly gives off a very fœtid smell. Doubtless, the thick layer of dust covering the walls of our old hospitals may produce gases capable of favouring the transport through the air of corpuscles, which perhaps play a very important part in the air of hospitals."

May not, asks M. Trousseau, considerations of this kind furnish us with useful information regarding the etiology of diseases? There may, perchance, exist in the air at a given moment morbid germs, which will some day enable us to seize upon the cause of endemic and epidemic diseases.

"These germs will not be developed as readily in all patients, because the conditions of their reception vary infinitely. Some patients, like certain earths, will not receive certain germs. The wind may spread the same seed widely over a country, and yet the grain will not spring up everywhere alike. Here the soil may be too wet; there too dry; here other germs have grown up, and stifled the new seed. Just so is it with morbid germs and ferments. They, individually, require conditions favourable to their development."

## THE WEEK.

A DISCUSSION which lately took place at the Royal Medical and Chirurgical Society, illustrates in a forcible manner the necessity for the kind of investigation into the action of our remedies demanded by Dr. Handfield Jones. Dr. Acland of Oxford has, we are glad to see, also taken up the subject; and we sincerely trust that his additional influence may so operate upon the College of Physicians, as to stir up that or some other potent body to action in the matter. We apprehend that the College must now be in a monetary state, such as should enable it to pay something towards the expenses of such investigations. And we would, therefore, suggest to the Fellows that, when the excellent Roll of the College has

been satisfactorily called and completed, their next superfluous funds should be directed to this grand object. Is it not, indeed, high time, as Dr. Handfield Jones asks, that we should try and learn something of the immediate action on the body of the weapons—the drugs—we introduce into it for the cure of its diseases? If the matter be too deep for human comprehension; if the wit of man be unable to read the complicated and hidden tale—so be it. In such case, we must submit in sorrow to the conclusion. But, until we have done our best to unravel the secret history of the action of drugs—remedial agents—on the animal economy, it is evident that we have not, as men of science, done our duty to the profession to which we belong, nor to suffering humanity, which we treat medically. The discussion above alluded to, is a specimen of what usually occurs at our societies when the action of remedies is discussed. What must the outsiders—the non-professional public—think of the virtue, the efficacy of our art, when they see its high professors thus widely opposed on matters of daily practice? Dr. Dickinson read a paper on the "Treatment of Acute Rheumatism, considered with regard to the liability to Affections of the Heart under different Remedies." His deduction was, that acute rheumatism is best treated by the administration of alkalies. Thereupon followed remarks, which we leave, without further comment, to the reflection of our readers:—

"Dr. GOODFELLOW had long employed the nitrate of potash in cases of rheumatism, in doses of ten grains to two scruples every four hours. This mode of treatment had no material influence on the duration of the disease, but prevented cardiac complications. In one case out of sixty only was the heart affected.

"Dr. FULLER had long employed alkalies in cases of rheumatism. Under this treatment he had never found the heart become affected, except in two or three instances, where inflammation had set up within twenty-four hours after the commencement of the treatment. He was in the habit of employing large doses of the alkalies, with a view of producing an alkaline condition of the urine. When this was effected, he thought that it was unnecessary to test the condition of the heart, as he considered the patient safe from such complications. The duration of the disease, under this treatment, he thought was decidedly lessened.

"Dr. GULL remarked that alkalies had been extensively employed in Guy's Hospital in cases of rheumatism. Dr. Golding Bird was the first to recommend this plan of treatment. The practice, however, in his (Dr. Gull's) hands, had proved a decided failure. He could see no expectation of relieving the patient by adopting a merely chemical plan of treatment. Colchicum, Dover's powder, hot baths, nitrate of potash, opium, and other remedies he had tried without satisfactory results. His experience led him, therefore, to treat the disease empirically. After all, he thought it should be regarded mainly as an affection of the nervous system. He had been most successful by keeping the patient perfectly quiet, confining him to his bed, preventing the influence of all disturbing causes, and supporting him on the simplest diet. He had found rheumatism thus treated usually do well. Under it the heart was kept from disturbance, and consequently from anything like inflammatory disease. This treatment, with the addition of a



little extract of taraxacum and peppermint water, administered as a placebo, had been most effectual in his hands. Out of sixty-four cases which he had thus treated, there was scarcely a case in which the heart had been affected. The author of the paper had adduced forty-eight cases in support of the treatment which he had advocated; but this was altogether too small a number on which to found a theory. Rheumatism was so different at various times, that it must always be studied in reference to what he might call its natural history. He doubted exceedingly whether the alkaline treatment could be regarded as specific against the occurrence of heart-disease. Dr. Goodfellow, who so strongly advocated the employment of the nitrate of potash, seemed glad afterwards to add something else to its remedy. If the alkaline treatment was so successful, why did he do so?

"Dr. STEWART agreed in the main with the observations made by Dr. Gull. He had found that the perspiration in cases of rheumatism was not always acid. On the contrary, he had found it in some instances intensely alkaline.

"Dr. O'CONNOR differed from Dr. Gull in regard to his do-nothing treatment. On the whole, he thought the general treatment by alkalies noticed in Dr. Dickinson's paper the best.

"Dr. GULL, in reply to Dr. O'Connor, remarked that so far from his treatment of rheumatism being liable to the charge of a do-nothing system, it was, on the contrary, a most careful and active mode of treatment. The patient must be watched, and subjected to the most stringent rules which the medical attendant could adopt.

"Dr. BABINGTON had been surprised that, in the discussion which had taken place, no allusion had been made to the influence of lemon-juice in the treatment of rheumatism. No remedy would appear to have been more effectual in controlling its duration, or preventing cardiac complications."

WE are glad to find that we have now to name as a contemporary *The Social Science Review*. It appears to be independent of the Social Science Association; but, if well conducted, it will be of service in giving full effect to the labours of that body, and in directing the work of those who are earnest in the furthering of the great cause. The contents of this journal are the best answer which can be given to the sneers of the Saturday Reviewers and Revilers, and other such obliquely minded individuals—of the class of writers who would not hesitate in cutting a joke over the tombs of their grandmothers, if they could thereby provoke a sneer or a laugh in their readers. The highest service performed by the Social Science Association is the popularising of social scientific facts in the minds of the "general". It sets people thinking; it teaches them a lesson; and lays the foundation for future development of good. Let every man and woman, for example, who breathes the air of a room in which gas is burned, be told that the products of its combustion are six or eight highly poisonous compounds; let this fact be vulgarised, and then, in all human probability, some one of the multitudes so taught will do, what *the scientific* have not yet done for us—teach us how best to get rid of the poisons. The *Review* appears to us to be ably and honourably conducted; and we therefore welcome it

as a promoter of the spread of science, and therefore of truth, amongst the people of all classes. We need hardly tell the readers of this JOURNAL—the profession—that the grossest of credulity prevails amongst the upper, equally as amongst the lower classes of society. If our maids-of-all-work have their gipsy fortune-tellers, our upper ranks have their table-rappers, spiritual-mongers, and mesmerists.

THE three Colleges of Physicians of London, Edinburgh, and Dublin, have agreed to the request made to them in the following non-euphonious communication from Secretary Sir G. Grey:—

"Sir George Grey desires to be informed whether the Royal College of Physicians of London agree that the *Pharmacopæia* now published by them should be superseded by a right being given to the General Medical Council to substitute for it a *Pharmacopæia* to be published by the Medical Council."

This yielding by the Colleges of their rights of *Pharmacopæia*-editing to the Medical Council was a necessary antecedent to the publication by the Council of a *British Pharmacopæia*.

At the annual meeting of the North Wales Branch of the British Medical Association, held on the 1st instant, the following resolution was unanimously carried:—

"That this meeting, considering the high expectations entertained by the profession for the observance of the rules and laws laid down by the General Medical Council for the guidance of the various corporate bodies in the United Kingdom, express their surprise and strongest condemnation at the recent decision made by that public body respecting the regulations issued by the Royal College of Surgeons of England for the preliminary and professional education of candidates for its diploma."

MR. KIERNAN has been elected an Examiner of the Royal College of Surgeons of England. This election is the result of the second trial made after the dead heat which, as we announced in last week's JOURNAL, was last week run for the above highly prized stake.

THE *American Medical Times* writes as follows:—

"As a people, we care little about the ventilation of our private residences, and much less about the ventilation of public edifices. The main object sought is to render a building warm in winter on the most economical principles; and, in general, the means by which this end is attained are as rude as those employed by the savage. The air of the best apartments of private residences is, in general, vitiated, and its sleeping rooms are offensive to the new lodger. In our churches we are careful to provide reclining, softly cushioned seats, where we may enjoy the full influence of the soporific atmosphere of the building. Our school-houses are the nurseries of depraved constitutions, and, in consequence, of a degenerate race. In our courts of law, justice is often stifled by the foul emanations of the unwashed crowd, and, forgetful, inclines her balance. Even the anomalous spectacle is often witnessed of medical men and sanitarians sitting, in grave debate on the sources of human ills, in



rooms fragrant with the aroma of their medicated breath and clothing."

We apprehend that these remarks are applicable in Europe equally as in America.

THE election of a coroner for the Central Division of the County of Middlesex has terminated, after a severe contest, in favour of the medical candidate. On Wednesday, the Sheriffs announced the result of the poll to be—

For Dr. Lankester . . . . . 1131

For Mr. Lewis . . . . . 1084

Majority for Dr. Lankester . . . . . 47

Thus the principle has been reaffirmed, which Mr. Wakley first laid down nearly a quarter of a century ago, that the office of coroner should be held by a medical man. We congratulate the profession in Middlesex; for theirs is more than an ordinary victory; it reestablishes a precedent which it will be for constituencies throughout the country to follow. Dr. Lankester observed at the hustings, in returning thanks for his election, that he was the sixtieth medical coroner who had been elected since the West Middlesex freeholders chose Mr. Wakley twenty-three years ago; and, if such an effect has already arisen from the example then set, may it not be expected to be increased by the repetition of the example in one of the most important constituencies in the kingdom? Of the influences by which Dr. Lankester's election has been brought about, we are glad to be able to speak with unmixed satisfaction. His election has been the result of energetic action on the part of the medical profession. Against him there were pitted men of law, well versed in election matters, and having at their command paid agents. Dr. Lankester has been supported by the voluntary exertions of hard-working members of his profession, who have laboured in his cause with a determination and unanimity, the results of which show what the medical profession can do. The thanks of the profession are, indeed, due to these disinterested supporters of Dr. Lankester, no less than to the newly-elected coroner himself, for so ably asserting the principle of medical coroners. We trust that Dr. Lankester will long live to perform with credit the duties of his honourable office.

WE wish that we could look forward to speaking with as much satisfaction of the election of a coroner for West Middlesex as we have felt in speaking of the Central Middlesex election. As far as we can judge, two legal gentlemen—Mr. Charsley and Mr. Bird—are having everything their own way. It is true that there has been a medical candidate—Dr. W. B. Mushet; but we have seen nothing of his advertisements for some days, and, if report be true, it is uncertain whether he will go to the poll. It is

said, also, that he has not exerted himself as a medical candidate should exert himself, and that he has not sought to avail himself of that professional support without which his candidature must be ineffective. This we do know: that Dr. Mushet has never been brought under our notice as a candidate, except through the announcements in the public papers. We must blame him for the course which he has taken. When he put himself forward as a candidate, he should have done so with the determination to fight out the matter to the end with unceasing energy; and he should have sought the aid of such an organisation as that which has assisted Dr. Lankester. He has one chance left, and one only—to get what aid he can, and to contest the election to the last man. We are sure that, if he show himself to be in earnest, he may safely apply for help to some of those who have already proved themselves so earnest and efficient in the instance which has just been decided.

DR. BUDD has resigned the appointment of Physician to King's College Hospital.

AT the late dinner of the Fellows of the Royal College of Surgeons of England, the President of that College, as we understand, took advantage of the social occasion to make a political defence of his College in reference to the accusation brought against it of not obeying the recommendations of the Medical Council. The President is reported to have said that the journals have erred in this matter through ignorance of facts. If this be so, all we can say is, that we have erred in very good company—viz., with one-half of the Medical Council itself. Half the Medical Council distinctly declared that the College of Surgeons had earned the eminent distinction of being the first public body which had set at nought, or at all events disregarded, the solemn recommendations made by the Medical Council for the purpose of ensuring a proper minimum amount of education in candidates for the College's diploma. However, we are glad to hear that the College respects, or at least is not altogether deaf to, the appeals made to it. Its disobedience to the Council is, it appears, only temporary, and was dictated solely by a sense of propriety and justice towards medical alumni. If the recommendations had been adopted then and there, the alumni would, the President argued, many of them have been put to great inconvenience. They were not prepared for, and did not expect, so stringent a preliminary examination; and therefore would have been defeated on the subjects of geography or mathematics, and so on. These young men, therefore, the College thought, had a good right to exemption on the plea of their tacitly accepted ignorance on these topics when they com-



menced their studies. But to all future comers the College will be stern, and to them apply the Medical Council's recommendations. We hope that we may record as correct even this future instalment of a return to its duty by the College. One thing, however, must have occurred to every hearer of the President's words; viz.: How comes it that the candidates for the diploma of the College of Surgeons of England required a consideration and a concession such as has been given to the candidates of no other college or university? Other examining boards accepted and adopted the Medical Council's recommendations: why was the thing impracticable only with the College of Surgeons in Lincoln's Inn? We must candidly say, as the matter now stands, that the College is open fairly to the accusation of having taken an advantage of the other Colleges in this matter. People may say, and will say, if these other Colleges could adopt the recommendations, why not this College also? We have no doubt, at all events, that the College made a very great mistake. We will not accuse it of doing so for the purpose of attracting members to its examining board; but we will congratulate it on admitting, though late, the recommendations of the Medical Council to be just, and such as they will adopt one of these days, when they think they can do so without acting unjustly to their candidates! We trust and believe we have in no way misrepresented what was stated by the President of the College of Surgeons of England on the occasion referred to.

THE medical officers of the Great Western Railway Provident Society—the leading medical men at the different towns on the line—held their annual meeting on the 2nd inst. at the London Tavern. Amongst others were present, Mr. Bulley of Reading, Mr. King of Chepstow, Dr. King of Bridgewater, Mr. Smith of Cirencester, Dr. Pope of Glastonbury, and about forty other gentlemen. Dr. Budd of Bristol presided, and was supported by the energetic Secretary of the staff, Mr. Barrett of Bath.

THE following gentlemen, Secretaries of Departments, have been recommended by the Committee of the Social Science Association for nomination on the Executive Committee for the ensuing year:—Professor Abdy, Mr. M. Cookson, Mr. J. R. Fowler, Mr. G. S. Lefevre, Dr. Markham, Mr. E. Noel.

SEVERAL medical men, as our readers may remember, have given in their belief in the existence of a malady called chromhidrose. M. Behier, in the name of a commission appointed to investigate the case of the female at Brest presented by M. de Mericourt as a subject of the affection, has sent in a report. This report points out the way in which medical and other believers have been deceived.

The black colouring matter used by the feminine adepts appears to have been chiefly of a sooty kind. When the colouring matter was removed from the eyelids, the discoloration was reproduced by vigorous winking. It never returned *sua sponte*. A supply of the colouring matter was found at the base of the eyelashes, agglutinated around the hairs. By the use of the kohenit—a dark cosmetic applied to the eyelashes—and by winking, the chromhidrose was produced in the space of a few minutes. M. Robin, on analysis of the dark matter, stated that it was a substance *sui generis*, and of the nature of the colouring matter of the choroid, and was mixed up with fatty matters and cells. But this *sui generis* matter turns out to be the epidermic cells, and removed with the colouring matter when scratched off the eyelids. M. Gubler of Liege has put a finishing stroke to the business, by showing that, in one young lady suffering under chromhidrosis, the colouring matter was found spread over the *external* surface of a layer of collodion laid upon the eyelids!

Professor Buffalini of Florence has been nominated Grand Officer of the Order of St. Maurice and Lazare; and M. Sperino of Turin, and M. Rizzoli of Bologna, Commanders.

M. Tardieu has been summoned to the assizes of Tarn, to investigate the nature of a case of death from hanging. Some experts considered the death as the result of murder; others, as the result of suicide. M. Tardieu gave in his adhesion to the latter view.

Dr. Guiboart states that gargling with a little milk effectually removes the unpleasant acidity and astringency left in the mouth by the sesquichloride of iron. The milk must not be swallowed.

A new military hospital has been opened at Paris, under the name of Hôpital St. Martin. It stands on the site of the ancient Hospice des Incurables.

The Apothecaries' Hall of Vienna has resolved to supply the Students' Sick Club with medicaments gratis during the next three years.

M. Matthieu (de la Drôme) has given the Academy of Sciences a paper on the subject of the possibility of predicting the state of the weather a long time beforehand by means of the rising and setting of the stars.

MM. Charcot and Davaine have had under their observation at Lariboisière an unique case, in which hydatids were present at the same moment in the brain, the heart, and the spleen.

Professor Percy, of New York Medical College, has employed and recommended a new remedy as a solvent for calculus in the bladder. It is the matutinal urine of a healthy man, collected and injected into the irritable and calculus-containing bladder. He has found the means efficacious, and avers that it acted as a perfect sedative.



# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirtieth Annual Meeting of the British Medical Association will be holden in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

*President*—ALFRED LOCHÉE, M.D., F.R.C.P., Canterbury.

*President-elect*—GEORGE BURROWS, M.D., F.R.C.P., F.R.S., London.

*All the Meetings will take place at the Royal College of Physicians, Pall Mall East.*

### TUESDAY, August 5th.

12 NOON. Meeting of Committee of Council.

1.30 P.M. Meeting of the General Council.

3 P.M. First General Meeting of Members. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted.

9 P.M. *Conversazione*. The President and Fellows of the Royal College of Surgeons of England have invited their Fellows and Members to meet the members of the Association at the College on this occasion.

### WEDNESDAY, August 6th.

10 A.M. Meeting of the Members of the new Council.

11 A.M. Second General Meeting of Members. An Experimental Report on the Treatment of Suspended Animation will be read by B. W. RICHARDSON, M.D. Papers and Cases will be read.

1 P.M. The Address in Medicine will be read by W. H. WALSHE, M.D., F.R.S. The Report of the Medical Benevolent Fund will be presented. Papers and Cases will be read.

9 P.M. *Soirée*. By the kind invitation of the President and Fellows of the College of Physicians, this Meeting will take place at the College.

### THURSDAY, August 7th.

11 A.M. Third General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Surgery will be read by JAMES PAGET, Esq., F.R.S. Papers and Cases will be read.

### FRIDAY, August 8th.

11 A.M. Fourth General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Physiology will be delivered by W. SHARPEY, M.D., F.R.S. Papers and Cases will be read.

6.30 P.M. Dinner at the Albion Tavern, Aldersgate Street. Tickets One Guinea each.

Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, Royal College of Physicians; where cards will be supplied which will secure admission to all the Proceedings.

Refreshments will be provided in the College during the Meetings.

Members who wish for previous information may communicate with Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Papers have been promised by Francis Sibson, M.D., F.R.S. (Aneurisms of the Arch of the Aorta); William Budd, M.D., of Bristol (On the Occurrence of Malignant Pustule in England, illustrated by numerous Fatal Cases, and a Series of Photographs); C. Handfield Jones, M.D., F.R.S. (Suggestions for Inquiries into the Action of Medicines); Lionel Beale, M.B., F.R.S. (Observations on the Formation and Destruction of Tissue in the Living Body); William Farr, M.D., F.R.S. (On Medical Statistics); C. E. Brown-Séquard, M.D., F.R.S. (Remarks on a Case of Wound of the Spinal Cord); Ernest Hart, Esq. (On the Successful Treatment of Aneurism by the Flexion Method); W. Tindal Robertson, M.D., of Nottingham (On Hydro-Therapeutics); A. P. Stewart, M.D. (Some Remarks on the Treatment of Intestinal Obstructions); J. V. Solomon, Esq., of Birmingham (The Relief of Near Sight without Spectacles); Dr. Inman, of Liverpool (On the Question, Is Alcohol Food?); Dr. Ephraim Cutter, of Woburn, Massachusetts, N.A. (On the Employment of Veratrum Viride in the Treatment of Disease); Jonathan Hutchinson, Esq. (On a Form of Deafness hitherto undescribed, occurring in the Subjects of Inherited Syphilis); J. Higginbottom, Esq., F.R.S., Nottingham (On the Non-Alcoholic Treatment of Disease).

PHILIP H. WILLIAMS, M.D., *General Secretary*.  
Worcester, July 1st, 1862.

## SPECIAL NOTICE TO MEMBERS.

It is particularly requested that members who have not paid their subscriptions, *due on the 1st of January last*, for the current year, will forward a cheque or post-office order not later than *Saturday, the 19th instant*, to

PHILIP H. WILLIAMS, M.D., *General Secretary*.

It is also requested that members who owe for 1861, will no longer delay payment; and that any of the Honorary Secretaries who have not sent in their lists, will kindly do so, as it is now the duty of the General Secretary to make personal application to all procrastinators.

Worcester, July 1862.

## REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, on July 3rd.*

PRESENT:—Sir C. Hastings (in the Chair); Mr. Pemberton; Dr. Richardson; Dr. Stewart; Mr. W. Williams; and Dr. P. H. Williams.

The proposed Report of Council, to be presented at the annual meeting, was drawn up by the Committee, and will be circulated during the month.

Resolved—That the following gentlemen be requested to act as Committees to adjudicate the Prizes of the Association in the different departments of Medicine, Surgery, Midwifery, and Physiology; viz., Drs. Watson, Sir C. Hastings, and Noble; Messrs. Paget, Erichsen, and Pemberton; Drs. Murphy, Simpson, and Clay; Drs. Brown-Séquard, Richardson, and A. T. H. Waters.

That the essay now sent in, appearing to belong to the first division, be handed over to Drs. Watson, Sir C. Hastings, and Noble.

That the Gold Medal shall bear on the obverse the profile of Sir C. Hastings, with his name as founder of the Association; the reverse to contain the name of the successful candidate, with the subject of his essay; and that Dr. Richardson, Mr. Pemberton, and Mr. W. Williams, be requested to form a subcommittee to carry out the resolution.

CHARLES HASTINGS,

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, July 8th, 1862.



BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
YORKSHIRE. [Annual.]	Museum, York.	Thursday, July 17.

MIDLAND BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch was held at the Guildhall, Lincoln, on Wednesday, June 18th, at 2 P.M.; C. SYMPSON, Esq., President, in the Chair. There were also present thirteen members.

*The late President.* Dr. MORRIS (Spalding) remarked that it was usual to propose a vote of thanks to the retiring President. This was unhappily impossible on the present occasion. He therefore begged to move—

“That this meeting expresses its regret and sorrow at the loss sustained by the profession and the British Medical Association, by the death of Mr. Macaulay.”

The motion was seconded by Mr. WHITE (Nottingham), and carried unanimously.

*New Members.* C. Brook, Esq., S. Lowe, Esq., D. Garnham, Esq., and Dr. Harrison, members of the Association, were made members of the Branch.

J. Hewson, Esq., and R. S. Harvey, Esq., both of Lincoln, were elected members of the Association and Branch.

*Representatives on the General Council.* The following gentlemen were elected:—J. Barclay, M.D. (Leicester), and T. Paget, Esq. (Leicester), Leicestershire; G. E. Stanger, Esq., Nottinghamshire; J. Heygate, M.D., F.R.S. (Derby), and J. Hitchman, M.D. (Mickleover), Derbyshire; E. Morris, M.D. (Spalding), and T. Symson, Esq. (Lincoln), Lincolnshire.

*President-elect.* Dr. Goode, of Derby, was unanimously elected President for 1863; and it was resolved that the next annual meeting be held at Derby.

*President's Address.* The President then read an address.

Dr. MORRIS proposed a vote of thanks to the President for his excellent address, and moved that it be published in the JOURNAL.

The motion was seconded by Mr. LOWE (Lincoln), and carried unanimously.

The PRESIDENT stated he thought that as the address treated of matters more of local than of general interest, much as he felt the compliment, it would scarcely be desirable to publish it in its integrity; and it was afterwards agreed that an abstract of it should be sent.

*Papers.* The following papers were then read and discussed:—

1. Case of Traumatic Aneurism of the Gluteal Artery successfully treated by Ligature. By E. F. Broadbent, Esq.

2. Two Cases of Melasma or Bronzed Skin of Addison's Disease. By E. Morris, M.D.

3. Case of Tænia treated by the Areca-Nut. By E. Morris, M.D.

4. On the Prevention of Incontinence of Urine after Female Lithotomy. By Thomas Paget, Esq.

*The JOURNAL.* Dr. MITCHINSON, remarking upon the great improvement in the Society's weekly JOURNAL, proposed—

“That a vote of thanks be accorded to Dr. Markham, for the very able manner in which he has since his appointment edited the JOURNAL.”

The motion was seconded by Mr. LOWE, and passed *nem. con.*

A conversation took place as to the advertising chlorodyne or other secret medicines in the JOURNAL. The practice was thought objectionable.

The members and their friends afterwards dined at the Great Northern Hotel; Mr. Symson in the Chair, and Dr. Mitchinson in the vice-Chair.

BIRMINGHAM AND MIDLAND COUNTIES

BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch took place on June 20th, 1862, at the Hen and Chickens Hotel, Birmingham; HENRY DUNCALFE, Esq., of Westbromwich, President, in the chair. There were also present twenty-five members.

Dr. BELL FLETCHER, the retiring President, thanked the members for their courtesy during his year of office, and introduced his successor, Mr. Duncalfe.

*Vote of Thanks to the President.* It was moved by Dr. BODINGTON, seconded by Mr. F. JORDAN, and carried unanimously:—

“That the best thanks of this meeting be presented to Bell Fletcher, M.D., for his courteous conduct as President during the past year.”

*Report of Council.* Mr. OLIVER PEMBERTON, the Hon. Secretary, read the following report of the Council:—

“The Council of the Birmingham and Midland Counties Branch of the British Medical Association, in submitting the report of their proceedings during the past year, has chiefly to direct the attention of the members to the character of the scientific subjects selected for discussion.

“The following list comprises the titles of the papers and communications in the order in which they were read:—

“1. On Accidental and Unavoidable Hæmorrhage. By Mr. John Clay.

“2. A Case in which the Descending Colon was Opened for the Relief of Stricture of the Rectum. By Mr. Oliver Pemberton.

“3. A Preparation illustrative of Retroversion of the Uterus. By Dr. Bell Fletcher.

“4. Remarks on the Pathology and the Treatment of Primary Syphilis, especially in reference to the Use and Abuse of Mercury. By Mr. Langston Parker.

“5. On the Employment of Gradual Dilating Metallic Sounds in the Treatment of Stricture. By Mr. V. Jackson.

“6. Practical Remarks on Vesico-Vaginal Fistula; with a Case of Vesico-Vaginal and Vesico-Uterine Fistula, where the opening was closed by operation. By Mr. Furneaux Jordan.

“7. A Remarkable Case of Lithotomy. By Mr. Oliver Pemberton.

“8. On Foreign Bodies in the Urethra. By Mr. Alfred Baker.

“The foregoing series of contributions to practical medicine and surgery sufficiently evince the unabated interest that has been displayed by members of the Branch in the discussions during the past year. In medical politics, no question has been before the meetings. Happily, the prospects of the medical profession, in the hands of the Medical Council, leave little to be desired; whilst the enlightened conduct of the College of Physicians of London cannot fail hereafter to be productive of the greatest advantage to the status of the profession.

“Another year has more than realised the predictions in reference to the high character that would be maintained by the JOURNAL of the Association under its present editor. The excellence and variety of its medical literature, its high professional tone, and its fearless denunciation of everything affecting the dignity and honour of our calling, demand the strongest support, not only on the part of the members of the British Medical Association, but of all who practise medicine.

“In the Branch itself, during the year, your Council notices with regret the loss of several members from death; also, on account of distance from Birmingham, and changes of residence; at the same time, it records with satisfaction the numerous additions that have been made, in the same time, from Birmingham and the sur-



rounding districts, thus markedly increasing the strength of the Branch, and proving that the common ground which it affords for social intercourse and scientific discussion is not disregarded by the practitioners of this town and neighbourhood.

"Amongst the deaths, your Council cannot but mention that of Mr. Hobbes of Bellbroughton, who, seized by fever contracted in the midst of his labours, was cut off at an age when his life would seem to have been of the most value to his family, and his experience to his numerous patients and friends. More fortunate, Mr. G. Taylor, long one of the senior practitioners in this town, died at an advanced age; and to the last, though ceasing to perform the active duties of the profession, yet manifested an untiring interest in the promotion of medical charity, connected with one of the chief hospitals of this town."

Dr. FAYRER moved, Mr. HOUGHTON seconded, and it was carried unanimously,

"That the report of the council now read be received, approved, and entered on the minutes."

*Treasurer's Account.* The account for the past year, read by the Treasurer, Mr. T. W. WILLIAMS, showed a balance in hand of £27 : 4 : 0.

On the motion of Mr. KNOWLES, seconded by Dr. FLETCHER, it was resolved,

"That the Financial Statement of the Treasurer now read, be received, approved, and entered on the minutes."

*Election of Officers.* Dr. RUSSELL moved, Dr. P. H. WILLIAMS seconded, and it was resolved,

"That Mr. Alfred Baker be elected President-elect for the ensuing year."

The voting lists having been handed into the President, the following gentlemen were unanimously elected members of Council for the ensuing year:—*Town Members*—E. Bartleet, Esq.; M. H. Clayton, Esq.; B. Fletcher, M.D.; J. J. Hadley, Esq.; F. Jordan, Esq.; J. Russell, M.D.; W. F. Wade, M.D.; G. Yates, Esq. *Country Members*—W. Downes, Esq., Handsworth; G. Fayrer, M.D., Henley-in-Arden; J. S. Gaunt, Esq., Alvechurch; J. H. Houghton, Esq., Dudley; W. J. Kite, Esq., Westbromwich; F. A. Nesbitt, Esq., Wolverhampton; W. Smith, Esq., Redditch; J. Tibbitts, M.D., Warwick. The following gentlemen were unanimously elected representatives of the Branch in the Council of the Association for the ensuing year, Alfred Baker, Esq.; E. Bartleet, Esq.; M. H. Clayton, Esq.; H. Duncalfe, Esq.; G. Fayrer, M.D.; B. Fletcher, M.D.; J. J. Hadley, Esq.; W. J. Kite, Esq.; O. Pemberton, Esq. (*ex-officio*); T. W. Williams, Esq. Mr. T. W. Williams was elected Treasurer, and Mr. Pemberton Secretary, for the ensuing year.

*New Members.* The following gentlemen, members of the Association, were unanimously elected members of the Branch:—S. H. Algar, Esq., Henley; G. E. Howitt, Esq., Wednesbury; J. Male, Esq., Leamington; C. T. Male, Esq., Westbromwich; G. P. Dunn, Esq., Feckenham; B. W. Foster, Esq., Queen's College, Birmingham; J. F. West, Esq., Birmingham.

*President's Address.* Mr. DUNCALFE delivered an address of a practical character, embracing considerations in regard to the every day duties of the practitioner, of a highly valuable and interesting character. At its close, Dr. FLETCHER moved, Dr. RUSSELL seconded, and it was carried unanimously,

"That the best thanks of this meeting be given to Mr. Henry Duncalfe, for his admirable address, and for his courteous attention to the business of the day."

The members afterwards dined together at the hotel, under the presidency of Mr. Duncalfe, Mr. O. Pemberton occupying the vice-chair.

## SOUTH-EASTERN BRANCH: ANNUAL MEETING.

THE Annual Meeting of the South-Eastern Branch was held at the New Public Hall, Reigate, on Thursday June 26th. Twenty-three members were present THOMAS HECKSTALL SMITH, Esq., of St. Mary Cray, President, took the Chair soon after two o'clock, and delivered an address, which has been received for publication.

*Report of Council.* Mr. PETER MARTIN read the following Report.

"The Council of the South-Eastern Branch have again the pleasure of reporting an increase of members during the past year. This has arisen to some extent as a consequence of holding the anniversary meeting of the Association at Canterbury last year, but also especially as a result of the District Meetings in North and Mid Kent. These meetings have not only proved a source of much pleasure and profit to those who habitually attend them, but they have also added much to the strength of the Association. The Council is happy to state that, since the last annual meeting, another series of district meetings has been founded in East Kent with the cooperation of the East Kent Medical Society, that these meetings have been held regularly during the winter, and have been successful. It were greatly to be wished that similar meetings could be founded in other districts included in the three counties. In practice it is found that, whenever meetings are held with frequency and regularity, the Association prospers and increases in numbers; whereas, in those districts not visited, it languishes, and rather diminishes than increases.

"The petition of the Branch in favour of Mr. Hubbard's proposition for such an alteration of the incidence of the Income Tax as would relieve professional men of a portion of the burden imposed, was duly presented last year. The report of Mr. Hubbard's Committee was not favourable to the alteration proposed, and a considerable majority has this year appeared against Mr. Hubbard's proposition. This result is perhaps rather to be attributed to the general languor at this time affecting all political affairs, than to any change of opinion in the House; and, as the Council feel confident in the justice of the course proposed by Mr. Hubbard, they recommend that another petition be prepared, and presented at the beginning of the next session to the House of Commons.

"The Council desire to congratulate the members on the approaching meeting of the Association in London. This will give the members of the South-Eastern Branch an opportunity of attending the general meeting for two successive years; and the Council hope that many members will be able to avail themselves of the liberal arrangements which are in progress, both on the part of the Association, and of various bodies in London connected with the medical profession."

It was then proposed by Mr. STEELE (Reigate), seconded by Mr. HODGSON (Brighton), and carried unanimously—

"That the Report now read be received and adopted."

*The Treasurer's Account* was then read; and it appeared that there was a balance in hand amounting to £35 : 17 : 11.

*Representatives in the General Council.* The Secretary reported that, the voting-papers of the members having been received, the following gentlemen were found to be elected:—George Bottomley, Esq., Croydon; Thomas Boycott, M.D., Canterbury; J. Cordy Burrows, Esq., Brighton; Alfred Carpenter, M.D., Croydon; Henry Collett, M.D., Worthing; Frederick Fry, Esq., Maidstone; William Sankey, Esq., Dover; T. Heckstall



nith, Esq., St. Mary Cray; Charles M. Thompson, Esq., Westerham; Edward Westall, M.D., Caterham.

*Council of the Branch.* The following gentlemen are declared to be elected:—James Dulvey, Esq., New Rompton; F. F. Giraud, Esq., Faversham; William Hoar, Esq., Maidstone; C. Holman, M.D., Reigate; George Lowdell, Esq., Brighton; Albert Napper, Esq., Cranley; Frederick H. Sankey, Esq., Wingham; John Steele, Esq., Reigate; Charles M. Thompson, Esq., Westerham; Charles Trustram, Esq., Tunbridge Wells.

*Income Tax.* It was proposed by Mr. BOTTOMLEY (Croydon), seconded by Mr. Sisson (Reigate), and carried unanimously—

“That a petition be prepared on the part of the Branch in favour of Mr. Hubbard’s proposal for a modification of the Income Tax; to be signed by the President, and to be presented to the House of Commons at the early part of the next session of Parliament.”

*Annual Meeting in 1863.* It was proposed by Mr. BOTTOMLEY, seconded by Dr. HOLMAN (Reigate), and carried unanimously—

“That the annual meeting for 1863 be held at Rochester.”

*Votes of Thanks.* It was proposed by Dr. MILNER BARRY (Tunbridge Wells), seconded by Mr. NAPPER, and carried—

“That the thanks of the members of the Branch be given to Mr. Bottomley, President, and to Dr. Lashmar and Dr. Westall, Vice-Presidents, as well as to the Council of the Branch, for their services rendered during the past year.”

*Papers.* The following papers were read.

1. On the Beneficial Effects of Warren’s Styptic in Hæmorrhagia. By W. Sankey, Esq., Dover.
2. On a very large Internal Tumour in a Child four years of age. By J. Sargent, Esq., Reigate.
3. Case of Exfoliation of the Epiphysis of the Head of the Femur in a Girl fourteen years of age, the Subject of Hip-Disease. By C. Holman, M.D., Reigate.
4. Case of Traumatic Aneurism of the Anterior Tibial Artery in which the Femoral was tied. By C. Holman, M.D.
5. Case of Ovariectomy. By C. Holman, M.D.

Interesting discussions followed the reading of each of these papers.

At four o’clock, the members adjourned and visited the site of the ancient Castle of Reigate, where the Baron’s Cave had been illuminated and prepared for their reception; and, after an interesting walk, they sat down to dinner at the White Hart Hotel. Here they were joined by the Hon. W. J. Monson, M.P. for Reigate; and the Rev. Henry Gosse, Incumbent of St. John’s, Redhill; and a very pleasant evening was spent.

#### EAST ANGLIAN BRANCH: ANNUAL MEETING.

THE Annual Meeting of the East Anglian Branch was held at Stowmarket, on Friday, June 27th; SPENCER FREEMAN, Esq., President, in the Chair. There were also present fourteen members.

*New Members.* W. R. Cooper, Esq. (Ixworth), and H. P. Leech, Esq. (Woolpit), were elected members of the British Medical Association.

*Resolutions.* The following resolutions were unanimously carried:—

1. Proposed by Dr. DURRANT, and second by Dr. KIRKMAN—

“That the thanks of this meeting be given to W. Cadge, Esq., the retiring President, for his services to the East Anglian Branch of the British Medical Association during his year of office.”

2. Proposed by Dr. RANKING, and seconded by Mr. CADGE—

“That the next annual meeting be held at Great Yarmouth; and that E. Copeman, M.D., be President-elect.”

3. Proposed by Dr. PITT, and seconded by Mr. PAYNE—

“That W. Cadge, Esq., S. Freeman, Esq., and C. R. Bree, M.D., be elected to represent this Branch in the General Council.”

*President’s Address.* The President delivered an address, which will be published in the JOURNAL.

*Papers.* The following papers were read:—

1. On Crural Phlebitis unconnected with Pregnancy or the Puerperal State. By W. H. Ranking, M.D.
2. Embolia and Thrombosis. By W. Cooper, Esq.
3. Case of Recurring Fibroid Tumour. By Wm. Cadge, Esq.
4. Two Cases of Enchondroma. By T. W. Crosse, Esq.
5. Case of Pelvic Cyst containing a Peculiar Fluid. By G. W. Pretty, Esq.
6. Mr. Cadge also exhibited a Tumour of Malignant Growth, removed only the day before, with a portion of the Scapula to which it was attached.

These interesting papers and cases gave rise to considerable discussion, and led to a very generally expressed wish on the part of those present, that in future all members intending to read papers at the annual meetings, would give sufficient notice to enable the secretaries to specify them in their circulars, as it was believed that the meetings would be more fully attended if the associates were aware of the good things in store for them.

*Dinner.* A large party afterwards dined together at the King’s Head Hotel, when the usual toasts of a loyal and professional character were drank, under the able presidency of Mr. Freeman.

#### METROPOLITAN COUNTIES BRANCH: ANNUAL MEETING.

THE tenth annual meeting of this Branch was held at the rooms of the Royal Medical Benevolent College, 37, Soho Square, on Tuesday, July 8th; ROBERT DUNN, Esq., in the Chair. Seventeen members were also present.

*New Members.* The following gentlemen were elected members of the Association:—Richard Barwell, Esq., Old Burlington Street; Oscar Clayton, Esq., Harley Street; J. Hughlings Jackson, M.D., Queen Square. T. Carr Jackson, Esq., was elected a member of the Association and Branch.

*Report of Council.* Dr. HENRY, one of the Honorary Secretaries, read the following report:—

“The Council of the Metropolitan Counties Branch have to report that the number of members in the Branch presents a slight increase over that of last year. At the last annual meeting, the number of members was 120. Since that time, 18 have joined; 2 have died; and 4 have resigned; leaving 132 as the total number at present on the list.

“The deaths which have occurred in the Branch have been those of two distinguished members of the profession—Sir John Forbes and Dr. J. O. McWilliam. It is not necessary here to enter on a consideration of their professional career; but the Council would recal to the recollection of the members of the Branch the fact that Sir John Forbes took an active part in its organisation ten years ago, and was its first President. And many members will doubtless remember the ability and courtesy with which, on all occasions, he discharged his duties, and the active interest he took, as long as his health permitted, in all matters coming under the cognisance of the Branch or of the Association.



"Dr. McWilliam joined the Branch at a comparatively recent period, and never took any active part in its management. The Council, however, are sure that the Branch will feel that in him they have lost a zealous and honest fellow-worker in matters relating to the honour and interests of the medical profession.

"In consequence of the acceptance by the Association of the invitation to hold their annual meeting in London this year, your Council, acting in pursuance of a resolution passed at a general meeting of members of the Association residing in the Metropolitan Counties District, on June 4th, 1861, have added to their number fifteen other gentlemen, without reference to membership of the Branch; and, with these, have formed themselves into a Committee for making arrangements for the meeting of the Association to be held next month. As the business of this Committee has been conducted independently of that of the Branch, the Council do not feel called on to make any special report of its proceedings at the present time. They would, however, take this opportunity of urging on such members of the Branch as have not already done so, the importance of giving all the aid in their power to the Committee, so as to render the meeting worthy of the locality in which it will be held, and to reciprocate the good feeling which has been manifested towards the London members by their provincial brethren at former gatherings.

"Your Council, having been occupied during the past year in the duties devolving on them as part of the Committee of Management for the meeting of the Association, have not been able to give attention to several important matters on which the Branch is especially concerned. They would, however, recommend to their successors the adoption of measures by which the practical and scientific value of the Branch may be increased; and especially would suggest the revival of an inquiry into the action of medicines, which was commenced several years ago. The communications to be read at the meeting of the Association will doubtless furnish materials, on which the Branch may found a series of important investigations."

Dr. GIBB proposed, Dr. ROUTH seconded, and it was resolved:—

"That the Report now read be received, entered on the minutes, and published in the JOURNAL."

*Treasurer's Report.* In the absence of Dr. LANKESTER, the Treasurer's Report was read by Dr. HENRY. The following is an abstract:—

Balance in hand at last meeting	-	-	-	6	0	3
Subscriptions and arrears received	-	-	-	15	12	6
				£21	12	9
Expenditure	-	-	-	11	14	0
Balance in hand	-	-	-	9	18	9
				£21	12	9

Dr. WEBSTER moved, Mr. DUNN seconded, and it was resolved,

"That the Treasurer's Report be received and adopted."

*Election of Officers and Council.* A ballot having been taken, the following members were declared elected:—*President*, Robert Dunn, Esq.; *President-elect*, Francis Sibson, M.D., F.R.S.; *Vice-Presidents*, John Birkett, Esq., and B. W. Richardson, M.A., M.D.; *Treasurer*, Edwin Lankester, M.D., F.R.S.; *Secretaries*, A. P. Stewart, M.D., and Alexander Henry, M.D. *Ordinary Members of Council*—*For the Metropolitan District*: W. Bartlett, Esq.; William Bell, M.D.; Jas. Bird, M.D.; W. Camps, M.D.; C. De Morgan, Esq., F.R.S.; W. O. Markham, M.D.; S. W. J. Merriman, M.D.; John Millar, Esq. *For the Extra-Metropolitan District*: J. H. Paul, M.D. (Camberwell); Joseph Seaton, M.D. (Sunbury);

Joseph Ward, Esq. (Epsom); George Webster, M.D. (Dulwich).

*President's Address.* The newly elected President ROBERT DUNN, Esq., on taking the chair, thanked the meeting for the honour conferred on him, and assured them of his intention to perform his duties to the best of his ability. He then remarked on the paramount importance of intellectual culture in raising the status of the medical profession; referred in terms of congratulation to the election of Dr. Lankester to the office of coroner to Central Middlesex; and drew attention to the position of medicine, as calculated to foster the best feelings of the mind, and to exercise the intellectual faculties.

*Representatives in the General Council.* The following gentlemen were unanimously elected representatives of this Branch in the General Council for 1862-3:—A. Henry, M.D.; C. F. J. Lord, Esq.; W. O. Markham, M.D.; J. H. Paul, M.D.; B. W. Richardson, M.D.; G. Webster, M.D.; with A. P. Stewart, M.D., Secretary.

*The Election of Dr. Lankester to the Coronership.* Dr. RICHARDSON moved,

"That this meeting has observed with sincere pleasure the unanimity of the profession in supporting the claims of the medical profession to the office of coroner; and congratulates the Branch on the election of Dr. Lankester to the office of coroner for Central Middlesex."

Dr. WEBSTER seconded the motion; which was carried unanimously.

*Votes of Thanks.* Dr. GIBB proposed, Mr. MILLAR seconded, and it was resolved,

"That the thanks of the Branch be given to the retiring officers and council, for the manner in which they have performed their duties during the past year."

Dr. HENRY proposed, Mr. PROPERT seconded, and it was unanimously resolved,

"That the thanks of the Branch be given to the Representatives in the General Council of the Association, and especially to Drs. Stewart, Lankester, and Richardson, members of the Committee of Council, for their diligent and able performance of the duties entrusted to them."

THE ASYLUM FOR IDIOTS AT EARLSWOOD. The inmates form an industrious community, including among their number carpenters, shoemakers, mat-weavers, tailors, and farmers; while the women and girls ply the needle or engage in housework. The workmanship of many of the idiots would be regarded as meritorious if it were the production of skilled mechanics in full possession of all their faculties, and with the advantage of a long training. Recreation, too, that prime element in every healthy society, is not neglected. The in-door amusements comprise the microscope, the magic lantern, the shadow pantomime, and a monthly concert, at which the attendants generously give their services. Out-of-doors, during the summer season, fêtes are occasionally held; a brass band fills the grounds with exhilarating strains of music; and cricket and other athletic sports are resorted to by the more robust of the patients. The success of the asylum has been indubitable, and the soundness of the principles upon which it is based made as clear as the light of day. No one can feel surprised that Earlswood is visited by inquisitive philanthropists from all parts of Europe, who have been attracted thither by reports of its fame. We trust that, as long as need exists for such an institution, this asylum will continue to flourish; and that in time to come there will be found many to emulate the example of its venerated founder—Dr. Andrew Reed.



# Reports of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 4TH, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

*Case of a Large Fibrous Tumour impeding Delivery.* By HENRY MADGE, M.D. Mrs. H., aged 27, primipara, well-formed, in good health, and who had gone her full time, was taken with slight labour pains on the morning of May 21st. Dr. Madge found the pelvis occupied by a large round tumour, which seemed to be lifting up, as it were, and pushing forwards the posterior wall of the vagina. It was low down, and came lower with every pain, and seemed to fill up every niche in the pelvis. The os uteri could not be found. Next day the tumour was occupying precisely the same position. The pains were still slight, and not frequent; the patient was in her usual health and spirits. With considerable difficulty, and by hooking the finger high up behind the symphysis pubis, Dr. Madge was enabled to reach the os uteri; it was directed forwards, dilated to about the size of a crown-piece; and some part of the breech presented. (Dr. West, Mr. Spencer Wells, and Mr. Newton, met in consultation.) As some parts of the tumour felt soft and yielding, a trocar was introduced, and a small portion of fluid drawn off. Vain attempts had been previously made to push the tumour above the brim of the pelvis. Chloroform having been administered, the opening in the tumour was enlarged. Mr. S. Wells was then enabled to push the tumour upwards, and by means of a blunt hook the buttock was brought down. The child when born had some faint signs of life, but could not be made to breathe. In the early part of the following day the patient seemed to be doing well. A few hours afterwards, by fits and starts, she became very excitable, and could not be persuaded to lie still. Peritonitis set in in the afternoon, and she died on the third day after confinement. *At the autopsy, eighteen hours after death*, the peritoneum was found universally inflamed, and here and there were large dark-red patches; there was but little effused lymph. Some of the small intestines—a good deal distended with gases—were slightly glued together. The tumour was lying above and in a line with the uterus, nearly reaching by its upper border the epigastrium. It was attached to the posterior aspect of the fundus uteri by a large pedicle, and had thus been allowed to drop into the pelvis at or before the commencement of labour. The uterus and tumour together weighed four pounds, the tumour forming, perhaps, a third of the weight. Involution of the uterus had not proceeded to any extent. The length from the fundus to the os uteri was eight inches, and the width at widest part of the body, seven inches and a half. The lining membrane was reserved for after examination. The external surface was studded with small fibrous tumours of the size of walnuts. No old adhesions remained about the broad ligaments, tubes, or ovaries. The diameter of large tumour was six inches and a half; it consisted of fibro-cellular tissue, of a dusky-white colour, with irregular channels containing fluid, enclosed in a capsule of apparently uterine substance and fibres. The fibres of the capsule were so intimately blended with the white tendinous fibres of the interior, that enucleation would have been very difficult, if not impossible. (The preparation was accompanied by a drawing.)

*Twin (?) Abortion.* By J. C. LANGMORE, Esq. One foetus, apparently of between three and four months, which was flattened and had been dead some time, was expelled at the fourth catamenial period, after very slight pain, the placenta being retained and the hæmorrhage inconsiderable. After waiting three hours, Mr. Langmore

consulted Dr. Priestley, who removed the placenta; and on again introducing the finger into the uterus to remove the clots, brought away a second and perfect ovum of about four weeks; it was adherent near the fundus; its members were healthy, and the embryo as seen through the amnion was fresh and vascular. The whole circumstance seemed to raise a strong presumption in favour of super-fœtation having occurred.

*Polyptrite.* Dr. AVELING, of Sheffield, exhibited his "Polyptrite" for crushing through the necks of uterine polypi. It consists of a hook, a slide, and a screw. In using the instrument, the hook alone is first passed over the neck of the polypus; the slide is then pushed up as far as it can be made to go by the hand; and then, by means of the screw, the operation is completed by forcing the blunt blade of the slide into the concavity of the hook and through the neck of the polypus. Dr. Aveling stated that he and others who had used the polyptrite had found its application easy, rapid, and safe, and in no instance had he heard of the slightest hæmorrhage having followed its employment. The present instrument (which may be had from Messrs. Weiss) he considered a great improvement on two other instruments of a similar kind which he had invented in 1849 and 1857.

*On a New Description of Nipple-Shield, and on the Treatment of Sore Nipples.* By COOPER ROSE, M.D. Frequently failing in the successful application of the various mechanical appliances to be found for the protection of sore nipples, the author had had some glass shields made by Messrs. Gilbertson, of Ludgate Hill, from a model which he (Dr. Rose) supplied, based upon the following principles:—1. That the cylindrical portion should be long enough to ensure a space or vacuum between the end of the nipple when fully drawn out and the end of the shield. 2. That the diameter should be sufficiently large to render strangulation of the nipple impossible. 3. That the shield should be smooth and unyielding, so as to avoid friction. 4. That it should be transparent, so that the flow of milk may be observed and the position of the nipple ascertained. 5. That the substance used for the mouthpiece should as nearly as possible resemble the parent's nipple, so arranged that it cannot collapse and allow the child to suck in air. All these indications were entirely fulfilled by the shields exhibited, and the author stated that he had not met with a single case in which they had failed to answer the purpose for which they were designed. The application of a saturated alcoholic solution of gum benzoin and glycerine in equal proportions in all stages and in every variety of chapped and tender nipples was strongly advocated, together with the use of the shield as long as tenderness existed.

*Case of Double Uterus, with Simultaneous Gestation.* By HENRY GRACE, Esq. (Communicated by Dr. GRAILY HEWITT.) Mr. Grace was summoned by his father to see a patient in labour for the fourth time, aged 26. Twice previously there had been premature birth; the third child did not live. When she was first seen by Mr. Grace, labour had been going on for fifteen hours; the waters had escaped. On examination, a hand was found presenting in the vagina, and the os about half dilated; but lying posterior to this, another os was discovered, with the head of a child presenting. The septum between the two was half an inch thick, extending up as far as could be reached. The anterior os was dilated, the child turned, and delivery effected. The placenta then followed. The child was dead, and apparently seven months old. The posterior os was next dilated, turning effected, and a live child extracted, which survived only a few hours. The placenta of the second child was expelled without difficulty. Both children were females, equal in development. No flooding or other complication interfered with the perfect recovery of the patient.

Dr. GRAILY HEWITT observed that the case, for the particulars of which the Society was indebted to Mr. Grace, was a very unusual and interesting one. In the



elaborate work of Kussmaul on the *Malformations of the Uterus*, which contained a large collection of cases of various kinds, there were only two specifically recorded precisely similar to that observed by the author of the paper. The case of Mr. Grace resembled other cases of double uterus recorded by Kussmaul, in respect of the feebleness of the uterine pains said to have been observed. Abortion and premature labour seemed especially liable to occur in cases of double uterus, and this fact was corroborated by the case then before the Society.

*Case of Presentation of the Right Arm and Shoulder; Delivery by the Natural Powers, or Spontaneous Evolution.* By RICHARD HODGES, M.D., F.R.C.S.. This labour set in on the 8th of January; the liquor amnii then escaped, and no more uterine action occurred until the 10th, when the hand was found presenting. An attempt was made to introduce the hand into the uterus to turn, but unsuccessfully, owing to the firm contraction of the uterus; and, finally, expulsion took place by evolution, the breech passing first. The child had apparently been dead some days.

*Four Additional Cases of Ovariectomy.* By W. TYLER SMITH, M.D. The present cases were in continuation of those presented to the Society in February and July, 1861. Case IX. *Polycystic Disease of both Ovaries; Operation; Death.* The subject of this case was 59 years of age, unmarried, and had suffered from ovarian tumour for thirty-eight years, a longer period, it is believed, than has been recorded of any similar case. She was of immense size. The operation was by the long incision, the bulk of the tumour being solid. Professor Simpson was present, and assisted at the operation. Numerous adhesions rendered the removal of the tumours very difficult. The pelvic adhesions were especially firm. In breaking them down, the rectum was slightly wounded. The patient died from shock six hours after the operation.

CASE X. *Polycystic Disease of both Ovaries; Operation; Death.* Mrs. M. had been suffering from ovarian tumour for two years. She had been once tapped, but ineffectually. The tumour was large, and chiefly solid. There was dropsical swelling of the feet, legs, and abdominal walls; a quick pulse, and great emaciation. The tumours were removed by a moderate-sized incision, but the adhesions were extensive and firm. As in the former case, the pelvic adhesions were the most formidable. The peritoneum was found to be extensively diseased, being covered in patches with masses of scirrhous hardness nearly an inch thick. The pedicles were secured by ligatures, which were left hanging from the lower part of the wound. This patient lingered for three days, and then died of exhaustion.

CASE XI. *Polycystic Disease of the Left Ovary; Operation; Recovery.* This patient (Mrs. H.), had suffered for upwards of two years. In the first instance, tapping was attempted, but nothing escaped through the trocar, save a little blood. The tumour was large, and almost entirely solid. There were adhesions to the small intestines, the omentum, and the abdominal walls. The pedicle was of a large size, and the clamp was used to secure it. Great irritation and some hæmorrhage were caused by the sloughing of the large pedicle; but with those exceptions her recovery was uninterrupted, and she is now convalescent.

CASE XII. *Polycystic Disease of the Left Ovary; Operation; Recovery.* Mrs. H., aged 58, was first tapped and pressure applied. Two cysts were emptied, but a considerable quantity of solid matter still remained. After the tumours had refilled, the operation was decided on, and performed in the presence of Professor Nélaton. The tumour was removed by a small incision. It was adherent to the omentum and the abdominal walls. The pedicle was slight, and after being tied with a silk ligature the pedicle and the ligature were cut off as short as

possible, and dropped into the abdomen. The wound was then closed entirely. It healed by the first intention. There was not a bad symptom, and in ten days she was convalescent. This is the second successful case in which the author has returned the pedicle and ligature into the abdomen.

Thus, up to the date of the paper, the author has performed ovariectomy in twelve cases. Of these, three have died, and nine have perfectly recovered. One of them has since become pregnant.

Mr. SPENCER WELLS had been especially interested during the reading of the paper by the account of the two cases in which the pelvic adhesions had been so extensive, and by the mode in which the author had secured the pedicle in two other cases. He (Mr. Wells) felt that those who were learning how to lessen the mortality after ovariectomy had no more difficult problem to solve than the best way to deal with the pedicle. The fact that the author had in two successful cases tied the pedicle and returned it, with the ligature cut off short, into the peritoneal cavity, leaving the ligature and the portion of pedicle which it strangulated within that cavity, and closing the wound entirely, was very surprising; but it taught a very important lesson; and if it did not lead him (Mr. Wells) to follow the example so set without modification, it would certainly encourage him, in any suitable case, to tie the vessels only (not the entire pedicle) with wire, to cut off the ligatures short, return the pedicle, and close the wound. With regard to pelvic adhesions, he would remark that he looked upon them as one of the most serious indications against ovariectomy. He had several times refused to operate where dislocation of the uterus and the presence of fixed portions of an ovarian tumour between the uterus and rectum or the uterus and bladder had been detected; and in cases in which the patients had died of the natural progress of the disease the justice of the decision had been proved. In one case, the rectum, uterus, cyst, and bladder were found so fused together that it was almost impossible to separate them after death. Occasionally, it was extremely difficult to say whether portions of ovarian tumours in the pelvis were adhering there, or were simply pressed downwards and non-adherent. He had two cases of this kind now in the Samaritan Hospital, and he intended to tap the abdominal cysts to see if (when those were empty) the pelvic portion could be pushed upwards. In this manner he had cleared up the diagnosis in other cases. It was only by carefully observing various cases that we could arrive at the knowledge of the conditions which render ovariectomy advisable or otherwise; but we are now beginning to learn this, and to be able to say to a patient or her friends either that the case is one where recovery may be hoped for very confidently, or one where the prospect of success or failure was about equal, or one where the conditions are so unfavourable that no reasonable hope of success could be entertained. Among these conditions he was disposed to class pelvic adhesions. At least this was the result of his own experience, and the two fatal cases narrated this evening supported that view. The profession in general, and those who were endeavouring to diminish the mortality after ovariectomy in particular, were much indebted to the author for this addition to their knowledge.

#### ON THE VESSELS CONCERNED IN THE PRODUCTION OF PHLEGMASIA DOLENS.

BY W. TILBURY FOX, M.D. LOND.

THE author first referred to Dr. Mackenzie's experiments as insufficient to determine the question of the production of phlegmasia dolens, and proceeded to argue that venous obstruction is followed by œdema only; that the action must be the same, whether the obstruction be produced locally or indirectly through a vitiated blood condition. If any difference in the two cases existed, the changes over and above œdema, which characterise



lesion as phlegmasia dolens, must be ascribed to the condition of the blood state (which is absent in the locally produced disease) upon the general textures of the limb. If this view be adopted, the influence of the veins is *nil*, and we must look for the explanation in a special action exercised on between the blood and the tissues. The medical history forbids the acceptance of such a doctrine, inasmuch as the very conditions (*viz.*, blood-vitiation leading to produce "phlebitis") which are regarded as the cause of phlegmasia dolens, very frequently exist, and yet are very rarely followed by white leg—for example, in the various blood poisonings unconnected with the parturient condition. If produced under the circumstances mentioned, the disease ought not to be so frequently unilateral, nor confined to the lower limbs. The occurrence of white leg in cases of cancer, phthisis, hæmorrhage, etc., could not be explained hereby. The death of phlegmasia dolens forbids the same interpretation of the phenomena. In the experiments of the injection of lactic acid into the blood by Dr. Mackenzie, there was no evidence to show that in the dogs operated upon anything but œdema resulted. The existence of phlebitis, except as the rarest feature, is fallacious in cases of venous disease. Attention was then drawn to the distinction between the coincidences and the essentials of phlegmasia dolens, as in the case of puerperal fever complicated by the latter. For example, take away from the general total of such a case the proper puerperal fever symptoms, and the phlegmasia dolens remains in perfect integrity; *per contra* take away the hot, white, tense, elastic swelling, and the puerperal fever remains in its entirety. In the combination, however, the pathological changes normal to phlegmasia dolens may be modified by the tissue actions (abscess, etc.), which are the consequences of the existence of a virus in the blood; in uncomplicated phlegmasia dolens, the tissues are passive, and do not speak.

The succeeding remarks went to show that the theory propounded by White was correct with regard to the nature, though not as to the cause, of phlegmasia dolens; that in the natural condition a large quantity of lymph travels from the limbs towards the thoracic duct, and when this current is impeded markedly white leg results. The case of the absorption of a poison into the cellular tissue (which, according to some, controverts White's opinion) was examined, and it appeared that this might or might not be followed by phlegmasia dolens, according as the obstruction in the lymphatics affected the main current or merely some minor channels (the latter being the rule); the swelling being modified in severe cases, as before observed, by the relative action of the optic blood state and tissues. Cases were quoted to prove that lymphatic obstruction is sufficient, and alone necessary, to give rise to phlegmasia dolens. The paper concluded with the following summary:—

1. Phlegmasia dolens is a local disease.
2. No general symptoms need be present (implying absence of blood-poison).
3. Phlebitis, however produced, cannot give rise to phlegmasia dolens, but to œdema only.
4. Phlegmasia dolens may occur in, but forms no necessary part of, blood-poisoning (such as tends to phlebitis), but is modified thereby frequently; and any tissue conditions over and beyond the presence of fibrinous serosity, and the consequent hypertrophous state of the areolar tissue, are in nowise essential components of phlegmasia dolens, but common alike to very many different "blood" diseases.
5. Obstruction to the main lymphatic channels alone is capable of giving rise to white leg, and acts by preventing the removal of the lymph from the affected limb.

6. The obstruction may be the result of (a) extrinsic pressure; (b) thrombosis due to sudden (compensatory) absorption of vitiated fluid after sudden loss of any kind;

(c) inflammatory changes in the vessels themselves (rare).

7. The effect of the action of venous obstruction upon the phlegmasia dolens is an intensification of the general swelling, and the presence of œdema during the subsidence of the enlargement of the limb.

Lastly, a frequent but unrecognised source of blood-vitiation was alluded to, namely: in cases where large tracts of cellular tissue were diseased—as in erysipelas; sloughing, cancerous, phthisical, and dysenteric ulcerations, and the like—the lymphatics, charged with effete matter, and an excessive number of imperfectly-developed pale cells, formed in their glandular part, poured their contents into the venous system from the thoracic duct; and this might be a cause of thrombosis at the right side of the heart and in the vessels leading to the lung.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

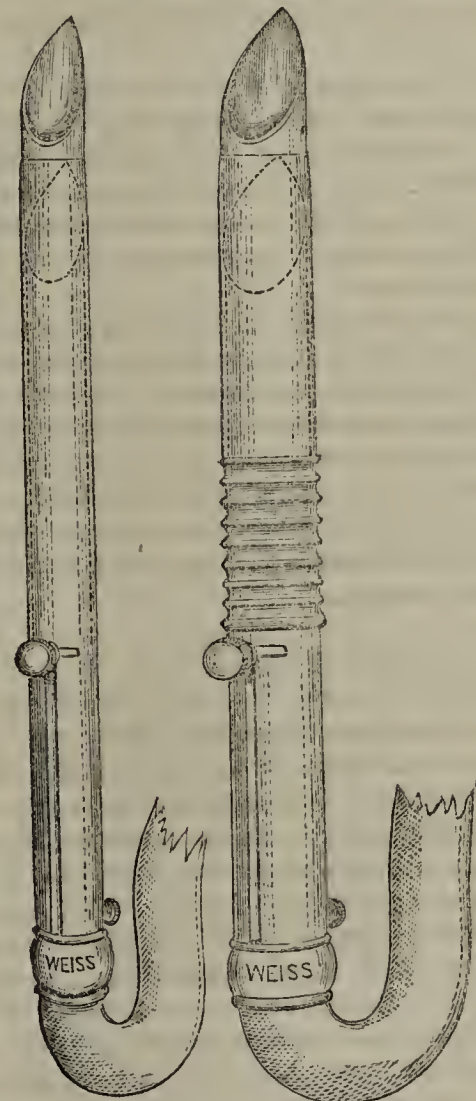
TUESDAY, JUNE 24TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

DESCRIPTION OF A SYPHON-TROCAR FOR OVARIOTOMY AND OTHER PURPOSES.

BY T. SPENCER WELLS, ESQ.

THIS instrument consists of a cannula, in which, instead of the ordinary solid rod, a hollow tube slides. This tube is sharpened at the end like a tubular needle. The instrument is introduced in the ordinary manner, and the sharp tube is then withdrawn by the thumb. The fluid flows along the cannula to an elastic tube, which may be bent to form the long and short branches of a syphon; and the fluid continues to flow so long as the



short branch is immersed, while no air can enter. If suction power be wanted, a syringe may be used instead of the simple tube. The addition of a grooved ferrule outside the cannula completes the instrument for ovariectomy. The cyst, as it is emptied, is tied on the ferrule to prevent the escape of fluid, and to assist in drawing the cyst outwards. If other cysts require tapping, the



sharp tube can be immediately projected and withdrawn. The power of doing this with one hand only is a great convenience, not only in performing ovariotomy, but in tapping collections of fluid through the vagina or rectum.

Instruments of various sizes, made by Messrs. Weiss, were placed on the table of the Society.

TWO CASES OF EXTENSIVE ARTERIAL OBSTRUCTION FROM SEPARATED CARDIAC VEGETATIONS, FOLLOWED BY GANGRENE AND DEATH.

BY S. J. GOODFELLOW, M.D. LOND.

It was the object of the author simply to bring these two cases before the Society, and not to enter into the general subject of arterial obstruction. The cases spoke for themselves. The extent to which the plugging took place, the number of vessels involved, the morbid changes in and around the coats of the vessels at the seat of obstruction, and the consequences which ensued, appeared to the author to give a peculiar interest to them. In both cases vegetations of considerable size had formed on the mitral valve and surrounding surface of the endocardium. Some of these had become detached, and caused obstruction to the circulation in several of the large arterial trunks; coagula formed around them and complete occlusion followed. The symptoms were well marked,—namely, pain, intense and agonising, at the seat of obstruction, and coldness and numbness at the distal extremities of the affected limbs, speedily followed by dry gangrene. In the first case the evidences of occlusion were observed about a month before the fatal event, and about seven days prior to the appearance of gangrene. In the second case the interval between the evidence of obstruction and the appearance of dry gangrene was shorter; the pathological changes in and around the walls of the arteries at the seat of obstruction were less extensive.

The first case was that of a woman, aged 30, who had had an attack of acute rheumatism twelve years prior to her admission to the hospital. The heart was damaged during that attack. She, however, was enabled to follow her usual occupation, with occasional interruptions, up to a short period before the appearance of the symptoms denoting obstruction.

The second case was that of a girl, aged 17. She had had an attack of acute rheumatism about three years before, complicated with pneumonia, but not with heart affection. Another attack of rheumatism occurred about eighteen months afterwards, which was complicated with endocarditis. From the time of this attack to the period of her seizure with her last fatal illness, she suffered considerably from dyspnoea and frequent and severe pain in the præcordial region.

ON THE SUBCUTANEOUS TREATMENT OF BOILS AND CARBUNCLES. BY J. G. FRENCH, ESQ.

THE author was desirous of calling attention to the fact, that subcutaneous division of the induration of the cellular membrane arrests the progress of boil and carbuncle at once. It was necessary to make crucial and, when the disease is extensive, even three incisions across the centre, extending completely to the outer boundary of the disease,—free divisions of the centre alone not being sufficient to prevent it from spreading. This plan of treatment was very convenient to the patient whose time was valuable; and this sudden interruption to the progress of the malady was not followed by its outbreak elsewhere. Three cases were given in illustration, and several surgeons, to whom the author had suggested this method, had tried it, and fully confirmed the author's experience.

Mr. PARTRIDGE said that he had lately had an opportunity of putting in practice the plan recommended by Mr. French, in a case of carbuncle of the neck. The relief was immediate and recovery rapid.

## Correspondence.

### LONDON PUMP WATER.

LETTER FROM WILLIAM BLOWER, ESQ.

SIR,—Dr. Lankester condemns and proscribes the use of pump-water "in apprehension of such a fearful catastrophe as that which occurred in Broad Street, St. James's." Mr. Beale approves of drinking pump-water, because he has drunk it for forty years, and has not only not experienced any inconvenience from taking it, but has even derived both comfort and advantage from its use; and he further states that this experience is confirmed by that of numerous other persons. Thus, Dr. Lankester has grounded his condemnation and proscription on apprehension; and Mr. Beale his approval on long continued observation and experiment. Which of these two modes of forming a judgment is most philosophical, it surely can require no conjuror to decide.

Is the apprehension that such serious evil may arise from drinking pump-water, a sufficient reason for its condemnation and proscription, when you have such positive testimony to its harmlessness? Assuming that Dr. Lankester will be elected one of the coroners for Middlesex in the approaching contest, and I sincerely hope that he may, what would be thought of him if he were to address a jury at an inquest in the following terms? Gentlemen, the evidence which has just been submitted to you, does not, in the slightest degree, implicate the person in custody on suspicion of having committed the offence which is the subject of our present inquiry; but, nevertheless, I strongly recommend you to return a verdict of wilful murder against him. Many years ago, a man bearing the same name, and having the same coloured hair, and the same shaped nose, and altogether strongly resembling him, was supposed to have perpetrated an atrocious murder; and I have an apprehension that he will commit a similar crime if he is allowed to be at large. I, therefore, strenuously advise you to return such a verdict as may secure his confinement in prison, and thus prevent him from doing the fearful mischief which I apprehend he will attempt. Surely no jury could be found that would condemn a man on apprehension alone; and neither ought the use of pump-water to be prohibited on such fallacious grounds.

But was the "fearful catastrophe in Broad Street, St. James," occasioned by drinking the water from the condemned well. That the pump stood near the centre of the "outbreak," and that the number of cases was greatest in its vicinity and diminished as the distance from it increased, appears from Dr. Snow's account; but cholera in its epidemic form generally occurred in circumscribed spots, and the accident of a well being situated near the middle of one of these infected places, by no means proves that it was the means of propagating the disease. Other and more precise evidence must be produced before such a conclusion could be admitted. The cases, too, were the most numerous at the commencement of the "catastrophe," as was the rule everywhere else. As soon as Dr. Snow heard of the outbreak, he visited the locality, and, influenced by his preconceived opinions, he pounced upon the pump, and "suspecting that the water was contaminated," he examined it, but "found so little impurity of an organic nature, that he hesitated to come to a conclusion"; and Dr. Lankester, who also analysed the water, states the only organic impurity he found in it was a minute fungus. Dr. Snow further says, that "the water passed with almost everybody as being perfectly pure; and it did, in fact, contain a less quantity of impurity than the water of some of the other pumps



the parish, which had no share in the propagation of cholera."

Neither does it appear that all the persons who were attacked had drunk of the water, nor that all the persons who had drunk of it were attacked, as ought to have been the case if Dr. Lankester's apprehension was well founded. Dr. Snow gives no proof of the contamination of the water; but, on the contrary, his testimony is in favour of its purity; and the fact that the disease rose rapidly to its acme and then declined, whilst the water supply remained the same, shows that it could not have been this pump which occasioned the outbreak. Dr. Lankester may, perhaps, allege that the removal of the pump-handle was the cause of the stoppage of the disease; but Dr. Snow himself states that "the attacks had so far diminished before the use of the water was stopped, that it is impossible to decide whether the well still contained cholera-poison in an active state, or whether, from some cause, the water had become free from it."

Dr. Baly, in the College of Physicians' Report, gives as his opinion that cholera is not propagated by drinking water, as surmised by Dr. Snow. Thus, it appears that Dr. Lankester's "apprehension" is as baseless as any other of the dreams of philosophy.

I do not see the object of boiling pump-water before it is drunk, unless it is wished to render it distasteful; and thus to deter people from drinking it. It certainly would dissipate the free carbonic acid; but this gas makes the water pleasant to drink, and agreeable to the stomach; and it would also precipitate the carbonate of lime; but this substance is certainly not injurious, and could not cause diarrhoea. If living organisms were present in the water, boiling would destroy them; but as the wells are generally covered over, so as to exclude air and light, no animal found in this country could live in them; and the only organised bodies which could exist under such circumstances are cryptogamic vegetables. If any of these should occur, although boiling would destroy their vitality, it could not neutralise any deleterious properties which they might possess. The nitrates, the presence of which is so pertinaciously condemned, would still remain, and all their power for mischief would be undiminished. If by chance any dead organic matter should find an entrance into the well, boiling would tend to dissolve the soluble parts, and communicate its taste to the water, an occurrence which certainly would not improve its drinking qualities.

Neither do I see the necessity for the condemnation of all water derived from surface wells in towns, situated, as many parts of London are, with a thin crust of gravel over a bed of clay. The gravel on the streets in towns is mostly pressed down so hard by the passage of heavy vehicles, and the constant traffic over it, that very little water can percolate through it. The greater part which falls upon it is carried away by gutters and drains; and the very little which passes through it is stopped at the surface of the clay. Clay is nearly impervious to water, and it is used to render the sides of wells waterproof, and thus to exclude all fluids from the surrounding soil from entering them. If the surface water from the streets percolated through the ground into the wells, it would carry with it some of the coal-gas with which the subsoil in the London streets is charged, and the spring-water would become contaminated with its disgusting smell and taste. This, however, is not the case, as no charge of a pollution of this nature has been brought against the pumps. That wells may be spoiled by coal-gas, Bedford can supply abundant evidence.

Looking at the geological formation upon which London is built, it appears to be quite possible to prevent the soakage of water from the surface and subsoil into the wells, by digging them deep and making their sides waterproof. A supply of water might then be ob-

tained for drinking, which would contain those substances which are essential for health and comfort, and be free from everything deleterious. This plan has been tried at Bedford, with perfect success, in a part of the town where the water in all the other wells is polluted by the refuse from the gas-works; and its application to the wells of London might easily be effected.

The opinion which you, Mr. Editor, have advanced in a note appended to Dr. Lankester's letter, "that Mr. Beale has for a long time drunk with impunity a daily pint of pump-water is no proof that the water is fitted for general use," is most extraordinary. Mr. Beale, and the other persons whom he mentions as enjoying with himself pump-water, and preferring it to that supplied by the public companies, are certainly human beings, and are affected by the same agencies as their fellows. You have given no reason why that which is beneficial to them should be injurious to others; and, until you can prove that they have some peculiarity of formation by which that which is meat to them becomes poison to every one else, your opinion cannot be admitted to be correct.

"One generation blows bubbles and the next breaks them." The generation which is now beginning to pass away has blown gigantic and costly sanitarian bubbles, which that which is arising will break; and the sooner it effects this purpose, the better will it be for the interests of humanity.

I am, etc.,

WM. BLOWER.

Bedford, July 1st, 1862.

#### THE FELLOWSHIP DINNER OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—I wish through the JOURNAL to appeal to the originators of the Fellows of the College of Surgeons' dinner, whether it was not agreed, when the dinner was founded, that no politics, medical or other, and no controversial speeches should be permitted. The meeting was intended simply as a social *réunion* of country Fellows visiting London to exercise their franchise. This excellent arrangement was adhered to certainly for many years; but I much regret that of late it has been departed from. Mr. South, I believe, was the first person who set what I must call a very bad example, when he not only found fault with the Council of his own College, but threw stones at his brother Councilors. His mistake was brought to a climax on Thursday last, when the President of the London College made a most laboured attack on the General Medical Council, and on the Scotch Medical Corporations, ending with what, as I think, was a most lame and impotent defence of his own College. But what was most painful was to listen to Mr. Lawrence, that once great mind, so brilliant and so powerful, condescending to turn into ridicule all the constituted authorities, all councils, and all arrangements of medical education. I think he will, upon calm reflection, feel that much of the laughter his sallies elicited was directed at him as much as at his wit. He was utterly unmindful of the fact that, for the last forty years, few men have benefited so much as he by the system of teaching by lectures, which he now derides. It would be well if the members of Council, general and particular, would bear in mind the great Napoleon's advice to nations about washing their dirty linen at home. A large quantity was washed on Thursday; but the laundry is not a good place for digesting a dinner (otherwise a very good one.)

Now, sir, if these unseemly exhibitions are allowed, I feel certain that many Fellows will cease to attend the dinner; more especially when they feel the unfairness of attacking parties not present to answer for themselves.

I am, etc.,

AN OLD FELLOW.



## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** The following gentlemen passed the first part of the professional examination for the License of the College, on July 4th, 1862:—

Bruce, Alexander, University College  
Churchill, John Foot, Charing Cross Hospital  
Evershed, Arthur, Guy's Hospital  
Fry, John Blount, Sydenham College, Birmingham  
Medwin, Aaron George, Guy's Hospital  
Mickley, Arthur George, Guy's Hospital  
Phillips, John Jones, Guy's Hospital  
Powell, Richard Douglas, University College  
Taylor, Shephard Thomas, King's College  
Thurston, Edward Whitfeld, Guy's Hospital  
Trevan, Matthew, St. Bartholomew's Hospital  
Wearne, Vivian, St. George's Hospital

Also, on July 5th:—

Bingley, William Philipps, University College  
Carter, Thomas, Guy's Hospital  
Hayden, William Gallimore, Charing Cross Hospital  
Hindle, Frederic Thomas, Guy's Hospital  
Long, Frederic, Guy's Hospital  
Sutcliffe, Edward, St. Thomas's Hospital  
Wolferstan, Sedley, St. Bartholomew's Hospital

Also, on July 7th:—

Buckle, Fleetwood, St. Bartholomew's Hospital  
Elliot, Richard Luscombe, St. Bartholomew's Hospital  
Foster, John, University College  
Gill, William, Truro, Cornwall  
Hunt, Henry John, King's College  
Osmond, Thomas, St. Bartholomew's Hospital  
Williams, Thomas Edward, St. Bartholomew's Hospital

**ROYAL COLLEGE OF SURGEONS.** The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on July 2nd:—

Barlow, Robert, Dalston: diploma of membership dated July 29, 1859  
Barnes, Thomas Henry, Clare, Suffolk: May 6, 1862  
Carter, Jabez, Bedford: June 12, 1862  
Couch, John Quiller, Polperro, Cornwall: May 21, 1862  
Dry, Thomas, Salisbury Place, Walworth: April 25, 1862  
Dunderdale, William, Poulton-le-Fylde: May 8, 1862  
Edwards, Morgan John, Rhondda Valley, Newbridge, Glamorganshire: November 14, 1861  
Jones, John Lloyd, Treborth, Carnarvonshire: Nov. 14, 1861  
Kernot, Charles Noyce, West Cowes: May 8, 1862  
Masters, William Hooper, Yeovil: November 14, 1860  
Matthews, James, Hammersmith: April 24, 1862  
Rutherford, Samuel, Pulborough, Sussex: April 23, 1862  
Sheppard, Walter George, Dorchester: May 20, 1862  
Wilson, John Wise, Brunswick Place, Barnsbury Road: January 31, 1862

**APOTHECARIES' HALL.** On July 3rd, the following Licentiates were admitted:—

Allen, James, Bollington, Macclesfield, Cheshire  
Bramley, William Sturdy, Wakefield, Yorkshire  
Dalglish, Jonathan, Newcastle-upon-Tyne  
Johnson, Alfred, Blossom Street, York  
Jones, John Talfourd, Brecon  
Jones, Thomas, Llandyssil, Cardiganshire  
Newbold, Edward Thomas, Macclesfield  
Waters, John Maugin, Bedford Square

### APPOINTMENTS.

BAYLEY, Joseph, Esq., elected Surgeon for life to the Yarmouth Royal Hospital.  
\*GIBB, George D., M.D., elected Physician to the West London Hospital.  
\*LANKESTER, Edwin, M.D., F.R.S., elected Coroner for the Central Division of the County of Middlesex.  
LEEDS, Thomas, Esq., appointed Resident Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester.

**ROYAL ARMY.** The following appointments have been made:—

ANNESLEY, Surgeon-Major F. C., 45th Foot, to be Surgeon Royal Engineers.  
BRACKEN, Staff-Assistant-Surgeon J. H. N., to be Assistant-Surgeon 54th Foot, *vice* Reid.  
ERSKINE, Staff-Assistant-Surgeon J. L., M.D., to be Assistant-Surgeon Royal Engineers.  
FERGUSON, Staff-Assistant-Surgeon W., to be Assistant-Surgeon Royal Engineers.

HOLLINGSWORTH, Staff-Assistant-Surgeon T. S., to be Assistant-Surgeon Royal Engineers.

HYDE, Staff-Assistant-Surgeon R. A., to be Assistant-Surgeon 20th Foot, *vice* J. H. Meares.

LAWLOR, Staff-Surgeon D. W., to be Surgeon 25th Foot, *vice* W. Boyd.  
MEARES, Assistant-Surgeon J. H., 20th Foot, to be Assistant-Surgeon Royal Engineers.

QUINLAN, Staff-Assistant-Surgeon P., to be Assistant-Surgeon 90th Foot, *vice* Poppelwell.

RANDELL, Staff-Assistant-Surgeon H. L., to be Assistant-Surgeon Royal Engineers.

SPEEDY, Staff-Surgeon R., to be Surg. 45th Foot, *vice* F. C. Annesley.

SUMMERS, Staff-Surgeon-Major J., M.D., to be Surgeon Royal Engineers.

### To be Staff-Surgeons:—

BOYD, Surgeon W., 25th Foot, *vice* R. Speedy.  
OGILVY, Staff-Assistant-Surgeon J., M.D., *vice* T. M. Sunter, M.D.  
SKUES, Staff-Assistant-Surgeon W. M., M.D., *vice* Porter.  
STEWART, Staff-Assistant-Surgeon W., M.D., *vice* J. Summers, M.D.  
TURNER, Staff-Assistant-Surgeon A. F., *vice* D. W. Lawlor.

### To be Staff-Assistant-Surgeons:—

CLARKE, Staff-Assistant-Surgeon A. F. S., *vice* W. Stewart, M.D.  
DREW, Assistant-Surgeon E., 83rd Foot, *vice* R. A. Hyde.  
FOOTNER, Staff-Assistant-Surgeon E., *vice* P. Quinlan.  
HALL, Staff-Assistant-Surgeon A. R., *vice* W. M. Skues, M.D.  
POPPELWELL, Assistant-Surg. G. B., 90th Foot, *vice* A. F. Turner.  
REID, Assistant-Surgeon E., 54th Foot, *vice* J. Ogilvy, M.D.  
WATT, Staff-Assistant-Surgeon J., M.D., *vice* J. H. N. Bracken.

**ROYAL NAVY.** The following appointments have been made:—

BATESON, John M., Esq., Assistant-Surgeon, to the *Resistance*.  
COWRIE, Peter, Esq., Assistant-Surgeon, to the *Edgar*.  
HAGGETT, W. H., Esq., Surgeon, to the *Edgar*.  
HAGUE, Robt., M.D., Assistant-Surg. (additional), to the *Hastings*.  
MCCURDY, Benjamin H., Esq., Acting-Assist.-Surg., to the *Rattler*.  
MCSORLEY, Edward, Esq., Surgeon, to the *Rattler*.  
MOCKRIDGE, John, Esq., Assistant-Surgeon, to the *Edgar*.  
NIHILL, John, M.D., Surgeon, to the *Eagle*.  
SCOTT, Robert C., Esq., Surgeon, to the *Resistance*.

### DEATHS.

ARMSTRONG. On June 28, at Aldershot, aged 4, Peter Levison, only son of Lancelot Armstrong, M.D., 13th Hussars.  
CARTER, Daniel, M.D., R.N., of Packington Street, Islington, a Matlock, aged 39, on June 28.  
GREATREX. On June 23, at 23, Holborn Hill, Mary, wife of Augustus Greatrex, Esq., Surgeon, and daughter of \*W. Marsden, Esq. Skipton, Yorkshire.  
JACKSON, Mark W., Esq., at Stamford, aged 60, on July 4.  
HOUGH. On June 27, at Cambridge, aged 15, Eliza Sophia, eldest daughter of James Hough, Esq., Surgeon.  
LAWRENCE. On June 27, at Fulbourne, Cambridgeshire, aged 20 Louisa, wife of George W. Lawrence, M.D.

A BEQUEST of £100 has been made to the Brighton Self-supporting Dispensary by the late Dr. Roberts.

LEPROSY is on the spread in the West Indies; and, in consequence, the Colonial Secretary has asked advice of the Royal College of Physicians, who have appointed a Committee to investigate the subject.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE. The annual meeting of this Association was held in London, at the Royal College of Physicians, on the 3rd inst., under the presidency of Dr. Kirkman. The Association afterwards dined at Richmond.

**ROYAL COLLEGE OF SURGEONS.** At a special meeting of the Council of this institution on the 7th inst., Mr. Francis Kiernan, F.R.S., was elected a member of the Court of Examiners, in the vacancy occasioned by the decease of Mr. Stanley on the 24th of May last. At this meeting of the Council, Mr. Paget of Leicester and Mr. Adams of St. Helen's Place took their seats, to which they were elected on the 3rd inst., in the vacancies occasioned by the resignation of Sir Benjamin Brodie, Bart., and the decease of Mr. Stanley. At a meeting of the Council in the afternoon of the 10th inst., Mr. James Luke, F.R.S., was, for the second time, elected President of the College; and Mr. Frederick Carpenter Skey, F.R.S., and Mr. Joseph Hodgson, F.R.S., were elected Vice-Presidents for the ensuing year. Mr. Samuel Solly, F.R.S., of St. Thomas's Hospital, was appointed Professor of Human Anatomy and Surgery;



d Messrs. George Gulliver, F.R.S., and T. H. Huxley, R.S., were appointed Professors of Comparative Anatomy and Physiology. Mr. Gulliver will also deliver the Hunterian Oration on the 14th of February next. At the recent election of Fellows into the Council, it is stated that 234 electors attended to record their votes. In reference to our advertising columns, it will be observed that the members of the College are invited by the Council to a *conversazione*, to meet the members of the British Medical Association, who hold their annual meeting this year in our metropolis.

MURDER OF A SURGEON BY A LUNATIC. A frightful murder was committed on Tuesday at the village of Sutton, about three miles from Weymouth. A man named John Cox had been for some time labouring under a brain disease, and had been under the medical treatment of Mr. Puckett, the parish surgeon for Sutton. It had been determined to remove him to the county asylum at Dorchester, and this determination had been incautiously expressed in Cox's hearing. On the day in question Mr. Puckett proceeded with a man named White to Cox's house to remove him, but on hearing that Cox had been violent and threatened to murder him, told White to go for a cart whilst he went in to Cox and endeavoured to quiet him, but the lunatic immediately darted at him and said he would kill him. Mr. Puckett immediately ran outside the door, and held the handle to prevent Cox from getting out, on which Cox endeavoured to jump out of the window to get at him, but was prevented by some iron bars fixed in front. The deceased incautiously went to the door, on which Cox rushed out, knocked him down, and stunned him with a blow over the eye, after which he dragged the body into the house, procured a saw, and deliberately sawed off the unfortunate man's head, and right foot and right hand. Cox's father and mother were outside, but were so terrified by his threats as to be incapable of rendering any assistance. He also threatened to kill his sister, who was in the house. Cox afterwards rifled the deceased's pockets, and threw the severed members out into the road, when he kicked them about, and afterwards ran away. He was taken soon afterwards by some people despatched to secure him, and conveyed to Weymouth. Mr. Puckett was over 60 years of age, and bore a high reputation amongst all classes.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.
TUESDAY. ....	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY. ....	Westminster Ophthalmic, 1.30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—JULY 5, 1862.

[From the Registrar-General's Report.]	
	Births. Deaths.
During week.....	{ Boys .. 862 } 1715 1159
	{ Girls.. 853 }
Average of corresponding weeks 1852-61 .....	1684 1134
Barometer:	
Highest (Sun.) 29.827; lowest (Sat.) 29.419; mean, 29.697.	
Thermometer:	
Highest in sun—extremes (Sat.) 118.4 degs.; (Th.) 84 degs.	
In shade—highest (Sat.) 76 degrees; lowest (Sun.) 44.4 degs.	
Mean—56.8 degrees; difference from mean of 43 yrs.—4.6 degs.	
Range—during week, 31.6 degrees; mean daily, 19.6 degrees.	
Mean humidity of air (saturation=100), 81.	
Mean direction of wind, Var.—Rain in inches, 0.35.	

TO CORRESPONDENTS.

\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

RELIGIOUS SERVICE AT THE MEETING OF THE ASSOCIATION.—

SIR: Cuilibet in arte sua credendum est. I am surprised that Dr. Stewart did not see through so transparent a joke as X.P.'s. No man in his sober senses could in earnest make such a proposition. One party would wish the Bishop of London to officiate; another Cardinal Wiseman; and another Baptist Noel. It would only have the effect of producing religious animosity and discussion in a society, which has hitherto been peaceable and quiet.

Pershere, July 7th, 1862. I am, etc., FRANCIS DAVIES.

[The best answer, as a contradiction to the correctness of our correspondent's views, may be found in the fact that other associations are not injured by a religious ceremony; the Social Science Association, for example, this year successfully commenced their London meeting with a service in Westminster Abbey. We recommend Schiller's words to our correspondent:—

"Zum Werke das wir ernst bereiten,  
Geziemt sich wohl ein ernstes Wort;  
Wenn gute Reden sie begleiten,  
Dann fliesst die Arbeit munter fort." EDIT.]

SIR: I have read with satisfaction the letters addressed to you by X.P. and Dr. A.P. Stewart, and hope that "the very proper suggestion" of having a religious service at the meeting of the Association will not be allowed to fall through.

It is a subject which necessarily falls within the province of the Council, to which the care of the arrangements for the meeting is committed. I would venture, through the medium of the JOURNAL, to express a hope that they will give it their serious consideration. It would be for them to consider to whom they should apply to preach the sermon: and, whatever is done in this matter, should be done quickly.

York, July 8th, 1862. I am, etc., G. SHANN.

DR. INMAN AND CLINICAL PRECISION.—SIR: I anticipated that your answer to my last would gather its inspiration from the cuttle-fish. Disregarding the muddle, however, I must keep you to the queries I put to you. (The one in the postscript, I see you have suppressed.) [Dr. Inman again repeats his queries already given; and then goes on as follows:] I have now in my possession letters containing evidence, which probably I should not have received, except for your rudeness to me on a previous occasion. Of rudeness, however, I do not complain, for to some people in office it comes naturally. But I shall not trust pearls to those who do not recognise the value of jewels. Show that you are capable of philosophical discussion, and know the value of evidence, and I will fearlessly demonstrate whose side is the nearest to precision.

I am, etc., THOMAS INMAN, M.D.

[Dr. Inman possesses evidence that men who have for months taken only water and alcohol, may live and thrive, and even fatten, on that diet. "I have investigated five cases, in which for many months nothing more was taken but alcohol and water." We have begged for the publication of these most valuable facts; but Dr. Inman declines to publish them, for the insufficient reasons stated in the above note. Surely, he does not mean to infer that all the readers of the JOURNAL are swine, as well as the editor.]

EDITOR.]

W. S.—A correspondent writes, that he hopes we will not let the subject of the advertising of medical books in newspapers be forgotten. "Medical books should be advertised in medical journals; and then only if intended for the profession, and not for the public."

COMMUNICATIONS have been received from:—Dr. GRAILY HEWITT; Dr. J. G. SWAYNE; Dr. LATHAM; Mr. G. SOUTHAM; Mr. G. P. GOLDSMITH; Dr. KIDD; Mr. D. KENT JONES; Dr. JAMES RUSSELL; Mr. J. V. SOLOMON; Dr. DIEUDONNÉ; Mr. WILLIAM COPNEY; Dr. COPEMAN; Dr. SHANN; Mr. T. WINDSOR; Mr. R. GRIFFIN; R. W. F.; Mr. G. GREAVES; and Mr. CLENDON.



**Aërated Lithia Water. —**

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.  
BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists,  
47, Piccadilly.

**Pepsine.—M. Boudault begs to**

state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine", with Remarks by English Physicians; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author 277, Oxford Street. Price 6d.

**Pulvis Jacobi ver, Newbery's,**

Is the ORIGINAL & GENUINE, was ESTABLISHED A.D. 1746,  
And is Prescribed, "by the highest authorities," for Fevers, Ague,  
Rheumatism, Colds, Influenza, &c. &c.

FRAS. NEWBERY & SONS, 45, ST. PAUL'S CHURCHYARD.

Prices for Dispensing—I oz., 9s.;  $\frac{1}{4}$  oz., 3s. 4d.

**CHLORODYNE.**

**I**ts use in Fever highly recommended, a case of Sarcinæ CURED,  
and other notices of its high remedial value presented, with an especial CAUTION to the Profession.

**Caution about Spurious Imitations, etc.**

CAUTION.—J. T. DAVENPORT received from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff the sole discoverer and inventor, his RECIPE for this invaluable preparation, which has never been published or made known; hence there can be no other maker, and anything compounded as Chlorodyne besides a spurious imitation and deception.

**TESTIMONIALS.**

"I have now for fifteen months used Dr. J. COLLIS BROWNE's CHLORODYNE, and am fully persuaded of its value as a remedial agent. In FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Amyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size; and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all medical men.

"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; I feel quite certain that her recovery was caused by taking a dose of CHLORODYNE three times daily, or when the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and never had a recovery before when the cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

Sole Agent and Manufacturer,

J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell Street, Bloomsbury Sq., London.

**Twinberrow's Patent Double-Action Reservoir Injection Apparatus.**

Complete with Additional Pipes for all purposes, and suitable for every Climate.

W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced.

The Piston or Pump, which so frequently gets out of order, is not introduced into this Apparatus; there is therefore an absence of

OILY GREASY MATTER and BLACK LEAD (which are absolutely necessary to lubricate the piston in the usual syringes), which soon become rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary syringe.

**TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE,**

With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

The great advantage of this Syringe over others of a like description is its having a double action, thereby producing an uninterrupted stream, consequently discharging double the quantity of fluid in half the usual time and with much less exertion.

From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

Twinberrow's "Double Action (Syphon) Syringe" is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is specially well fitted, being compact, portable, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available

as an Eye Douche, an Ear Syringe, and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action.

JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital. 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe, and think very highly of it. Yours faithfully,  
Mr. Twinberrow, Edwards Street. WM. FERGUSSON.

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2, EDWARDS STREET, PORTMAN SQ., LONDON.  
To be had of all Chemists, Druggists, and Surgical Instrument Sellers in the United Kingdom.



# General Remarks

ON THE

## PRACTICE OF MEDICINE.

BY

P. M. LATHAM, M.D.

## XVII.

*Further Remarks on Practical Experience. Experience comes from Experiments. Shewn in the Treatment of Acute Disease—as Pneumonia. And of Chronic Disease—as Pulmonary Consumption. How supervening Accidents make the Treatment of Diseases more Experimental. In (so called) “Expectant Medicine”, no sound Experience attainable but by Experiments with the Simplest Remedies.*

THE highest praise which the world has to bestow upon the physician is that he is *experienced*. There must, therefore, be a good deal worth knowing about this experience, which is deemed his characteristic excellence; as, how he goes to work in search of it, and how he gains it, experimenting after his manner, and with whatever helps of science he can muster, or with none at all; but still experimenting. For in Medicine nothing that deserves the name of *experience* can be otherwise gained than by what deserves the name of *experiment*.

According to the common notion, experiment is usually concerned with inert matter, or, at all events, with things which have not life. But we need not hesitate to transfer it to vital actions and processes. Medical practice satisfies the requirements of an experiment, when it puts the vital frame, with which we have to do, under conditions of our own choosing, and takes note of the results. The sum of these results becomes our experience. And this is suggestive of future experiments *in eadem materia*, how best to set about them, how best to conduct them, and the fittest means and instruments to employ upon them. These experiments are, in fact, the practice of physic, perfecting itself by use, and consummated in experience. His experience is each physician's depository of whatever principles, plans, and means he possesses for executing his future experiments; his foundations to work upon, his diagrams to work by, and his tools to work with.

Now the practice of medicine, when it is engaged in *treating* disease, acute disease especially, comes pretty near the current idea of an experiment. There is, then, always something within view and within reach, taken for the immediate object of experiment, and so taken because it is within view and within reach. Also there is test and trial made of things one by one, and note taken of single consequences and effects as they arise under our hands, promising, promoting, and ending in the ultimate effect, which is the departure of disease and restoration to health.

But, in *curing* disease, the current idea of an experiment is upon the whole less apparent. The one ultimate effect is the thing contemplated, and the thing aimed at by the remedy. There are no tests or trials of things one by one preparatorily, no note of single consequences and effects intermediately. Yet, when the one ultimate effect is near at hand,

and follows rapidly upon the use of the remedy, as does the cure of ague upon the use of quinine, then there is nothing wanting to the idea of an experiment in the completest practical sense. Thoughtful men are at liberty to penetrate deeper into the secret, and find out intermediate effects, if they can. The rest of us are content with the simple result, and can repeat it any day by the same instrumentality. We can all cure an ague by quinine. The arrow leaves the bow and hits the mark. We see that, and we see this. But between that and this the way of the arrow was through the air, and for an instant we lost sight of it altogether.

Now if it be true in any large sense that medicine, to have sound experience for its conclusions, must have sound experiment for its practice, there should be plenty of instances at hand to prove it. And so there are. Since the least fallible of our senses has been brought to bear upon the two most vital of our organs, their diseases have come more and more within the reach of our scrutiny, and more and more within the compass of our knowledge. And so, too, has correlatively their treatment. The treatment, especially, of diseases of the lungs, both acute and chronic, can now hardly otherwise be prosecuted than as it is made to take the form of an experiment, and to comply with its conditions.

Take pneumonia, acute pneumonia. It tells itself articulately to the ear. The ear follows it as it advances and as it recedes, and the ear dwells upon it as it stands still. Not that pneumonia can syllable its own name, and so tell us what it is. But its living facts speak audibly for themselves; and they are *the* disease, be they few or many, very few or very many; and these same are the objects of remedial experiment. But mind, there are other objects which are mixed with them and come first in experimental order.

There are troubled states of the vascular system, and the nervous system, which are, as it were the body's signals of distress. Some intimate one thing, and some another. Certain of them bid us specially beware that somewhere within the man there may be inflammation going on. And, then, forthwith we betake ourselves to search for it in any part which falls under our suspicion, by whatever means we can. And thus finding, wherever it be, any unwonted organic movements, such as have part and place in inflammation, forming or formed or progressive, any that lie in the way by which it travels to its well known events, then we take the same, and, be they few or many, we call them inflammation, and we treat them accordingly.

Thus a portion of the lung, crackling as it breathes, this is pneumonia; a portion crackling as it breathes and another portion giving no sound at all, these are pneumonia; portions crackling and portions silent, and, moreover, the bronchial breathing and the bronchial voice, these are pneumonia. And all these, as they shift and change, and precede and succeed, and variously intermingle with one another, do much more than by themselves singly or collectively, stamp and constitute the disease pneumonia.

Now our treatment takes up pneumonia as it finds it, early or late, and represented by few or by many of its living facts. But this treatment has two aspects. Indeed, I am not refining, being quite sure that, if it lose its simplicity, our treatment is spoilt as an experiment altogether. It has,



I say, two aspects, and complies with the conditions of an experiment in both. One aspect is turned towards the lungs themselves; the other looks elsewhere, and almost everywhere, in the body beyond the lungs.

Not from the lungs themselves, nor from the living facts now at work within them, or their number, or their combinations, or their changes, as noted and measured by the ear, does the treatment of pneumonia take its beginning and make choice of its remedies, and apply them with force, great or small; but from the vascular system and the nervous system, and from the present condition of both, as they are taken to mean strength or weakness, reaction or surrender, and all their degrees of much or little, rapid or slow, as noted and interpreted by what the pulse has to tell of them from day to day, or from hour to hour.

This is one aspect of the treatment; and experimental enough it is!

But all the while, and from first to last, the treatment is turned to the lungs, where it finds the aim of all, and the end of all. Here it metes out what it has to do, and then what it has done; and here it again and again metes out what still remains for it to do, and at length it makes its final reckoning of perfect or imperfect reparation. This is the treatment's other aspect! And in this, too, it is experimental enough. And truly, whenever pneumonia is very acute, and the living facts within the lungs are undergoing changes from day to day, and even from hour to hour, and whenever the remedies employed are capable of making a like rapid impression counteractively, then the physician, if he is to proceed safely and successfully, must work his treatment, as he would work an experiment, with his finger upon the pulse and his ear upon the chest, from day to day or even from hour to hour.

Strange enough, perhaps, it may seem to some, that I should find an example of treatment shifting and variable, and curiously experimental, according to the needs of particular cases in that very disease, where braver spirits have made boast of a treatment simple and uniform, and comprehensive of all cases, and to be settled beforehand. Men have held that the proper treatment of pneumonia is by depletion, always and absolutely, and so have bled in every case; and men have held that its treatment is by stimulation, always and absolutely, and so have given wine or brandy in every case. But if there be truth in the principles which have been laid down, the unconditional advocates of either extreme are hopelessly wrong-headed. Nay, should any believe in a golden mean, equidistant from both extremes, and pretend that they know it and can practise by it always and absolutely, the experimental necessities of every case they treat should convict them of folly.

I have purposely dwelt upon this instance of pneumonia and its treatment, believing it to contain a great practical lesson. When disease is very acute, and its work of injury and disorganisation makes very brief stay in one stage and then advances to another, and each stage is fairly denoted to the watchfulness of the physician, and restoration to health and soundness are yet within reach of treatment, that treatment must be conducted strictly as an experiment from day to day or from hour to hour.

But a large share of what is justly deemed the experience of physicians, is conversant with results

brought about by what, in any popular sense, would hardly be called *experiments*. Reparation of the disease, indeed, takes place, not without our interposition, or without means of our choosing, or without the witness of our senses. But then the amount, and the times, and the occasions of interference on our part are less, and fewer than seem naturally annexed to the business and working of experiments.

After a fair examination of their disease and its conditions, and the choice made of some fit place to dwell in, and some cautions given against what is wrong, and recommendations of what is right in diet and modes of living, how many patients are left to nature to do all the rest, and never seen more by the physician! Or seen again after long times, once or twice or thrice, and fairly examined again and again, and the same advice reiterated, or new cautions and recommendations given, according to altered conditions, the patients are remanded to nature as before! And thus, after the lapse of months or years, even many months or many years, nature has done her work faithfully and well. She has restored to health from various forms of chronic disease. Or, without perfect reparation, she has brought even incurable disease to one of those pauses, now understood by physicians, which are sure and lasting, and consistent with a long and a useful, and, allowing for human changes and chances, a happy life.

Physicians, the older they are, come to reckon a large amount of this sort of experience; and, in the meantime, they may seem more like men waiting for results than procuring them, more as if passively looking on than busied with experiments.

But, experiment or no experiment, call it what you will (and one would not willingly press a word into our service to distort the sense), yet if there be a choice and use of means with a view to certain effects, and those effects be appreciable and actually appreciated from time to time, however slow may be their progress and remote their accomplishment, something tentative and in the way of trial has been going on all the while. And who were its institutors and promoters? Even ourselves. We chose the means, and set them to work, and still continued them at work from observations, made at needful intervals, that the work was proceeding slowly and surely towards its accomplishment. And thus, and thus only, do physicians gain whatever experience they have in the management of many chronic diseases. And, though not exactly in the popular sense, yet in a just and true sense, this experience is the sum and complement of experiments; equally so with their experience in the management of acute diseases.

Take, for illustration, the commonest of diseases with which we have to do—a disease of the lungs too, and eminently chronic, even consumption. What was the state of the lungs when our patient went a certain winter to Madeira, and what when he came back? What was it during the next summer, when he remained at home? What when he again went to Madeira, and what when he again returned home, and what after he had remained at home a second summer? Here the treatment of the disease is brought plainly within the category of experiment. It is ruled for years by the double experiment of the good and evil of climate in individual cases.



There is no disease of which the treatment is so simply and delicately experimental as pulmonary consumption. Its success (within all possible limits of success) depends upon keeping it experimental through its whole course; and in particular cases it is best secured when the treatment is allowed to rest from first to last in the same hands. I am quite sure that its failure in an infinite number of cases has been owing to their passing from one physician to another. Let the general experience and practical skill of the several physicians be equal, and equal too the interest they take in the well-being of their patient; yet every time he passes from one physician's hands to another's, the probability of his recovery is seriously diminished. The reason is this: the treatment thus runs the chance of often halting and often beginning afresh—of being taken up by one, not at the same point where it was left by another, or not with the same views; in short, the chance of being utterly spoiled as an experiment.

Nothing less than this could be fairly said of the treatment of phthisis, if it were a disease always of a certain type, transacting itself in its own way, and admitting no foreign admixtures. But there are in phthisis the accidents of the disease (its separable accidents, you may please to call them). They are scarcely separable, however, but in idea). There is hardly a case in which some or other of them are not present; and, being present, they bear practically upon the treatment according to their kind and degree, and never fail to bring it more and more within the category of an experiment. Thus from time to time, and under stress of its accidents, will phthisis become practically an acute disease.

Inflammation is an accident of phthisis. More than an accident, according to some, who would hold a measure of inflammation needed to help and land it on from stage to stage. However this may be, enough of it is doubtless sometimes present to require the treatment of inflammation for a little season, in order to save the patient's life.

Hæmoptysis is an accident of phthisis. No fact, which is not of the essence of the disease, occurs more frequently. And it is never a barren accident; it always means something. And, as its meanings are various, so is its treatment, which takes the form of a carefully conducted experiment in every case.

Much employed physicians are never without many cases of phthisis under their care which are to them objects of interest and experiment, at different stages, for years. And their retrospect of twenty or thirty years, read by the needful records they have kept of their experimental treatment, brings forth an experience which is beyond all price.

Surely, for us physicians, it is not a vain exercise thus to run over what knowledge we have of two diseases common enough, yet very portentous, and try it and test it by its uses; to take pneumonia and phthisis, and their living facts, ordinary and extraordinary, and seek in them notices of times and opportunities and warrants of what to do and what to abstain from doing; and so to gain for the treatment of particular cases the condition of exact experiments. Instances of other diseases might be added, but let these be enough.

And these great experiments, and such as they, make up a great experience. And the experience thus made is rich and prompt and clear in devising and working out other future experiments; and both

together stand for nothing less than the active power and truth and faith of practical medicine.

The end of all the thought and labour of physicians is to make experiments with men's lives. Then what mischances, misjudgments, misinformation, what fallacies of all kinds, are apt to interfere with these experiments, and hinder or mar them! And then how difficult to assign them a place and a value among the materials of a sound experience! We study and pore over the essential constituents of diseases, and learn where to look for indications of their treatment. We wait and watch for the customary accidents of diseases, and learn how to encounter them. Precepts, books, authority, which is the experience of other men, serve us for great helps. But, when the cases come, their treatment must be specially and individually our own experiment, and our own hands must have the doing of it.

Excellent things have been spoken of Experience and of its great value to the physician. And justly. But, then, men are apt to talk largely and at random about what they are agreed to praise. And they have so talked about the Experience of physicians. Report would make it a very common thing indeed; as if all who had been in the way of it could not miss of possessing it. But the having to do with diseases and remedies for thirty or forty years does of necessity no more make men experienced physicians, than looking upon the heavens all their lives makes them astronomers, or digging and delving the earth makes them geologists.

It is a divine aphorism (all know whence it comes) that "Patience worketh experience." It is both divine and true; true of all good things, from the least and lowest to the greatest and highest. And surely what belongs to man's mortal life, and the physician's care concerning it, reaches no mean degree in the general scale of all good things.

It is expedient that medical practice should in every case be conformed to the current idea of an experiment as far as the nature of that case will admit. No Experience worthy of the name can be drawn from any number of cases less accurately followed up than they might have been. In acute cases, when the rate of progress in the disease is rapid yet distinct; so distinct that it can be measured by steps and stages from day to day or from hour to hour, care must be taken that the counteractive impression of the remedies be rapid, and distinct withal; to be seen from day to day or from hour to hour. And to such cases, and to their remedies thus chosen and applied, and to their effects thus noted and appreciated, no one can deny the nature of experiments, and not allow that the sum of such experiments may stand for a safe Experience.

But when the rate of progress in the disease is by little and little, and upon the whole so slow that it can only be seen after the lapse of weeks or months, then the counteractive impression of remedies must needs be also by little and little and slow, and incapable of being seen and measured except after the lapse of weeks or months. The remoteness of the effect is the condition which especially tends to perplex the procedure, and make void the results of each case as it occurs, and take from it the character of an experiment.

The power of medicine over chronic diseases is a thing hard to get at and appreciate justly. Never-



theless, there is some sound experience of it in the world. And this could only be so far as, in our dealings with particular cases, we have been able to make them read to us the lessons of so many real experiments. Experiments they must be in some sort, if they are to furnish the materials of Experience.

But, in medical practice, as the one ultimate effect is more and more distant in point of time, and little or nothing is to be seen, or contrived, or done preparatorily and intermediately, the current idea of an experiment becomes obscured or well-nigh lost.

It is like a man travelling to some far off place, and finding no places by the way where he can sit down and rest himself, and few or no guide-posts to tell him whether he be in the right direction for it or not. Still he holds on. Perhaps he has been there before, and is pretty sure of this being the direction in which he found it. Or, perhaps, he has never been there, but some of his friends have, and they told him of this being the right road to it. And so it may be that, by his own sagacity and the help of well-informed friends, he reaches it at last. Or, after all his own pains, and all his friends can do for him, it may be that he never reaches it at all.

This parable fairly sets forth the sort of Experience which the physician is obliged to content himself with, in seeking whatever good his art can reach within a large field of practice. It is an Experience of summary and ultimate results, [with little or no insight or reckoning had of prior and conducive events. It is a general Experience made up of what a man knows himself, and what he takes upon authority. In this field of practice, it is hard to believe ourselves exercising the same experimental art, as when every step we took was made almost sure to us, and we could almost read and analyse the disease by its remedies as we went along.

But there is what is called "expectant medicine." It points to a more cultivated field of practice than that which we have been just surveying. The term is significant, and implies the attitude of expectation which the mind now maintains; waiting upon its own self-experience, and still waiting in faith of (what it deems) trustworthy authority, for a more or less distant event. Now, a rare enough thing to meet with among physicians is this wisely expectant mind. It presumes a study and sound judgment of the sort and measure of evidence which the subject admits, and a decision habitually exercised upon it; not demanding more, but never content with less.

But there is a scepticism common among us, and much fostered by the philosophical part of our training, which is hostile to this state of mind. It requires evidence foreign to the subject-matter or more than it admits of; and so not finding it, it believes in nothing.

Again, there is a credulity common enough among us; and this is in sympathy with the larger credulity of the world on medical subjects, and is strengthened by it. It incapacitates for all patient inquiry; and it may come to believe in everything. Now, if there be no mean between the extremes of scepticism on the one hand, and credulity on the other, there can be no safe and successful practice in this region of "expectant medicine." But such a mean there is, in which all good physicians meet, and

communicate, and understand one another, agreeing together in that prudent, patient, hopeful faith which they all perceive, but none can define.

Yet, when we come to test the matter fairly, how can there be any experience in this field of "expectant medicine?" For how can the management of individual cases of most chronic diseases, whether by cure or treatment, be conformed to the idea of an experiment? Verily, to any great degree of perfection neither one nor the other is possible. But even in "expectant medicine" experiment would be practicable, and experience attainable in much higher degrees than they are, if physicians would only be content to work with fewer and simpler remedies.

I have myself a reasonable amount of faith in the power of medicine over chronic diseases. I have laid up a certain sum of *experience* fairly collected (as I believe) from *experiments* which I have been making all my life. But, then, all my life, I have been careful about my experiments, in this respect especially, I have sought to manage my cases of chronic diseases—in other words, to work my experiments—as much as possible by single remedies. On any other terms, I do not see how it were possible that I should have any faith at all. It is a mystery to me how such prescriptions as the following for any known forms of disease can end in any trustworthy experience:

Quinine	Ipecacuanha
Steel	Stramonium
Zinc	Colchicum
Valerian	Iodide of potassium
Nux vomica	

Such complex prescriptions render the knowledge of the remedial effects of particular substances absolutely impossible. Do the prescribers impute a distinct effect of its own to each of the ingredients and so reckon the separate instalment brought by each to the remedial mass? Or are they content to take it in the lump, and rejoice in the oneness of the effect?

My excellent friend Dr. Chambers, as soon as he had chosen medicine for his profession, did not think it beneath his dignity to work at a great pharmaceutical chemist's, compounding medicines and making up prescriptions. Here he saw what had been carefully preserved, the autograph prescription of bygone physicians. And those which bore the initials of the most eminent were remarkable for these two characteristics, their plain and legible penmanship, and the very few and simple articles which they directed. Surely, it is not unsafe to read the men's minds in these documents, and conceive the character of their thoughts and proceedings in the great business of their lives. The men were evidently candid and clear-sighted and of simple purpose; and among them were the best of their time—Dr. Heberden, Sir George Baker, the elder Dr. Warren, Dr. David Pitcairn, and Dr. Baillie. In our day, the profession of medicine needs a little gentle pressure from some such hands as these, to steady it and keep it within bounds.

A gentleman went from Scotland to consult a celebrated watering-place physician. His complaint was asthma. A scheme of diet was laid down for him, scrupulously and minutely strict; and he followed it to the letter. A mixed multitude of medicines was prescribed for him, which had an unpromising look of strife and incongruity. But he



took them all bravely and obediently. And verily he had his reward. He obtained relief of his asthma. But the asthma would still return; and, as often as it returned, he betook himself to his dietetic and remedial discipline, and it went away again; and so his faith was confirmed. In process of time, however, whether the diet was too austere or the medicine too nauseous, and so the flesh began to rebel, or whether a laudable curiosity set him to find out the secret of his treatment and relief, he certainly began to question the necessity of *all* the means to the end. So, on his next attack, adhering to his dietetic rules, he bravely took no physic. But the asthma abided, and would not leave him until he had recourse to his accustomed medicines. On the following attack, he set at nought his dietetic rules, and scrupulously took his physic; and the asthma passed away as usual.

It was pretty plain that the physic-bottle contained the cure. But to which of the many ingredients did it belong? To one or two or three, or to the whole hotch-potch working mysteriously together for good? In a matter which so nearly concerned him, the patient might be pardoned for laying his rash analytical hands upon the mysterious mixture. It contained, among twenty other things, a few grains of iodide of potassium. Ingredient after ingredient was deducted; and, simpler and simpler as the mixture became, it still had equal power to abate the asthma, until the iodide of potassium was deducted in its turn, and then its sovereign power was gone. Again, all the ingredients were tried, excepting only the iodide of potassium; but altogether they did not touch the asthma remedially. Finally, every other ingredient was excluded, and the iodide left alone; and alone it displayed a sovereign remedial power.

Fortunate the man who can get rid of an asthmatic attack on any terms; but unfortunate the art that is content with a rare fortuitous and unaccountable success; it must be either retrograde or stationary. To scatter above twenty remedies, and to let hit which may, is like pigeon-shooting in companies. The bird falls; but whose gun was it that brought it down? Nobody is reputed the better marksman after a hundred volleys.

With all the credit due to pharmaceutical chemistry, and all our obligations to it, I doubt whether, in one chief respect, it has not done some harm. To bring many important remedies together, and unite them by a lucky combination, and compress them within a small compass, and so place them within the common reach, all this gives a facility of prescribing which is hurtful to the advance of medical experience. The facility of prescribing is a temptation to prescribe; and, under this temptation, there is a lavish expenditure continually going on of important remedies in the mass, of which the prescribers have made no sufficient experiment in detail. A simple implement or two, which a man has well proved for himself, is worth a whole armoury of famous compounds taken upon the general credit. A few thousand years ago, a whole people was in fear and trembling. Their enemy was at the gate. Their hope was turned to a single champion. All weapons of war were at his service. The king's own armour was offered him—his helmet, his coat of mail, his sword. He did not (how could he?) resist the vanity of putting them on. But soon he

put them off again; for "he had not proved them". And "he chose him five smooth stones out of the brook", and with one of these he did the deed which saved his country.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### MEDICAL COLLEGE HOSPITAL, CALCUTTA.

IODIDE OF POTASSIUM IN THE TREATMENT OF ANEURISM.

By S. G. CHUCKERBUTTY, M.D.

WHEN I took charge of my duties as second physician to the Medical College Hospital, in August 1860, among the patients there was one of the name of Leary, who had been under treatment for some time for a pulmonary complaint. He was an Irish seaman, rather short, tolerably stout, and about fifty years of age. In addition to a harassing cough and profuse expectoration, he had at this time a pulsating tumour in the upper notch of the sternum, of about the size of a walnut, but elastic, and readily emptied by pressure. This tumour grew gradually larger and larger, and rose higher in the neck, until it was nearly as big as a small orange, encroaching somewhat on the median line. A great variety of medicines had been used for the cough, without any influence on the aneurismal tumour, until I prescribed iodide of potassium with decoction of cinchona. Soon after this, it became evident that not only was his cough benefited by the change, but the aneurism also grew harder and heavier, and lost its expansile character. The man was ultimately carried off about the beginning of January 1861, by a fresh attack of bronchitis.

At the *post mortem* examination, on opening the chest, we found an aneurismal tumour lying immediately behind the upper part of the sternum, and rising in the neck as far as the junction of the trachea with the larynx on the right side. It sprang from the inner aspect of the innominate artery, and did not involve either the aortic arch or the right subclavian or carotid arteries. It was very heavy, and as large as a pear. Its interior was occupied by a compact mass of solid coagula, leaving merely a small channel at the outer aspect, through which the right carotid and subclavian arteries communicated with the arch of the aorta; a piece of whalebone introduced into either of these vessels passing into the latter. The lining membrane of the bronchial tubes in both lungs was highly vascular, thickened, and occupied by an abundant secretion.

While the above patient was still alive, there were admitted into my wards two other Europeans—Bateman and Collyer—both suffering from aortic aneurism. These two men had been given a variety of sedatives and astringents, without relief, prior to the employment of iodide of potassium; which, in sooth, I did not order for them until I saw its beneficial effect in the case of Leary. The result proved as satisfactory as in the first case, as far as the solidification of the aneurismal sac was concerned, though it did not prevent a fatal issue.

Bateman was admitted into the hospital on November 30th, 1860, from the ship *Newcastle*, with the following history from the surgeon on board.

"John Bateman, aged 47, by profession a sailor, of a sanguineous temperament, has sailed mostly to tropical climates, been a hard spirit-drinker, never suffered from rheumatism, and has always enjoyed good health until



the commencement of this voyage, about three months and a half since, when he complained of a continued stiffness of the upper part of the chest, for which he repeatedly asked for an emetic; but, as there was no expectoration or cough, it was not given. On two or three occasions, a stomachic was given, which relieved him for the time. About five weeks since, while he was at the helm, the weather rather boisterous, requiring the exertion of much strength to steer the ship, all of a sudden, to use the man's own words, he felt a sort of tear or something giving way under the left clavicle. He came to the medicine-chest the next morning for medical treatment, complaining of pain and fulness of the left arm and shoulder, which was ascribed to muscular rheumatism. An embrocation was given, without relieving the pain or fulness of the left arm. An examination of the chest was now made. Just above the left clavicle, to the outside, there is a distinct thrilling tumour, of about the size of a walnut. The mammary veins are congested and prominent; the saphenous vein the same, as well as varicose, which the patient never observed before this morning. There is ecchymosis of the surface of the chest, and inflammation and enlargement of the left axillary glands generally; and diffuse inflammation of the skin at the inner part of the upper arm. He complains also of dysphagia; says that, on swallowing food or drink, something appears to be pressing on the gullet on a level with the clavicle. The pulse is rather vibrating and bounding, same at both wrists, about 68 per minute; tongue clean; bowels regular. He cannot sleep except by catch naps; nor lie on the left side, as it drags the neck. His appetite is bad. He was ordered perfect rest; tincture of henbane and spirit of nitric ether, with compound tincture of camphor, at night; and a light vegetable diet. Since the ship has lain at Calcutta, with the exception of being very depressed, the patient has remained much the same; the pulse in the right wrist sometimes failing. The medicine was occasionally altered; tincture of opium and compound spirit of ether being given, but only when the patient was exceedingly low. On Nov. 25th, he was seized with paralysis of the right side of the body and tongue, after which it was thought advisable to remove him to the hospital."

It was noted, on his admission, that the right side of the body was completely paralysed, so that he could not move a muscle, or feel the hardest pinching. The face was drawn to the left; the power of articulation was lost; the urine and fæces were passed in bed; respiration was laboured. There was purple discoloration of the skin and prominent veins in the left infraclavicular region; and swollen and varicose veins in the left upper limb and left side of the head. He had shooting pains in the left arm. The pulse at the left wrist was feeble; that in the left carotid just perceptible. His temper was irritable. There was dulness under percussion in the inner half of the left infraclavicular region; here also were found a distinct impulse and ringing cardiac sounds. The voice was hoarse, and there was some difficulty of swallowing. He was placed on strong beef-tea, milk, eggs, custard pudding, and port wine; and iodide of potassium, four grains three times a day, on Dec. 2nd.

Dec. 7th. It is stated, "the patient has somewhat improved; can raise the right leg a little; can speak one or two words; sits up in bed without support."

Dec. 8th. He was looking more lively than before; could move the right leg slightly; put out the tongue with less difficulty; articulated words more easily. There was slight pulsation in the aorta.

Dec. 16th. He protruded his tongue with perfect ease; he could raise the right leg, but had no power over the right arm. He had one stool. To-day an addition was made to his diet of a large loaf and a mutton chop.

Dec. 14th. Pulsation in the left carotid was increasing. He felt warmer in the right arm, and spoke much clearer.

Dec. 16th. The bowels were costive. He was ordered to have a cathartic enema.

Dec. 23rd. There was no pulsation in the left carotid. The sound over the aneurism was muffled, distant, and weak. No impulse.

Dec. 24th. The right arm still continued powerless; pressure over the nerves of the brachial plexus, at their exit through the vertebral foramina, caused pain. He put out the tongue perfectly well, and shut his eyes. There was no deformity of the face. He drew up the right leg with ease.

Dec. 28th. Feeble pulsation could be felt running up the course of the left carotid.

Jan. 8th. He had very severe pain in the stomach last night.

Jan. 9th. He felt very uncomfortable on lying down. The veins in the upper part of the chest were much more prominent. The pulsation in the aneurism was much about the same; respiration over it was bronchial.

Jan. 10th. He was sound sleeping on his back. He felt a little better to-day. Pulse rather weak; countenance cheerful. The venous congestion at the upper part of the chest was less; the pulsation of the aneurism was weaker. There was no pain in the stomach; no pulsation in the left carotid. He had one stool.

Jan. 15th. Strong rhonchal fremitus was heard in the left infraclavicular region.

Jan. 22nd. A herpetic eruption appeared at the neck and chest. He had difficulty of breathing; respiration in the right lung was healthy. He was ordered to have no medicine.

April 14th. During this interval he had had no medicine, and was supported on light nourishing diet. He had had bed-sores, which were healed. The impulse in the aneurism was greater. The bowels were regular. He was to have full diet, four eggs, beef-tea, milk, bread pudding, and port wine.

April 19th. He walked yesterday, supporting himself by merely placing his hands over the shoulder of the nurse, without any further assistance.

April 24th. Impulse over the aneurism had become ringing.

April 27th. Got up yesterday, and walked up, with help, to the next ward, and afterwards to the balcony, where he sat smoking, and was then helped back. Pulsation in the aneurism was feeble and more muffled; there was distinct pulsation in the right carotid. He had some (though very slight) power in the right arm. The pulse at the right arm was 76; the same at the left, both of the same strength. He slept well.

April 29th. The swelling in the chest had altogether disappeared. There was still some pulsation in the aneurism. He got out of bed last night without any assistance. He did not wet his bed last night, but got up to pass his urine.

May 17th. No pulsation could be felt in the right carotid. Ammonia liniment was ordered for the chest and arm.

May 21st. A little contraction of the biceps muscle could be felt by the hand; there was occasional starting of the same muscle when the forearm was shaken.

June 1st. He moved his fingers and arms for the first time.

June 9th. The inner half of the right infraclavicular region was prominent and formed into a tumour, tender on pressure of the stethoscope; the skin was œdematous and bronzed. The cardiac sounds were weak, but distinctly audible, though distant; there was no visible pulsation; but on succussion of the body, the tumour continued under the sternoclavicular articulation, for about an inch into the neck.

June 10th. Pulsation in the aneurism was distinct.



oday. Œdema of the skin over the tumour was very marked. The tenderness was considerable. The portion of the tumour in the neck advanced. No arterial sounds were heard under the left angle of the jaw.

June 11th. He was lying on the left side breathing inspiringly; the lips and nose were quite livid; respiration was stridulous. He complained of the hardness of the bed. The aneurismal tumour was more prominent, pointing, livid, and tender. There was a good deal of itchiness in the left leg. The bowels were not moved. On placing the palm of the hand on the swelling, it felt as big as an adult head.

June 12th, 6 A.M. The cooleys and the adjoining patients stated that, about an hour ago, the patient was sitting up smoking a cigar. Suddenly a gush of blood issued from his mouth and nostrils; and ere any notice could be sent to the officer on duty, he was dead. The quantity of blood lost was about half a quintalfull; *i.e.*, about a gallon.

POST MORTEM EXAMINATION, about three hours after death. The body was cool; lying on the back with the legs extended. There was no cadaveric rigidity. The forearms and hands were covered with some patches of dried blood; as were also the left shoulder, the left angle of the mouth, and the left nostril. The bronzed appearance of the skin over the tumour had disappeared, and in its place was now observable a yellow mark. The prominence was less marked. The veins of the left shoulder and arm were tortuous and more marked than those of the right. There was no discoloration anywhere else. The superficial outline of the dulness of the tumour was of an oval shape, extending from an inch beyond the right sternoclavicular articulation to an inch or an inch and a quarter external to a perpendicular line from the left nipple in its longest diameter. Its short diameter extended from an inch and a half above the sternal articulation to a line between the nipples. The subcutaneous cellular tissue over the sternum and chest was infiltrated with a yellowish serosity, more considerable in the neck. On taking up the skin and muscle from the ribs, a reddish pulpy substance was found extravasated under them for about two inches, and the same breadth, corresponding to the second intercostal space. In the centre of this there was a rent, through which the index finger easily passed into a cavity in the chest, where it met with solid coagula about a quarter of an inch from the inner surface of the ribs. On taking out the finger a few drops of dark blood escaped. The right clavicle was not adherent to the aneurismal tumour. On opening the right side of the chest, the aneurismal tumour was found to project, smooth and shining, pushing the right lung away for about four inches beyond the right margin of the sternum. On opening the left side of the chest, the costal layer of the pleura was found to be thickened, and adherent firmly to the ribs. On opening this, the pleural cavity was found filled with a large clot of blood, pushing the lung towards the median line. A false membrane agglutinated the sternum and the costal cartilages. On proceeding further, the second left rib was found in a state of necrosis; and there was a gangrenous spot softened and broken down, through which the finger passed into the sac of the tumour. The tumour, so far as exposed now, was pear-shaped; its apex was connected with a fatty looking mass pushing down the heart. The heart was considerably displaced to the right, besides being pushed behind, lying evidently to the right of the vertebral column. The anterior mediastinum was occupied by fat, thicker than the omental fat, and forming a tumour two inches in breadth, four inches in length, and one inch in thickness; the pericardium was adherent to this, as well as to the heart within. On opening the right pleura at the upper part, the serum contained in it, separated from the clot, flowed abundantly to the extent of several pints.

The clot formed a regular coat of the interior of the pleural cavity, occupying the posterior and outer part chiefly, to the amount of some four or five pounds in weight. The compressed lung was adherent superiorly to the tumour. The liver was almost exsanguine. The tumour was not at all adherent to the vertebral column. The inner aspect of the right lung was connected by cellular adhesion near the root and at the edge of the upper lobe next to the middle, and to the whole of the free edge of the middle lobe; the latter rather more to the mediastinum than to the tumour. The left side of the opening at the apex of the chest was occupied by a thick granular fatty mass blended with muscular substance. The left common carotid formed a thick cord from the commencement in the arch of the aorta to its bifurcation into the external and internal carotids. Up to this point, it was completely filled with plugs of a fibrinous matter; but the two latter arteries were perfectly open. A blow-pipe introduced into the left subclavian passed readily on through the aortic arch. The right subclavian, the carotid, and the innominate arteries, were pervious. The tumour opposite the adhesion of the lower and inner part of the upper lobe of the left lung had another rent, which was evidently made by an unguarded cut. The thoracic aorta seemed to be dilated, thickened and pouched; its inner surface was rough and atheromatous, with a number of gaping openings. The pulmonary artery was quite healthy. The left ventricle was in a state of concentric hypertrophy, its muscular tissue being thick. The mitral valves were quite healthy. The aortic semilunar valves felt quite indurated, thickened, and roughened. The finger, on passing the orifice, entered the aneurismal sac, which felt like a jar, the point of the finger moving about in all directions in the wide cavity beyond. On passing another finger into the aortic arch through the slit formed in the descending aorta extending to the point of deflexion, the tip of this finger met the tip of the finger passed into the arch through the cardiac orifice; the whole of the space included between the two not measuring more than three inches, one of which was formed by the ventricle itself. From the base thus formed the aneurismal tumour extended upwards, forwards, and to the left and right, differentiated, however from the unaffected portion of the aorta by a constriction forming a bridge of about two inches. The interior of the aneurism was entirely filled by a compact mass of solid coagula, not less than two pounds in weight. The outer coat of the artery seemed to be continuous with the outer coat of the aneurism, except where destroyed by ulceration at the rents through which the blood had escaped. The coagula projected through these rents like masses of fungus hæmatodes. The trachea in the lower part of the neck was agglutinated with that portion of the aneurismal tumour which was formed by the innominate artery, by which it was so much pressed upon as to be a good deal narrowed, and, as it were, pinched. On passing the finger through the tumour, it was felt bulging into the interior of the trachea. On slitting open the trachea at the pinched portion above referred to, there was a hole through which the end of the blow-pipe entered into the sac of the aneurism. On opening the skull, the meninges were found quite healthy, having no abnormal adhesion nor thickening. The brain-substance, viewed externally, seemed to be quite natural and consistent. On slicing the substance of the cerebrum, no particular congestion of the white or grey matter was found. The appearance of the two sides was the same until the lateral ventricles were opened; on doing which, the choroid plexuses were seen to be in a state of dropsy containing cysts. The left optic thalamus was white and indurated; the right was light yellow, and softened so as to break down under the slightest pressure, its substance being of a pinkish yellow colour. The right corpus striatum was



also very soft. The arachnoid membrane easily broke down on pressure. The arachnoid lining of the left ventricle was thicker and tougher, and contained a rent, through which a purulent substance, perfectly diffuent, poured out. On cutting through this, the substance underneath was found to be infiltrated by the same sort of diffuent matter, and traversed by cellular bands in the substance of the corpus striatum. On exposing the whole of the diseased part, a cavity was found with very tough and rough parietes. The left communicating branch of the circle of Willis seemed to be three times as large as natural.

[To be continued.]

## Original Communications.

### SOME OBSERVATIONS ON APNŒA NEONATORUM.

By GEORGE GREAVES, Esq., Lecturer on Midwifery, Manchester Royal School of Medicine and Surgery.

[Concluded from page 36.]

I MUST now hasten on to make a few remarks on the treatment of children in whom respiration does not ensue immediately on birth. A large volume would not contain all the instructions given with this view, by writers, ancient and modern. A few of them only can be noticed.

Nearly all agree in forbidding the division of the umbilical cord until respiration is fully established. Some recommend us to wait until even the pulsation in the cord shall have ceased. These instructions both imply the belief, that foetal or intra-uterine life continues so long as the pulsations in the cord are felt; in other words that the breathing function of the placenta is performed, at least until that of the lungs is fully established, if not afterwards. If the reasonings in the former part of this paper are not incorrect, this opinion must be declared to be an erroneous one. It has, I think, been shown to be in the highest degree probable that the movement of the columns of blood in the vessels of the cord is permanently arrested at the moment of birth, if not before that event. But, granting this conclusion to be incorrect, if the communication between the child and the placenta, is to be maintained for the purpose of supplementing the not yet begun, or the still imperfectly performed, function of the lungs, it must be so maintained because the placenta still retains its power of action as a respiratory organ. But can we, with our present knowledge of the structure and functions of the placenta, and of the change which parturition must produce in its relations to the uterus, for one moment hold such an opinion? In an immense proportion of instances, the uterine contractions which expel the child detach the placenta in its whole extent. But even if a portion still remain adherent, the arteries which convey the blood of the mother into the sinuses of the maternal portion must, by the contractions which have extruded the child, have been entirely closed, and consequently the blood remaining in the sinuses must be venous blood, altogether incapable of effecting any vitalising changes in that contained in the foetal tufts. Therefore, supposing the current of blood to flow freely through the umbilical arteries, and the capillaries of the placenta, it must be returned by the vein unchanged. What, therefore, can be the advantage of maintaining a connection between the child and a placenta lying loose in the vagina, or if not altogether detached, retaining no arterial communication with the mother. The recommendation to maintain it can only be regarded as a lingering trace of the old-fashioned notions which attribu-

ted to the placenta some mysterious power of inherent vitality, notions which prompted the counsel to "put it into warm water and to sprinkle its maternal surface with a little ammonia and spirit," a prescription which to my amazement, I have found gravely repeated in the third edition of *Memoranda for Young Practitioners in Midwifery*, by the late Dr. Rigby, published in 1856.

Therefore, to preserve the connection between the newly-born and semi-inanimate child and an *effete* and almost lifeless mass such as the placenta has then become, whether we believe the circulation to continue through it or not, must at least be useless. But is it not positively injurious?

Will it not, in the first place, interfere with our efforts to resuscitate the child, and if the funis be at all shorter than natural, and the placenta be still wholly or in part retained within the uterus, endanger the mother by causing a risk of injurious jerks upon the cord?

But, secondly, what is our first duty in a case of delayed respiration? Unquestionably it is to sustain the action of the child's heart until it begins to breathe. Why then should we impose on the heart the fruitless labour of sending the blood through the long round of the placental circulation, or even of attempting to make it go that round? By breaking the communication with the after-birth we on either supposition economise the child's strength.

But, thirdly, the retention of the communication between the child and the placenta must be in the highest degree prejudicial, by preventing the use of that mode of treatment which, of all others, I hold to be necessary for the resuscitation of a still-born child. If the delay in performing the first act of breathing, and the threatened extinction of life, be due to the enfeebled condition of the heart, and if that enfeebled condition be the consequence of an excessive degree of that which, at birth, always to some extent exists normally, viz., the congestion of the aorta, caused by the cessation of the placental circulation, it is self-evident that the first step to the restoration of the balance of the circulation must be the removal of a portion of the load which oppresses the heart. This can best be effected by allowing bleeding to a small extent, from the divided extremities of the umbilical arteries. It is astonishing how small a loss of blood is sufficient for the purpose.

In a class of cases to which I have already referred, and which have so frequently a fatal termination, those, viz., in which the funis surrounds the neck so tightly, both as to prevent respiration, and impede delivery, I am in the constant habit of liberating the child by treatment which involves some loss of blood. If I can neither, without much force, slip the cord over the head, nor over the shoulders of the child, I divide the cord, and then somewhat expedite the delivery of the trunk. Bleeding to the extent of one, two, or three drachms, always occurs. Now if, as in the instance already referred to, the child's heart can be so oppressed as to be feebly beating forty times only in the minute, and yet the child when liberated from the vagina, can on the instant breathe, and cry, and move its limbs actively, can we doubt that this marvellously sudden change is due, in the first place, to the relief of the heart by the bleeding which takes place from the divided funis? In every instance then, in which a child does not breathe at birth, and in which it is not really and manifestly asthenic, from prematurity, innutrition, or disease, I would, after a pause of two or three minutes, advise that the cord be divided, and from one to three drachms of blood be allowed to escape before tying it. In cases of the apoplectic form of still-birth, more than this may have to be removed.

The next step must, of course, be to endeavour to excite respiration. Barely to enumerate the various modes of doing this, recommended by authors, would too much extend this paper, already too long. I can refer to two or three only. The use of the warm bath I believe to be



sitively injurious. Any doubt previously existing on this point must have been removed by the observations of Dr. Waters, recently communicated to the Medical-Chirurgical Society. Dashing cold water on the chest, tapping the back or nates with the hand, or making circular friction with the tips of the fingers on the epistrium, are all useful modes of treatment, and the last method I have rarely found to fail if the action of the heart had not altogether ceased. Dr. Marshall Hall's "Ready Method" has been highly extolled by some writers, but, should the treatment already recommended have failed, I should trust rather to direct imitation of the function of respiration by alternate inflation of the lungs by the mouth, and expulsion of the air by pressure on the chest and abdomen.

The early division and tying of the funis in still-born children has already been advised by writers of deserved celebrity, but by none, I believe, for the reasons assigned in this paper. Thus the late M. Moreau advocated it on the ground that the child, continuing to give out blood by the umbilical arteries, became gradually more anæmic and weaker. It seems to have escaped even him, that the beating of the cord is no proof that the blood is flowing through it. Dr. Richard King, in his very ingenious essay *On the Preservation of Infants in Delivery*, recommends the early tying of the cord, for a reason similar to that given by M. Moreau. He believes that after the birth of the child a drain of blood still goes on into the relaxed and uncompressed placenta, which in consequence becomes congested. And yet Dr. King came very near to the discovery of the fact which I have pointed out, viz., that pulsation of the cord is no proof of continuance of the circulation through it, for, at page 30, he says, "pressure on the umbilical cord will not for a considerable time, stop its pulsation. I have long been in the habit of calling attention to the pulsation in the piece of umbilical cord attached to the infant, while sitting in the nurse's lap, and therefore not only compressed but tied with tape and cut asunder."

Dr. King rightly describes the condition of still-born children who have not to some extent respired in the act of birth, as one of syncope, but his error consists, I conceive, in attributing the partial suspension of the heart's action to loss of blood, rather than to the causes assigned in this paper. The cases to which he refers (p. 58) of "deaths from drowning, where persons have expired at the moment of submersion, in whom the face was pale and bloodless, and the features sunk and contracted," should have reminded him that an exsanguine appearance may exist without the previous loss of one drop of blood. As has already been shown, the ordinary signs of death by what is called asphyxia, being consequent on the suspension of respiration, can never be manifested in a being, in whom that function has never been commenced. I may add that my experience has led me utterly to disbelieve in Dr. King's theory of bleeding into the placenta, as evinced by congestion of that organ. In any hundreds of cases attended during the last five-and-twenty years, I have, after cutting the funis, left the extremity of the placental portion untied, and allowed it to bleed into the utensil provided for the reception of the still-born, but I cannot remember an instance in which an ounce of blood so escaped. Were the congestion so great as imagined by Dr. King, bleeding, at least passive, to a much greater extent, would, in cases of still-birth, rarely have occurred.

In what has now been said, I am aware that I have advanced many opinions which are debateable, and some, perhaps, which will be thought positively erroneous. Where the latter has been the case, I shall be thankful to be set right, and shall be satisfied with having attracted the attention of my brother obstetricians to a field of research, hitherto, in this country, too little cultivated. I conclude with a brief recapitulation.

I maintain then:—

1. That the effect of even the earlier labour-pains is to close the ultimate ramifications of the uterine arteries, but that this closure is temporary only, and ends with the termination of each pain.

2. That, during the pains, the blood contained in the sinuses of the maternal placenta, not being renewed by fresh supplies of arterial blood from the curling arteries, cannot effect the needful changes in the foetal blood in the placental tufts.

3. That the blood contained in the tufts, remaining venous, stagnates in their capillaries, and that the umbilical circulation is thus arrested.

4. That as a consequence of this arrest, the aorta of the foetus and the ventricles of its heart become congested, and at the same time the brain ceases to be supplied with arterialised blood.

5. That, consequently, the rate of pulsation of the foetal heart sinks nearly to half its normal frequency.

6. That, if these periods of lowered force of the foetal circulation occur too frequently, as in tedious labour, or too closely together, as in very hurried parturition, the child may be born almost or altogether inanimate.

7. That the effects of the suspension of the breathing function of the placenta are intensified by pressure on the funis, or on the head or thorax of the foetus.

8. That where there is not some mechanical obstruction to respiration, such as tenacious mucus in the fauces, or the membranes over the face, the efficient cause of still-birth is an excessive degree of a condition which at birth always prevails normally, viz., congestion of the foetal heart, which is to be relieved, first, by bleeding from the cord, and, secondly, by exciting respiration.

9. That the difference between the syncopal and apoplectic forms of still-birth, is that in the latter there have been imperfect acts of respiration which, by closing the foramen ovale, have caused general venous congestion.

Since I read the above paper, my attention has been called by my friend Dr. Samelson to a work by Dr. Hermann Schwartz, of which a very elaborate analytical review is given in the 13th volume of the *Monatsschrift für Geburtskunde*, pp. 304 *et seq.* Treating on the state of the foetus during parturition, Dr. Schwartz remarks, "an erroneous opinion has prevailed up to the latest period that after the birth of the child the placental circulation continues so long as the cord is felt to pulsate. But the contraction of the uterus which expels the child from the vagina must, to the uttermost, restrict the supply of arterial blood to the placenta, and either altogether detach it or close any of its vessels which still remain pervious." I need scarcely remark how closely these opinions agree with those which I have advanced. In respect of treatment also in cases of still-birth, I am happy to find an agreement. Dr. Schwartz says: "before tying the navel-string, it is useful to let it bleed a little."

### CASE OF SUPPOSED HYDROPHOBIA.

By HENRY PORTER, M.D., F.G.S., Peterborough.

JAMES HOWLETT, aged 58, a game-keeper and dog-breaker, called at my surgery on the evening of May 31st, complaining of an aching pain in his body and limbs, with inability to open his mouth, which symptoms he attributed to getting wet through and catching cold while in a state of drunkenness. Before leaving my surgery, however, I learnt that he had been bitten by a dog on the wrist four days previously, and he wished to know if that had been the cause of his lock-jaw.

I prescribed for him a draught, containing a grain of morphia, to be taken immediately; and a second one, to be taken six hours afterwards, if he did not sleep. I told him not to fear the bite of the dog, but to call on me the following morning. When he had left my surgery, I took the opportunity of calling on a man who



knew him, and expressing my apprehension as to the nature of his case.

On the following morning (June 1st), he called on me, accompanied by his friend. He had taken both doses of morphia, and had passed a comfortable night's sleep; he said the pain in his body and limbs was relieved, but that he could not open his mouth sufficient to admit his little finger, and that he had a constant inclination to sneeze, although unable to do so.

Four days previously, while in a state of drunkenness, he was pulling about and teasing a black retriever dog, which bit him on the wrist of the left hand, from which the thumb had been amputated twenty years previously. The wound inflicted by the bite was the size of a small barleycorn, apparently quite superficial, having no signs of inflammation about it, and no pain attached to it. He showed considerable signs of nervous anxiety, and expressed his apprehension that the bite of the dog would cause his death; or, as he expressed it, "would send him up the orchard." His pulse was 110, weak and compressible; and he complained of thirst. I ordered him a saline mixture, with fifteen minims of chloric ether to each dose, and told him to keep in bed.

Three hours afterwards, I visited him; and on giving him a teaspoonful of liquid, which he swallowed hastily and with great difficulty, I found it produced violent and distressing spasms, as he had predicted; and, although with considerable effort he was able to open his mouth to the extent of half an inch, the jaw immediately closed with a snap, and became rigid. His pulse was now 140, full, but easily compressed; and he complained of slight pain and tightness across the epigastrium. I allowed him to have a glass of porter, which he greatly desired, and ordered as much beef-tea and milk to be administered to him as he could swallow.

In the evening, he appeared more calm and composed. The trismus continued the same; and there was slight tetanic rigidity of the muscles of the neck. He had taken about half a pint of beef-tea, half a pint of milk, and a glass of porter. The splashing of water before him produced no spasm; and he could even dabble his hands in water without experiencing any uneasiness.

Throughout the following day (June 2nd), the symptoms continued precisely the same; and he took a fair amount of nourishment, but with extreme difficulty. I saw him for the last time at 9 o'clock at night, when he could open his jaw to the extent of half an inch, and continue to keep it open without assistance; but, on attempting to swallow, the spasm was more violent than I had before witnessed; his countenance looked wild and expressive of horror; and he said he felt convinced he should soon die, but was quite quiet in his manner, and perfectly sensible. His pulse had fallen to 70, and was very weak and small.

I ordered him to have small quantities of beef-tea frequently given to him, unless he felt inclined to sleep. From 11 o'clock that night until 5 o'clock the following morning, he slept comparatively calm, when he awoke apparently refreshed, could open his mouth wider, and speak plainer, but could not be persuaded to attempt to swallow anything; about an hour afterwards, he heaved two or three deep sighs, and expired calmly and without spasm.

REMARKS. Although I am inclined to believe that this was a case of hydrophobia, I am struck with the apparent mildness of the symptoms throughout, in comparison with other cases of which I have read and heard. The point, however, which I wish particularly to bring under notice is, that the dog was perfectly healthy when he inflicted the wound, and has continued to be so up to the present time: a circumstance in connection with hydrophobia which, I believe, is not generally admitted, although it tends to confirm my previous opinion, that it is possible for this malady to supervene on the bite of a dog, even though he be perfectly free from rabies,

especially if the wound is inflicted at a time when the animal has been excited to anger. I am also inclined to think that the bite, being contingent to the cicatrix of the amputated thumb, may have acted as a predisposing cause in producing the disease. I may mention, that I could not learn that he had ever been bitten by a dog before; and although the disease set in so shortly after the infliction of the wound, which is at variance with previously recorded cases, still the *primâ facie* evidence is such, as must, in my opinion, lead to the conclusion that the wound inflicted by the dog was the sole and only cause of the symptoms and death; but whether the case be looked upon as one of pure "rabies canina", or simply as one of tetanus, I will leave to the judgment of others.

## PERFORATING ULCER OF THE THROAT.

By THOMAS WILLIAMS, M.D., F.R.S., Physician to the Swansea Infirmary.

TWENTY of these cases have fallen under my notice during the last twelve years. Fourteen occurred in adults, and six in young people below fifteen. These and others are pretty equally distributed as regards sex. In the majority (in fifteen out of the twenty), it could be proved that venereal disease in some of its forms had preceded the attack; in one the point was doubtful; in four (one in the younger patients, and three in the grown up) it was certain that no syphilitic disease had ever been contracted.

To these cases no reference is made in standard works on medicine and surgery. Dr. Gibb, in his book on the throat, scarcely alludes to the subject. Dr. Risdon Bennett, in an excellent lecture (*Medical Times and Gazette* Jan. 11, 1862), relates a case which presents some points of analogy to those which will be related in this paper. They are by no means of infrequent occurrence. It is common, in moving through society, to meet with persons in no small number who seem to have undergone this form of disease. The voice is nasal, and the cough has a cracked, coarse sound. Previously to any discussion as to the causes and nature of these cases, it may be expedient to relate a few examples.

CASE I. In 1849, a gentleman, aged 30, who had "once had chancres", became the subject of redness of the soft palate. Little pain was felt. In forty-eight hours an ulcer appeared at the root of the uvula. The nitrate of silver was freely applied, and chlorate of potash was given. In two or three days the uvula had been completely cut through at the base, and a rent had been made in the velum, and the voice had become quite nasal. He now went to London, and was treated by a distinguished hospital surgeon. The ulceration was arrested, the surfaces healed; but the voice never regained its natural tone. [For the particulars of the above case I am indebted to a medical friend.]

CASE II. Shortly after the above instance, a clergyman called upon me, complaining of his throat. The soft palate was red, slightly painful; the tonsils were not swelled; he never had contracted any form of venereal disease. A purge was prescribed. In four days, when he came again, it was at once evident that the soft palate during his absence, had been completely perforated; the handle of the pen could be pushed up through the orifice as high as the roof of the pharynx. The sides of the perforation were touched with pure nitric acid; chlorate of potash, and the iodide of potassium in small doses were ordered. In a few days after, the "hole" had acquired the dimensions of a sixpenny piece; the ulceration ceased, and the parts healed. Ever since, the voice has remained very distinctly nasal in quality; which is removed only by plugging up the "hole" by some soft substance.

CASE III. In 1853, a man, aged 25, who had been for



me years treated for several forms of syphilis, applied the Infirmary, complaining of the roof of his mouth. was lividly red, slightly painful on touch. The colour was most intense and bright in the centre of the affected area; at which point a spot of dirty white hue, bounded by shaggy, rough edges, was clearly discernible. Nothing decisive was done. He came again in a week. It was now evident that a complete perforation through the hard palate into the nasal fossa had taken place. Knowing that the patient was the victim of syphilis, I ordered iodide of potassium in full doses. The effects were immediate and remarkable. The red hue disappeared; the edges of the perforation rapidly healed. The voice could be restored to its natural quality by a soft plug in the hole.

CASE IV. A married lady, aged 30, presented herself, and said that she had been suffering from a sore throat for about a week. When examined, an elongated rent (hole) was instantly observed in the right anterior pillar of the fauces, leaving a piece (like a rope) undivided at the inner border. She said that she was sure it was getting larger "every hour". The surrounding surface was red, but little painful; suffered little in swallowing; and the voice was only triflingly affected. Eight grains of the iodide of potassium three times a day were immediately given; no local applications were used. No proof could be extracted from her evidence that she had ever suffered in any way from syphilis. She recovered rapidly, and has continued well for several years; the perforation remaining.

CASE V. A young girl, aged 13, was brought to the Infirmary by her mother. The throat was "bad". The catamenia had appeared; but she was pallid and chlorotic in aspect. On examination, it was at once remarked that the soft velum had been perforated about the median line, at the line of its junction with the hard palate. The handle of the scalpel could be passed up through the "hole" into the roof of the pharynx. The edges were phagedænic, the surrounding surface red; voice altered; swallowing painful. It was evident that the perforating process was rapidly extending. She was put upon the iodide of potassium, and the diseased action almost immediately ceased. She is now as she was four years ago, with a large hole in the soft palate, speaking through her nose, and obliged to be careful in swallowing.

All the others are almost precisely of the same character. In three the perforation took place at the roof of the median line through the bone into the nasal cavity; in seven it was seated on the soft palate and pillars; in one instance only has been observed on the posterior pillar; in several on the anterior; most frequently on the velum.

From this category, all excavating or ordinary phagedænic ulcers are excluded. To this last class Dr. Bennett's case would belong, and many others observed by myself. Of late years, in my practice, these examples of perforating ulcer have done little more harm than that of committing the act of perforation. Formerly, however, before the right treatment had been clearly discovered, extensive destruction of parts, grave injury to the voice, the breathing, and the deglutition, were frequent consequences. In several recent instances, the author is quite assured that he has prevented perforation; in several he has been able to limit it to the smallest extent; in all, to arrest it at once, and that with perfect certainty.

It is probable that these perforating ulcers are not far removed from the phagedænic, or excavating ulcerations, which are not unfrequently met with in the pharynx, larynx, and tonsils. From the latter, however, they differ in several respects. They undergo a *spontaneous cure* (several cases might be adduced to prove this point) after the perforation has been made; as if by slackened tension. They are accompanied by less pain;

they are more immediately and directly amenable to iodide of potassium. But, like the latter, they occur most frequently in those whose systems have been syphilitically tainted; and, like the latter, they occur in those who may have inherited, but never have contracted syphilis. Unlike the latter, they are not controlled in the slightest degree by any of the preparations of mercury. Mercury is a good remedy for the "deep ulcer of the tonsils"; for the perforating ulcer it is of no service. They differ from all varieties of "superficial tertiary syphilitic ulcers" (Paget) in the absence of any eruption; from the "deep tertiary syphilitic ulcers" (Paget) in the fact that they are never preceded by any induration of tissue as a "circumscribed centre to the ulcerative process" (Paget). They resemble the latter in the acute sharpness of their edges, in their circular or oval form; from the latter they radically differ in their perforating, non-granulating tendency. They do not stop until the perforation has been accomplished. Tertiary syphilitic ulcers never excavate below the *cutis vera*, the subjacent tissues escape intact. With true syphilitic ulcers they agree in this important point, that they are never associated with any present form of syphilis, as frequently they may be said to be the sequel of a past attack. In common with the latter, they are apyretic and comparatively painless. It is a curious fact that, in ulceration in every form of syphilitic inflammation, the focus of the ulcerative process is seated in the centre of the inflamed area. It is so in these ulcers. From true tertiary syphilitic examples, again, they depart in this particular, that in the latter the focus of ulceration is always surrounded by an area of livid redness, contrasting in a very marked manner with the vivid scarlet colour which surrounds all forms of true strumous ulcers; while in them the encircling inflammation is quite obviously intermediate in brightness between the pink and the livid. Every case, wherever the ulceration is situated, commences with a moderately bright inflammatory blush, attended with some pain if over moveable parts, as the velum, pillars, etc., but with scarcely any pain if at a fixed motionless place, as the roof of the mouth. In a very brief period (such as a few days) a very small dirty white spot appears in the centre of the inflamed area. This spot, if uncontrolled, rapidly enlarges in dimensions and increases in depth, until it perforates, as if by a special solution of tissue, through the structure (bone or soft parts) over which it may be situated. In some cases, it has been remarked that the destructive process ceases, and the part heals after the perforation has occurred, apparently from some mechanical reason.

In all cases, wherever the ulceration may be seated, with whatever constitutional cachexia it may be associated, an immediate and certain cure may be accomplished by means of the iodide of potassium in full doses. If this remedy be administered before a breach of surface takes place, ulceration will not occur; if after that event, the ulceration will go no further, it will be arrested. The chief and primary object, in these cases, is to prevent perforation. Whatever will accomplish that, should be adopted at once, whether "inflammation" exists or not.

Let us now consider the therapeutic bearing of the question. Nothing has so deeply interested me of late years as the theme of the relation between a remedy and the disease which it cures, or the diathesis which it improves or corrects. A disease of *plus*-power requires a reducing remedy; a disease of *minus*-power requires an uplifting agent for cure. An intermediate class, to which neither of these observations applies, demands specific therapeutical means, which, as far as is understood, neither depress nor stimulate, but cure by neutralising a supposed poison, or virus, or *materies morbi*. Now, with respect to the cases of perforating ulcer under consideration, it may be confidently stated that they are syphilitic, if it be argued that the iodide of potassium is a chemical neutraliser of one specific virus and no other;



and if it be contended that the same remedy will effect cure, under the same circumstances, as speedily and as certainly in a scrofulous as in a syphilitic subject, the conclusion becomes inevitable that scrofula is but a form of syphilis.

There are three varieties of idiopathic iritis—the syphilitic, the rheumatic, and the scrofulous. If by mercury a cure may be effected in each, is the inference unwarrantable that, therefore, the morbid process in each is one and the same? There are three forms of periosteal affections—the syphilitic, the rheumatic, and the scrofulous. In all the iodide of potassium is highly beneficial. Does it consequently follow that “therefore” they are severally only modified outward manifestations of one and the same morbid taint? If under the conditions of syphilitic and scrofulous degeneracy apparently an identical morbid process is controlled, arrested, and cured by one and the same remedy, is the conclusion illogical that *in essence* these neoplasies severally are identical?

This inquiry should be conducted with the utmost caution. It is beset by manifold difficulties. Nothing, however, is more certain than that the question of “diathesis” is every day rising to a greater and greater height in the scale of importance. To know it is, in truth, to know the disease which by accident may spring up on its soil, fed by its nutriment. In treating the disease, it is of the utmost consequence to recognise, to identify, the diathesis. Look at the class of “sore throats”. That which is vernacularly distinguished as the “ulcerated” is highly characteristic. The red, swollen, highly painful surface, is diversified by several small white spots, the level of which is obviously below that of the surrounding surface—superficial ulcerations, like aphthæ, beyond doubt. The white patches of secondary “sore throat” are in relief, altered epithelium, and may be discriminated readily from the former, and from those milder forms of diphtheritic sore throat in which it is at once evident that the white spots, “deposits”, lie upon the surface. They are *in alto*, and may be scraped off by means of an instrument from the surface. In ulcerated sore-throat, calomel purgatives and salines accomplish a quick cure. In the syphilitic, iodide of potassium is of scarcely any service; mercury is indispensable. In the diphtheritic, the iodide is decidedly injurious; in the perforating, it is a *specific*. These several forms are symbols outwardly indicative of the diathetic circumstances, constitutional peculiarity, by which they are in truth produced. Neither could occur under other systemic influences. They are not interchangeable; nor are they separate and independent realities. Each must be judged with, as a part of, the constitution of the person in whom they have occurred, and regarded as visible signs of its tendency in disease.

A GREAT BARGAIN. “Homœopathic Pharmacy for disposal. Doing a good business.—Address W.S., 56, Copperas Street, Manchester.”

SUICIDE FROM TOOTHACHE. On the 7th inst., an inquest was held on a young man, who had suffered very severely with toothache during the last four or five months. “I have known him,” said a witness, “sit and cry for hours together with it. He suffered wonderfully with it.” They found deceased was hanging by a line to a beam. His feet and knees were upon the ground. He (witness) cut him down. He was quite dead and stiff. He should think the deceased must have stood upon the ground when he hanged himself. The Coroner said it was clear that the deceased was not known to complain of anything but the toothache, of which there could be no doubt the poor fellow suffered most severely, and it was quite probable that the mind of the deceased had become affected by the continued excruciating pains to which it appeared he had been subject during the last few weeks.

## Reviews and Notices.

HÆMORRHOIDS AND PROLAPSUS OF THE RECTUM; their Pathology and Treatment: with Especial Reference to the Application of Nitric Acid. With a Chapter on the PAINFUL ULCER OF THE RECTUM. By HENRY SMITH, F.R.C.S., Assistant-Surgeon to King's College Hospital. Third Edition. Pp. 141. London: 1862.

MR. SMITH, in preparing this third edition of his practical work on *Hæmorrhoids and Prolapsus of the Rectum*, has added a chapter on Painful Ulcer.

This affection, which is also sometimes called fissure of the anus, or irritable ulcer of the rectum, is believed by Mr. Smith to originate in the straining efforts which take place in consequence of habitual constipation. Commencing as a slight rent of the mucous membrane, the breach of surface is, by the movements of the bowel and the passage of hardened fæces, rendered more and more extensive, until it becomes a decided ulcer. The most prominent symptom is pain, occurring sometimes at, sometimes after, the time of defecation. The general health is not much affected at first; but ultimately signs of anæmia and debility appear. In women, the disease has been mistaken for an uterine affection, and local applications have accordingly been made to the womb.

“The situation, form, and appearance of the ulcer differ. Thus, in one instance the disease may be so located as to be almost entirely without the verge of the anus, implicating the sphincter but slightly, and may be readily brought into view. In another case it may be seated quite across the fibres of the sphincter muscle, and then only a portion of the ulcerated surface can be brought into view. The shape of the ulcer varies—it is round, oval, or triangular, generally measuring from the eighth of an inch to half an inch in length. Its surface presents in one case the appearance of a bright red colour, in another a greyish colour. When the disease is recent, the edges are level with the ulcer; if, however, it has existed for any length of time, the borders are raised and indurated. Sometimes there are two ulcers; or rather, one ulcer is separated into two portions by a process of integument. . . . In by far the majority of cases the painful ulcer is met with at the posterior verge of the anus, nearly or quite in the median line.” (Pp. 129-131.)

The disease, according to Mr. Smith, is easily remedied. Where the ulcer is seated low down, the application of nitrate of silver will often be sufficient; but if this do not succeed, an ointment of half a drachm of grey oxide of mercury in an ounce of lard should be used. “In other instances, the daily introduction of a full-sized bougie made of wax or of yellow soap will be followed by the best results.” In all cases, the action of the bowels should be regulated by small doses of calomel and rhubarb.

When the disease is seated more deeply, and has associated with it a spasmodic contraction of the sphincter ani, a simple surgical operation is required. This consists in making an incision through the ulcer, and dividing some of the fibres of the sphincter. Mr. Smith always applies, after the operation, a suppository of compound soap pill and extract of henbane (six grains of each).

For other particulars regarding the painful ulcer,



we must refer to Mr. Smith's work ; which contains useful information on the treatment of a troublesome class of diseases.

A MANUAL OF MINOR SURGERY AND BANDAGING ; for the use of House-Surgeons, Dressers, and Junior Practitioners. By CHRISTOPHER HEATH, F.R.C.S. ; Assistant-Surgeon to, and Demonstrator of Anatomy at, the Westminster Hospital, etc. Second Edition. Pp. 228. London : 1862.

IN preparing a second edition of this useful little work, Mr. HEATH has added two chapters, on the Immediate Treatment of Cases of Poisoning, and on the Mode of Reporting Cases. These increase the utility which the book already possessed.

## British Medical Journal.

SATURDAY, JULY 19TH, 1862.

### THE BATTLE OF THE GRAINS.

THE manuscript of the *British Pharmacopœia* is now ready for the press. Three years and a half have been occupied in its preparation by a *Pharmacopœia* Committee of English, Scotch, and Irish members appointed by the General Medical Council ; and a further delay is now occasioned by the discovery that an Act of Parliament is required to give to the *Pharmacopœia* the authority of law, and make its injunctions binding on those whom it may concern. In the pause thus occasioned, a question, thanks to Dr. Paget of Cambridge, has arisen as to the desirableness of certain changes in the pharmaceutical weights, which are announced as one of the novelties of the forthcoming *Pharmacopœia*.

The intended changes are a substitution of the avoirdupois pound and ounce for the apothecaries (or troy) pound and ounce, and the introduction of a new drachm, a new scruple, and a new grain, differing in weight from those now in use.

Sound reasons can be given for adopting the avoirdupois pound. It is the standard pound established by law ; and it is in common use in the ordinary trade of the country, including that of manufacturing chemists. Its weight is 7000 grains.

The troy pound, which weighs 5760 grains, and is the pound of our existing apothecaries' weight, is used for no purpose except the minor operations of pharmacy, and the weighing of gold and silver.

The use of two different pounds for the larger and smaller operations of pharmacy is so manifestly objectionable, that we cannot but commend the desire of the *Pharmacopœia* Committee to discard the troy pound, and substitute for it the avoirdupois pound.

The other parts of their scheme are more questionable. They adopt not only the avoirdupois pound, but the avoirdupois ounce, which contains

437½ grains ; and this they divide into 480 equal parts. Each of these 480 parts they call a grain ; twenty of them they call a scruple, and sixty of them a drachm.

Thus they give the names of existing weights to new weights of different values. The new grain will be a little more than nine-tenths of the old grain ; the new scruple will weigh about eighteen, and the new drachm between fifty-four and fifty-five, of the old standard grains.

The differences between these and the old weights of the same denominations are not so great as to be of much practical importance in prescribing. To ensure accuracy, it would, indeed, be necessary to have new sets of brass weights ; but this would be only a matter of trivial expense. A strong objection to the change is, that, in all books heretofore published in England, the words grain, scruple, and drachm have a meaning not exactly the same as that which they would have when the new *Pharmacopœia* comes to be established. But the strongest objection of all is, that whatever be the fate of the old drachm and scruple, the old grain cannot be driven out of the field by the new one. "The present standard grain has been formally established by Act of Parliament, being defined as the seven-thousandth part of the standard pound." It is the unit of our several tables of weights, the link by which they are connected, the common element which serves in calculations to convert avoirdupois weights into troy weights, and *vice versa*. "It is not only in actual use for medicines and the precious metals, and in scientific investigations, but has been in use for ages, and is known and understood both at home and in foreign countries as our standard grain. It will, of course, continue to be used by men of science in their experiments and calculations."

To introduce a new grain is, therefore, to establish two grains ; and to have two grains of different value is to incur not merely a temporary inconvenience, but an ever recurring ambiguity. When in medical, chemical, or physiological investigations, we meet with statements in grains, we shall be left in doubt which kind of grain is meant, the standard or the new grain ; and this is a doubt which no calculation can solve.

The introduction of a new grain would be the introduction of a fresh element of confusion into medical writings—an ambiguity of the same kind as that which already exists between the two pounds and the two ounces ; and it would have the effect of making diverse what is now common between medicine and the exact sciences.

Let us now consider what advantages the scheme of the *Pharmacopœia* Committee has to offer in compensation for these serious inconveniences. The chief or only advantage, for the sake of which the



new grain is proposed, is the assimilation of the smaller weights with the smaller fluid measures. The new grain will be the weight of a minim of distilled water; the new drachm will be the weight of a fluid-drachm of distilled water. This conformity is very neat and symmetrical; but its practical importance is small, for no inconvenience has ever been proved or imagined to have arisen from the discrepancy which has hitherto existed between the weights and fluid measures. Moreover, it may be remarked, that the conformity would be accomplished only for distilled water. The new grain would not be the weight of a minim of any fluid of which the specific gravity differed from that of water.

Again, the relation of the new grain to the *great standard* measure, the imperial gallon, would be *less* simple than that of the old grain. The gallon contains 70,000 standard grains of distilled water; of the new grain it would contain 76,800. A like remark may be made as to the relations of the two grains to the standard pound, which contains 7000 of the old grain, and would contain 7680 of the new.

If it were of importance to assimilate the weights and fluid measures, the better plan would be not to alter the weights, but the smaller fluid measures, which are not established by law, and are used in pharmacy only.

We are of opinion, therefore, that the advantage proposed in this part of the scheme of the *Pharmacopæia* Committee is not sufficient to counterbalance the inconveniences; and that it would be both unscientific and at variance with sound principles of legislation to introduce a new grain for a limited purpose, when one was already in common use, which has existed for centuries, and has been confirmed by Act of Parliament.

We therefore approve of one part of the scheme of the *Pharmacopæia* Committee—viz., the adoption of the avoirdupois pound; but we disapprove of the rest. Happily, these two parts are not *necessarily* connected. It would not be inconsistent with the use of the avoirdupois pound to continue to prescribe in *standard* grains, scruples, and drachms, such as we use at present; and if grains and pounds only were used in the *Pharmacopæia*, and the practice introduced of writing prescriptions in grains alone, we might by an easy transition pass before long into a decimal scale, of which the unit would be the standard grain, and its other weights a decigram, a centigram, and a milligram; seven milligrams being equal to the standard pound.

Happily, as we have said, this novelty came to the knowledge of Dr. Paget, who improved his knowledge to the benefit of the profession by bringing the subject under the notice of the London College of Physicians. This learned body, having listened to Dr. Paget's cogent statements against

the innovation, and heard what could be said in defence of the newly proposed grain, almost unanimously resolved that their opinion, contained in the following resolution, should be communicated to the Medical Council:

"It having come to the knowledge of this College that, in the new *Pharmacopæia* intended for publication under the authority of the General Medical Council, has been contemplated to introduce a new grain, differing from the standard grain weight of the country, the College is of opinion that, however desirable it may be to substitute the avoirdupois pound for the troy pound, it is *not* desirable to introduce a new grain differing from the standard grain, which has been so long in general use, and is established by Act of Parliament."

Never was a fair countenance so mutilated, for the sake of improving its features, as this no doubt excellent compilation—this forthcoming *British Pharmacopæia*—has been by this attempted novelty. Happily, the error has been caught in time, and, we must hope, will not be accepted by the Medical Council. It is true that all the calculations in the manuscript have been made in conformity with this new grain; but a professional figure-man would convert the figures into the old grains long before the manuscript can go to press—i. e., before Parliament passes the Act which will enable it to go to press.

#### THE SCOTTISH WIDOWS' ASSURANCE COMPANY.

THERE is, it would appear, a clause inserted in the policies of the Scottish Widows' Assurance Company which provides that if, as a matter of fact, the party insuring his life have at the time of his assurance anything the matter with him tending to shorten life even though he himself were ignorant of it, the policy shall be null and void.

The provision, we must say, is one of a very extraordinary nature; and we will venture to say, regarded from a medical point of view, utterly unjust and indefensible. One might *prima facie* practically regard the provision as being of no greater value than the clause which in assurance policies provides against the claims of persons who have committed suicide, and which, as we all know, is in fact inoperative. But the provision we are now speaking of has been actually enforced, in a case lately tried in an Irish court of justice. We will relate the facts of the case as they are given in the *Irish Times*, because we cannot do otherwise than regard the judgment as contrary to all principles of justice, however consonant it may be with the law which affects the matter.

Dr. Bayley of Rockwood, Roscommon, receives from a Mr. Champion a policy of assurance on his life, as collateral security for money advanced to him by Dr. Bayley. Mr. Champion dies; and the assurance office refuses to pay the policy, on the grounds that Mr. Champion had insured his life, knowing



at at the time his life was uninsurable, in consequence of his suffering under a disease of the stomach, ending at no remote period to terminate fatally ; and that, as a matter of fact, he absolutely had a cancer of the stomach at the period of the insurance, though he himself was not aware of it, but, on the contrary, believed himself to be in perfect health, excepting some dyspeptic symptoms, of which he gave the Company full information, and which, admittedly, had much improved under medical treatment.

A six days investigation of the case was held by the Chief Baron and a special jury. Doctors and lawyers of eminence were examined *pro* and *con.*; and the result of the trial was : That the jury acquitted Mr. Campion's memory of the charge of fraud ; but found that, as a matter of fact, he had the disease of the stomach alleged by the Company, and that as a consequence the policy was null and void.

How far such a verdict is consistent with justice may be gathered from the following facts, which came out during the trial : Mr. Campion, before insuring, had explicitly told the Company "that he had suffered under dyspepsia, or indigestion, or some stomach-disease resulting from these." He also referred them to his own private medical man, to whom, however, the Company (we may suppose from motives of economy) never applied ; and he finally passed the examination of their own medical adviser—a distinguished Dublin man. It was also shewn that his medical attendants had never informed him of the dangerous nature of his disease ; but, on the contrary, had held out to him hopes of recovery, if he would adhere rigidly to the rules of diet prescribed. If ever an assurance was made *bonâ fide*, surely this one was.

Hence, then, it follows that, however honestly and truthfully a man may make provision for the assurance of his life in the Scottish Widows' Assurance Company, he may nevertheless be ultimately deprived, through no fault of his own, of the benefit of his assurance. If it should turn out that, at the time of his assurance, he was the subject of some lurking disease, of which he himself was totally ignorant, and which the medical officer of the Company was unable to discover, he is subjected to all the worst penalties which the Company is able to inflict on any one of its assurees.

We give publicity to the fact, as we find it summed-up in the *Irish Times*, with the hope of assisting, by the expression of public opinion, in the removal of so manifest a blot from the code of an assurance company.

If a verdict of this kind is to be held as founded in justice, we may soon expect to see assurance companies object to the payment of the policies insured on the lives of those who die, for example, of consumption. They will bring doctors forward to prove that,

at the time the assurance was effected, the deceased was afflicted with phthisis in its pretubercular stage. Also, in cases of insanity, proof will be given that, at the time of the assurance, the individual was manifestly—to the expert's eyes—afflicted with some obscure incipient disease of the brain ; and so on.

We sincerely hope that Dr. Bayley, who is, we hear, a man of wealth, will not rest satisfied with the verdict, but will, for the benefit of society, endeavour to have it reversed in a higher court. No doubt attempts are often made, and successfully, to impose upon assurance companies ; but, in this case, the unfair advantage taken seems to have been wholly on the side of the Company.

## THE WEEK.

WE suspect that many of our readers will, like ourselves, regret the appearance in the *Times* of a letter from the pen of Dr. W. C. Hood, headed "The Plea of Insanity." Dr. Hood, from his conspicuous position as an authority in mental diseases, should be very careful in what he addresses to the public on the subject ; and especially so at this time, when the public and men of law greedily seize upon every occasion of calling "the doctors" to account in the matter of insanity. Every physician is well aware of the fact, that insane delusions do occasionally take hold upon mothers after childbirth and long suckling ; and on this fact, coupled with hereditary tendency to insanity and mental anxiety, Dr. Hood might, we think, have well allowed the plea of insanity made for Mrs. Vyse to have rested. But he goes further ; and we must venture to say, has made a rash—or, at least, a very startling—statement. He asserts that he is able to point out "very manifestly" what the actual morbid state of the brain is which is connected with certain symptoms—"with painful sensations seated in the interior of the cranium on the surface of the brain" noted during life. Dr. Hood writes :

"On my first visit to her at Newgate I learnt that during the latter months of suckling she had been mentally overworked, and subject to great anxiety and fatigue. When worried by her business transactions she suffered from a painful sensation seated in the interior of the cranium, on the surface of the brain, and which she spoke of as 'perspiring of the brain'—a symptom often complained of by patients who suffer from mental disease, as giving a creeping, irritating feeling, but never more graphically described than by Mrs. Vyse. *It is indicative of morbid action or secretion of the membranes of the brain, which is very manifest by examination after death.*"

We have underlined the words to which we would call especial attention ; and we would ask Dr. Hood to tell us what, according to his experience, is the exact pathological condition which he associates thus positively with these cranial sensations. Unless Dr. Hood is ready to affirm positively, from actual observation, and to explain, in pathological language,



what these morbid conditions of the brain are, and to show that they are actually connected with the morbid sensations in the relation of effect and cause, he certainly does not make good this published statement; but, on the contrary, he gives an excellent handle to those who are ever so ready to scourge our professional theorisings. If it should appear that the relation of cause and effect above alluded to cannot be clearly drawn, then it follows that their chief support is cut away from the other conclusions of Dr. Hood.

THE Lord Chancellor's Lunacy Regulation Bill, somewhat modified, has all but become the law of the land. The clause has been accepted which excludes evidence of acts of insanity committed two years previously to the date of inquiry; but at the same time appended to it is a discretionary power given to the judge to admit such evidence, should he consider it proper to do so. This compromise seems a very fair one. That there ought to be some limits in such inquiries was clearly enough shown in the famous Windham case. The temptation of running up enormous costs to the lunatic's estate, and of putting enormous profits into their pockets by the men of law, should not be thrown in their way. One other very important item in the Chancellor's Bill was the exclusion of medical scientific evidence. This very unreasonable demand of his, however, the Commons will not accept. Why should a medical man's scientific or unscientific evidence be excluded any more than the scientific or unscientific evidence of other professional men? This the House of Commons could not understand. On this point, therefore, as we understand the case, medical evidence in lunacy cases remains exactly as it has heretofore been. The judge has still, as he always has had, power to stop a medical witness who gets beyond his proper tether. And we have plenty of proof that judges do not fail to exercise their power on fitting, and sometimes, we may say, on unfitting occasions. The amended clause now stands as follows:—

"Nor shall the opinion of any medical practitioner be admissible in evidence on the sanity of any person, unless such opinion shall be founded on the existence and character of any symptom of mental disease which he may have himself observed while examining or attending such person."

Moreover, inquiries of the Windham kind are, in future, to take place before a superior judge.

THE horrible murder of Mr. Puckett, while engaged in his duties as surgeon of the Weymouth Union, was detailed in last week's JOURNAL. We deeply regret to find that his death leaves his family in a deplorable position; and would, therefore, recommend the necessities of those who are thus suddenly deprived of their supporter to the sympathy of his

professional brethren. This is surely the very case for which our Benevolent Colleges and other institutions should find proper provision.

THE time of meeting of the British Medical Association draws near; and we have been requested by the local Secretaries to call attention to the necessity which exists for having all possible information as to the intention of members to be present on the several days of the meeting, and at the annual dinner on Friday, August 8th. It is almost impossible for the Managing Committee (desirous as they are that the meeting should be in every way successful) to make satisfactory arrangements for the reception and entertainment of visitors from the country, unless they can have some definite idea as to whether they are to provide for many or few, in this utterly exceptional year. We are sure that all will, with us, feel that the desire of the Committee to obtain information demands from all considerate men a prompt attention. It is, of course, not expected that professional men should say absolutely that they will be at the meeting on any particular day, or even at all; but, if each member who intends to be present if he can, will only state as much, the aid he will give will be great. Members should communicate their intentions without delay to the local Secretaries, Dr. Stewart, 74, Grosvenor Street, W.; and Dr. Henry, 15, George Street, Portman Square, W. Before concluding, we have been requested by the Secretaries to acknowledge with thanks the receipt during the past week of some valuable information from their colleagues in the Branches and other gentlemen.

THE following civil-list pensions have been this year granted to members of the medical profession or their relatives.

"Miss Elizabeth Baly and Miss Marie Josephine Fauvet, a joint pension (£100), in consideration of the late Dr. Baly's long career in the public service, and of the merit of the scientific medical works of which he was the author.

"Dr. John Hart (£75), Fellow of the Royal College of Surgeons in Ireland, in consideration of his contributions to the science of anatomy and physiology, and of his being afflicted with blindness and broken health.

"Mr. George Rainey (£100), in consideration of his labours in the field of minute anatomy and physiology, and of the many works on the subject which he has given to the public in the *Transactions* of learned societies without receiving any pecuniary remuneration."

IN the capture of Ningpo, just reported in despatches, we find recorded that Assistant-Surgeon A. Hogg was severely wounded. With continually occurring casualties of this kind before us, it is impossible not to be struck with the gross injustice of the Horse Guards lately shown in their refusal of public honours to our army medical brethren in India.



# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirtieth Annual Meeting of the British Medical Association will be holden in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

*President*—ALFRED LOCHÉE, M.D., F.R.C.P., Canterbury.

*President-elect*—GEORGE BURROWS, M.D., F.R.C.P., F.R.S., London.

All the Meetings will take place at the Royal College of Physicians, Pall Mall East.

### TUESDAY, August 5th.

12 NOON. Meeting of Committee of Council.

3.30 P.M. Meeting of the General Council.

8 P.M. First General Meeting of Members. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted. 9 P.M. The President and Fellows of the Royal College of Surgeons of England have invited their Fellows and Members to meet the members of the Association at *conversazione* at the College.

### WEDNESDAY, August 6th.

10 A.M. Meeting of the Members of the new Council.

11 A.M. Second General Meeting of Members. An experimental Report on the Treatment of Suspended Animation will be read by B. W. RICHARDSON, M.D. Papers and Cases will be read.

1 P.M. The Address in Medicine will be read by W. WALSHE, M.D., F.R.S. The Report of the Medical Benevolent Fund will be presented. Papers and Cases will be read.

9 P.M. The President and Fellows of the Royal College of Physicians have kindly invited the Members of the Association to a *Soirée* at the College, at 9 P.M.

### THURSDAY, August 7th.

11 A.M. Third General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Surgery will be read by JAMES PAGET, Esq., F.R.S. Papers and Cases will be read.

### FRIDAY, August 8th.

11 A.M. Fourth General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Physiology will be delivered by W. SHARPEY, M.D., F.R.S. Papers and Cases will be read.

6.30 P.M. Dinner at the Albion Tavern, Aldersgate Street. Tickets One Guinea each.

Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, Royal College of Physicians; where cards will be supplied which will secure admission to all the Proceedings.

Refreshments will be provided in the College during the Meetings.

Members who wish for previous information may communicate with Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Papers have been promised by Francis Sibson, M.D., F.R.S. (Aneurisms of the Arch of the Aorta); William Budd, M.D., of Bristol (On the Occurrence of Malignant Pustule in England, illustrated by numerous Fatal Cases, and a Series of Photographs); C. Handfield Jones, M.D., F.R.S. (Suggestions for Inquiries into the Action of Medicines); Lionel Beale, M.B., F.R.S. (Observations on the Formation and Destruction of Tissue in the Living Body); William Farr, M.D., F.R.S. (On Medical Statistics); C. E. Brown-Séquard, M.D., F.R.S. (Remarks on a Case of Wound of the Spinal Cord); Ernest Hart, Esq. (On the Successful Treatment of Aneurism by the Flexion Method); W. Tindal Robertson, M.D., of Nottingham (On Hydro-Therapeutics); A. P. Stewart, M.D. (Some Remarks on the Treatment of Intestinal Obstructions); J. V. Solomon, Esq., of Birmingham (The Relief of Near Sight without Spectacles); Dr. Inman, of Liverpool (On the Question, Is Alcohol Food?); Dr. Ephraim Cutter, of Woburn, Massachusetts, N.A. (On the Employment of Veratrum Viride in the Treatment of Disease); Jonathan Hutchinson, Esq. (On a Form of Deafness hitherto undescribed, occurring in the Subjects of Inherited Syphilis); J. Higginbottom, Esq., F.R.S., Nottingham (On the Non-Alcoholic Treatment of Disease); J. Hughes Bennett, M.D., of Edinburgh (On the Treatment of Pneumonia, with the Results of 105 carefully recorded Cases); Ephraim Cutter, M.D. (The Treatment of Morbus Coxarius by Extension Splints).

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, July 12th, 1862.

## NOTICE TO HONORARY SECRETARIES.

DR. WILLIAMS will feel particularly obliged if the Secretaries who have not yet sent the names of members elected, at the annual meetings of the Branches, to serve on the *General Council*, will forward them to him as early as practicable.

Worcester, July 15th, 1862.

## SOUTH MIDLAND BRANCH: ANNUAL MEETING.

THE Sixth Annual Meeting of the above Branch was held in the Trustee Room of the Harpur Charity, Bedford, on June 26th; R. CEELY, Esq., President, in the Chair. There were also present sixteen members and three visitors.

In the unavoidable absence of Dr. FRANCIS, the President, Mr. TERRY of Northampton was called to the Chair. He made some remarks on his sense of the honour conferred upon him; and, as Dr. Bryan, the Secretary, was also prevented from attending, he called upon Mr. Goldsmith of Bedford, the Secretary-elect, to read the minutes of the last meeting. Mr. CEELY, the President-elect, was then introduced by the Chairman.

*President's Address.* Mr. CEELY then read an eloquent address, in which he congratulated the South Midland Branch upon the zeal and activity of the members; and referred to the benefits accruing to the profession from the Association, in promoting personal acquaintance, and a happy cooperation in those researches which have for their object the advancement of medical science. He spoke of the encouragements that arise from the improved social status of medical men, and the increased esteem and respect in which they are held by a more enlightened public. He also made some observations on the trials that beset the path of the earnest practitioner, and on the frequent inability of the best and most scientifically directed measures to cope successfully with the virulence of disease. The address will be published in the JOURNAL.



*Officers for the next Year.* Dr. Paley was proposed as President by Mr. DANIELL, and seconded by Mr. HEMMING.

Dr. Bryan and Mr. Goldsmith were proposed as Secretaries by Mr. TERRY, and seconded by Dr. PALEY.

*The Committee of Management* was then proposed by Mr. HEMMING, and seconded by Mr. COLLINGWOOD, to consist of T. H. Barker, M.D.; T. Chapman, jun., Esq.; E. Daniell, Esq.; J. W. Dryland, Esq.; J. M. C. Faircloth, M.D.; J. G. Leete, Esq.; P. McLosky, M.D.; J. Ody, M.B.; H. Terry, Esq.; H. Veasey, Esq.; and R. W. Watkins, Esq.

*Representatives in General Council.* The following representatives were proposed by Mr. WILLIAMS, seconded by Mr. COLLINGWOOD, and elected:—Thomas Clark, Esq. (Wellingborough); J. M. C. Faircloth, M.D. (Northampton); E. Lawford, M.D. (Leighton Buzzard); and R. W. Watkins, Esq. (Towcester).

*Papers and Cases.* The following papers and cases were read.

1. Case of Addison's Disease. By D. J. T. Francis, M.D. (read by the Secretary). The paper will be published in the JOURNAL. The disease was illustrated by specimens of enlarged suprarenal capsules filled with amorphous granular matter, and by a patient, a labourer, aged about 30, sent by Dr. Francis for the inspection of the members. The man had a mahogany tint of complexion, and stated that he was formerly much darker than he is at present. Dr. RICHARDSON stated that, from extensive observations, he had failed to discover any necessary connection between this discoloration and disease of the suprarenal bodies; and thought that, at the present stage of our knowledge of the subject, the profession must hesitate to accept the supposed discovery of Dr. Addison as one of the settled facts of science. Messrs. HEMMING and McCORMICK also took part in this discussion.

2. Case of Chronic Hydrocephalus, in which Recovery took place. By W. Paley, M.D. The case will be published.

3. Certain new Therapeutic Agents. By B. W. Richardson, M.D. The iodide of ammonium was the first mentioned. On account of the greater solubility of the salts of ammonium over those of potassium, he had proposed this as a powerful substitute for the iodide of potassium. He had himself used it largely, and had it extensively tried; and some of the practitioners who had employed it, had since discarded the use of iodide of potassium. It was used locally made into an ointment, and given internally dissolved in glycerine or cod-liver oil. The next substance noticed was peroxide of hydrogen, or a solution of ten volumes of oxygen in water. After some interesting observations upon the large number of volumes of oxygen that water may be made to retain, Dr. Richardson proceeded to show the presence of the gas in the solution set free by the catalytic action of peroxide of manganese. He stated that the relief afforded by this substance in the last stages of diseases attended with great dyspnoea, was very marked. The next body was a combination of ammonium with arsenic, which, for the same reason as made the iodide of ammonium superior to that of potassium, Dr. Richardson thought preferable to the arsenite of potash usually employed in cutaneous affections. It was administered internally, and applied locally as a soap or an ointment. The last body mentioned was nitrate of amyl, a recently discovered compound, having no anæsthetic properties, but the vapour of which had the effect, when respired, of accelerating the pulse, and causing congestion of the vessels of the head and face. Remarks were made by Mr. CEELY and Dr. PALEY.

4. Certain Cases of Obstruction and Stricture of the Alimentary Canal. By H. Veasey, Esq. This paper will be published in the JOURNAL.

5. Dr. CUTTER of Massachusetts addressed the meeting on the *Veratrum Viride*, an American plant belonging to the native family *melanthaceæ*, to which also *colicium* belongs. He stated that its primary effect was that of an arterial sedative, reducing the fulness and frequency of the pulse and of the respiration; given moderately, it produced nausea, vomiting, diuresis, and profuse perspiration. He also mentioned the extensive and satisfactory trials of its virtues that had been made in America in inflammatory complaints, and recommended its use to the profession in the old world. Specimens of the tincture were exhibited, and some pamphlets were presented describing the investigations that had been conducted in America.

6. Coma the Result of Intoxication. By H. Hall Esq. This paper will also be published.

*Future Meetings of the Branch.* It was carried unanimously, that the autumnal meeting should be held at Aylesbury; and that the next annual meeting be held at Peterborough, some time in June. Dr. PALEY remarked that a proposition had emanated from the Cambridge-shire Branch, that they should hold their meeting at the same time and place; and he had no doubt that an excellent meeting would result from the fusion of the two Branches.

*Votes of Thanks.* Thanks were then tendered to Mr. CEELY, with a request that he would allow his address to be published in the JOURNAL.

Thanks were also presented to the authors of the papers; and to the Trustees of the Harpur Chari through the Mayor.

#### NORTH WALES BRANCH: ANNUAL MEETING.

THE thirteenth Annual Meeting of the North Wales Branch was held on Tuesday, the 1st instant, at the Royal Hotel, Rhyl. There were eighteen members present. T. T. GRIEFITH, Esq., the retiring President, opened the meeting; and, after expressing his thanks for having been a second time elected to the presidency, vacated the chair for the President-elect, GEORGE TURNER JONES, M.D., of Denbigh.

*President's Address.* The President delivered an eloquent address. He dwelt principally upon diseases incidental to insanity, and the treatment he found most successful.

It was proposed by Dr. WILLIAMS, of Mold, and carried with acclamation—

"That the best thanks of this meeting be tendered to the President for his address, and that he will be good enough to allow it to be published in the BRITISH MEDICAL JOURNAL."

*Report of Council.* The following Report of Council was then read:—

"The recurrence of the thirteenth annual meeting of the North Wales Branch of the British Medical Association affords your Council an opportunity of expressing their gratification at its continued prosperity.

"There have been no events of importance to chronicle during the past year; beyond, perhaps, the proceedings in the session of the General Medical Council recently brought to a conclusion. This public body does not appear to have acted as satisfactorily as was anticipated, and has fallen immeasurably in the just expectations of the profession. Their decision respecting the regulations issued by the Royal College of Surgeons in England, with regard to preliminary and professional education, appears to your Council fraught with ominous significance; and requires the unceasing vigilance and the prompt action on the part of the British Medical Association.

"Your Council recommend that an intermediate meeting of this Branch be held annually some time in the



er, for the discussion of medical and scientific sub-  
s only.

Since the last meeting, your Council have to report  
unfeigned regret the death of three estimable mem-  
of this Branch; viz., Dr. Lloyd Williams, of Den-  
; Mr. William Rowlands, of Wrexham; and Mr.  
mas Prytherch, of Ruthin: and they wish to convey  
their bereaved families the expression of the warmest  
pathy and condolence of this Association.

At the meeting of the Council of this Branch, held  
the 3rd of last month at Rhyl, it was resolved upon,  
circulars should be sent calling in the arrears and  
scriptions of half-a-crown now due.

The Financial Statement shows a balance of £4:18:10  
hand, to meet the current expenses of this year,  
ing from the following sources:—

RECEIPTS.		£	s.	d.
Balance in hand at the annual meeting on				
18th June, 1861 .....	5	1	8	
Subscriptions since received .....	3	15	0	
		8	16	8
DISBURSEMENTS.				
Secretary's official expenses (including two				
guests' dinner), stationery and postages,				
made up to 31st December, 1861 .....				
	3	17	10	
Balance in hand .....	4	18	10	
		8	16	8

Dr. DAVIES (Holywell) moved, and it was seconded by  
MORRIS (Marford), and carried unanimously—

That the Report of Council now read be received,  
pted, and entered in the minutes."

*Vote of Thanks to the Council of the Branch.* Mr.  
IES WILLIAMS (Holywell) moved, and it was seconded  
Dr. JENKINS (Ruthin), and carried unanimously—

That the cordial thanks of this meeting be given to  
Council of this Branch for their unremitting atten-  
and valuable services during the past year."

*President-elect for 1863, and Place of Annual Meet-  
.* It was proposed by Mr. GRIFFITH (Wrexham),  
onded by Dr. ROBERTS (St. Asaph), and carried by  
lamation—

That Dr. Llewellyn Lodge, of St. Asaph, be the Pre-  
ent-elect for 1863; and that Rhyl be the place of  
eting for that year."

*Council of the Branch for Next Year.* It was moved  
Mr. MORRIS (Marford), seconded by Dr. DAVIES  
olywell), and agreed to—

That the following gentlemen be elected to the  
ouncil of this Branch for next year, in accordance with  
e seventh bye-law, viz.—O. Roberts, M.D. (St. Asaph);  
hn R. Hughes, M.D. (Denbigh); F. Theed, Esq.  
hyl); J. C. Davies, M.D. (Holywell); J. Williams,  
q. (Holywell); and J. R. Jenkins, M.D. (Ruthin)."

*Representatives in the General Council.* It was pro-  
sed by Dr. JENKINS, seconded by Dr. LODGE, and  
reed to—

That Thomas Taylor Griffith, Esq., of Wrexham,  
d Frederick Theed, Esq., of Rhyl, be elected repre-  
ntatives of this Branch in the General Council of the  
itish Medical Association."

*Election of Secretary and Treasurer.* Dr. ROBERTS  
t. Asaph) proposed, and it was seconded by the PRE-  
DENT, and carried unanimously—

That D. Kent Jones, Esq., of Beaumaris, be re-  
ected Secretary and Treasurer for next year."

*The Recent Decision of the Medical Council.* It was  
oposed by Mr. GRIFFITH (Wrexham), seconded by  
r. EDWARDS (Denbigh), and unanimously carried—

That this meeting, considering the high expectations  
ertained by the profession for the observance of the

rules and laws laid down by the General Medical Coun-  
cil for the guidance of the various corporate bodies in  
the United Kingdom, express their surprise and strong-  
est condemnation at the recent decision made by that  
public body respecting the regulations issued by the  
Royal College of Surgeons of England for the pre-  
liminary and professional education of candidates for its  
diploma."

*Intermediate Meeting of the Branch.* It was proposed  
by Mr. THEED (Rhyl), seconded by Mr. WALTER JONES  
(Ruthin), and carried—

That an intermediate meeting of the North Wales  
Branch be held annually sometime during the winter  
months, of which due notice shall be given to members  
by the Secretary, for the discussion of medical and  
scientific subjects only."

*Election of Presidents of the Branch.* Dr. WILLIAMS  
(Mold) withdrew his notice of motion, which was to the  
following effect—

That no member of this Branch be elected to fill  
the President's chair who has already done so, until the  
list of members be gone through."

It was proposed by Dr. JENKINS, seconded by Dr. J.  
HUGHES (Denbigh), and unanimously resolved—

That the subject of election of presidents be dis-  
cussed at the next annual meeting of the North Wales  
Branch."

*New Member.* Upon the proposition of Dr. ROBERTS,  
seconded by Dr. WILLIAMS (Mold), Walter Williams  
Jones, Esq., of Ruthin, was unanimously elected a  
member of this Branch, and of the British Medical  
Association.

*Papers and Communications.* The following papers,  
etc., were read, and elicited interesting discussion:—

1. On Prolapsus Ani. By T. T. Griffith, Esq.
2. Case of Unsuspected Pregnancy and Labour, with  
permanently Retained Placenta. By T. F. Edwards, Esq.
3. Observations on Placenta Prævia, and on Retained  
Placenta. By J. R. Jenkins, M.D.
4. Case of Fibrous Tumour within the Uterus during  
Pregnancy, producing *Post Partum* Hæmorrhage and  
Death. By J. C. Davies, M.D.
5. Case of Trephining in Epilepsy. By J. Wil-  
liams, Esq.

*Vote of Thanks.* A cordial vote of thanks was passed  
to the President for his conduct in the chair, and to those  
members who had read papers, etc., to the meeting.

*Dinner.* At the appointed hour, all the members  
present at the meeting in the morning, with Dr. Tur-  
nour of Denbigh and others, who arrived subsequently,  
dined together at the Royal Hotel, and spent a pleasant  
and agreeable day.

## CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch was held at the  
Rose and Crown Inn, Saffron Walden, on Wednesday,  
July 9th. Twenty gentlemen were present. F. WELSH,  
Esq., President, gave a short address.

*Resolutions* were passed as follows:—

1. It was proposed by Mr. PORTER, and seconded by  
Dr. WARD—

That the annual meeting of this Branch of the Asso-  
ciation be held next year at Peterborough, in conjunc-  
tion with the South Midland Branch, under the presi-  
dency of Dr. Paley."

2. It was proposed by Mr. PINCHARD, and seconded  
by Mr. O'CONNOR—

That the President, the President-elect, and the  
retiring President, Dr. Paget, Mr. Hammond, and the  
Secretary, form the Council of the Branch for the  
ensuing year."



3. It was proposed by Dr. HOOPER, and seconded by Mr. CRIBB—

"That the President and President-elect be the representatives of the Branch in the General Council of the Association during the ensuing year."

*Communications.* The following communications were made:—

1. On the Use of Trifolium in Fœno in Lessening the Spasms of Hooping-Cough and Hay Asthma. By M. Foster, Esq., Huntingdon.

2. Case of Catalepsy. By F. Welsh, Esq.

3. Case of Breech Presentation with Hydrocephalus. By H. Stear, Esq., Saffron Walden.

4. Obstruction of the Abdominal Aorta by Emboli, with Fungous Growth in Heart. By J. Brickwell, Esq., Sawbridgeworth.

5. On Clots in the Smaller Veins of the Limbs. By H. Finch, Esq., Cambridge.

6. On the Employment of Alcohol in the Treatment of Disease. By H. Stear, Esq.

7. Case of Diaphragmatic Hernia. By G. E. Paget, M.D., Cambridge.

8. Hereditary Syphilis as evincing itself in the Form of the Teeth and in Corneitis. By G. F. Helm, Esq., Cambridge.

There was much interesting discussion upon these subjects.

The members then adjourned, before dinner, to the mansion and grounds of Lord Braybrooke, at Audley End.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 24TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

AMAUROSIS CONSEQUENT ON ACUTE "ABSCESS" OF THE ANTRUM, PRODUCED BY A CARIOUS TOOTH.

BY S. J. A. SALTER, M.B., F.L.S.

THE patient, a young woman, aged 24, was attacked with violent toothache, in the right upper first molar, which was followed by enormous swelling of the side of the face, and intense pain. The eyeball then became protruded, and she soon perceived that the eye was blind. Shortly after the establishment of these symptoms, "abscess" of the antrum pointed at the inner and then at the outer canthus, and a large discharge of pus at both orifices followed; these orifices soon closed, and the general symptoms of the part continued unchanged—the swelling of the face, protrusion of the globe, and blindness. This state of things lasted for about three weeks, when the patient was sent to Guy's Hospital, and admitted.

At this time the patient exhibited hideous disfigurement from swelling of the face, œdema of the lids, and lividity of the surrounding integument. Upon examining the mouth, the carious remains of the first upper right molar appeared to be associated with and to have caused the disease. With the other contiguous carious teeth, this was removed; it led, by an absorbed opening, into the floor of the antrum. The hæmorrhage which followed the operation was discharged partly through the nose and partly through the orifices in the cheek, as well as from the tooth-socket, showing a common association of these openings with the antrum. The condition of the eye constituted the most important symptom. The sight was utterly gone; the globe prominent and everted. There was general deep-seated inflammation of the fibrous textures of the eye. The pupil was large and rigidly fixed; it did not move coordinately with the

other under any circumstances. Some abatement of symptoms followed the extraction of the tooth; but was soon found that there was a considerable sequestrum of dead bone, which was removed. The necrosis involved the front part of the floor of the orbit, the upper cheek portion of the superior maxilla, with the inferior orbital foramen, and a large plate of bone from the inferior (nasal) wall of the antrum. The removal of the dead bone was followed by the immediate and complete cessation of all inflammatory symptoms; but the eye remained sightless, and the pupil rigidly fixed. About five weeks after the removal of the dead bone, it was noticed that the pupil of the affected eye moved with that of the other under the influence of light, though vision in it had not returned. The eye was frequently examined at this stage with the ophthalmoscope. All the structures, including the retina, appeared healthy, except the termination of the optic nerve, which was perfectly white and anæmic, while that of the other eye was pink and natural.

The author referred to two other cases essentially similar to his own. The first (unpublished) occurred in the practice of Mr. Pollock, of St. George's Hospital. The patient had intense inflammation of the entire maxillary region on one side, caused by a carious tooth. It implicated the whole face and the contents of the orbit, but was not attended by "abscess" of the antrum or necrosis of bone. The inflammation completely ceased on the removal of the tooth, but the sight was permanently lost; the pupil was as first fixed, but afterwards moved with that of the other eye.

Another example, closely resembling these, was published by Dr. Brück, in Casper's *Wochenschrift* for 1858. It was, however, more chronic, and the loss of vision was only temporary.

The author concluded his paper by suggesting that the serious ophthalmic symptoms depended on the nerve of the eye being involved in a plastic inflammation during their course, external to the skull and before their distribution; that the optic nerve was permanently damaged, as shewn by the permanent blindness; that the third nerve was temporarily implicated, as shown by the temporary fixedness of the pupil; and the aversion of the eye from the first seemed to indicate that the sixth nerve was less or not at all involved. Finally, the author left it an open question whether the anæmia of the optic nerve, as displayed by the ophthalmoscope, is to be looked upon as a cause or consequence of its suspended function.

#### CASE OF SUDDEN DEATH FROM RUPTURE OF THE LEFT VENTRICLE OF THE HEART.

BY HOLMES COOTE, ESQ.

The author communicated the particulars of a case of rupture of the left ventricle of the heart in an aged female, aged 82, while reclining on a couch. Her habits had been very quiet, and her diet regulated for about forty years. She was quite childish, but fond of talking about her, and never gave way to temper. The substance of the heart had undergone general fatty degeneration. After referring to other cases, and to the paper by Dr. Quain, in the *Transactions* of the Society, on Fatty Degeneration of the Heart, Mr. Coote said that, in his experience, such cases were of sufficient rarity to render their collection and publication desirable.

LONGEVITY OF ANIMALS. According to naturalists, the longevity of animals may be classified as follows:—Rabbits, 6 to 7 years; squirrels, 7 to 8; foxes, 14 to 16; cats, 15 to 16; dogs, 16 to 18 (that of Argus, the dog of Ulysses, mentioned in Homer, was 20); bears and wolves, 18 to 20; rhinoceroses, 20 to 22; fowls, 25 to 28; porpoises, 28 to 30; rooks and camels, 100; tortoises, 110; eagles, 120; swans, 160; elephants, 400 and whales, according to Cuvier, 1,000 years.



## Correspondence.

### ORDER OF A UNION MEDICAL OFFICER, AND MUTILATION OF THE BODY.

LETTER FROM RICHARD GRIFFIN, Esq., J.P.

SIR,—Your readers are already acquainted with the able death of Mr. Adam Stapleton Puckett, Medical Officer of the Weymouth Union, by an insane pauper. I will not, therefore, enter into the details of this horrible order and barbarous mutilation, but at once beg you to permit me, through the medium of your valuable journal, to appeal to the benevolence of the public and the medical profession on behalf of the widow of the deceased, who is left nearly destitute.

I have known the late Mr. Puckett for upwards of twenty years, he having been the assistant of my predecessor; I can therefore bear testimony to the fact, that he was a hard-working, kind-hearted man—an apothecary of the old school—and as attentive to the poor as an enormous district, or rather two combined, which extended fifteen miles across the country, would permit. Why had such a district I must leave the Poor-Law Board or Board of Guardians to answer. That it was cruel to the poor there can be no question, as some of his patients had to walk nine miles for a bottle of medicine and as they came home again, making medical relief a mere mockery; I trust the Select Committee of the House of Commons on Poor Relief, before whom evidence on this subject has already been laid, will recommend to Parliament a material change in the medical arrangements for the relief of the poor.

It was given in evidence at the inquest that poor Puckett only visited the maniac twice a week, and in his ability was unaware of his dangerous state, which more frequent visits would have revealed to him, but his enormous district prevented him doing more, as his salary £116 per annum, including extra medical fees, miserable for such a district, allowed him to keep but one horse; for out of that salary he had not only to pay for the keep of that horse, but had to find drugs for the poor, to maintain himself, his wife, and one daughter to look after the house, and her mother, who has been for the last few years incapable of attending to the household duties.

How poor Puckett, out of so miserable a pittance, managed to do all this, is a mystery, as I know for a certainty that, during the last six months, his entire working from private practice has been only twenty-three pounds; and yesterday I was assured by a member of his family that at the time of his death he had but twenty-one shillings in his possession, besides the few fillings which the maniac took from his pocket and threw into the river; the widow is therefore left nearly destitute—I say nearly, as there is a small insurance on his life, which I was instrumental in his effecting, but I find that is heavily mortgaged to meet incumbrances occasioned by sickness, and the probability is that the rest will be swallowed up in funeral expenses and the payment of debts.

After this brief recital, I feel I shall not appeal in vain to the generosity of the public for a widow whose husband was so barbarously murdered and horribly mutilated. I have opened an account, "The Puckett Fund," at Messrs. Williams' Bank, Weymouth, and at Messrs. Elliot's Bank, Weymouth, where subscriptions may be forwarded or they may be sent to me, and I will act as treasurer of the fund until means shall be devised to place the money in the hands of trustees for the benefit of the widow, and, if there be sufficient, such members of the family of the deceased as the trustees may deem it desirable to assist. Mr. Puckett left one son and three

daughters, all of whom are incapable of assisting their mother.

I am, etc.,

RICHARD GRIFFIN, J.P.

12, Royal Terrace, Weymouth, July 12, 1862.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS. At the Comitia Majora, held on Saturday, July 12th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of Medicine and Midwifery, were duly admitted to practise physic as Licentiates of the College:—

Clarke, Julius St. Thomas, Leicester  
Dixon, Edward Livesay, Preston  
Lyons, William, M.D., Madras  
Mills, William Partridge, Ipswich  
Power, William Horton Trevor, University College  
Rowland, Henry Marshall, Bootle  
Smith, Edward, 1, St. George's Place  
Walls, William, Hindley, near Wigan

APOTHECARIES' HALL. On July 10th, the following Licentiates were admitted:—

Bazeley, William, St. Aubyn Street, Devonport  
Foster, John, Bradford, Yorkshire  
Harle, Charles Ebenezer, Islington  
James, John, Cardigan  
Kernot, Charles Noyce, West Cowes, Isle of Wight  
Michell, Sloane, Minehead, Somersetshire  
Oliver, John Hamer, Llandysilio, Montgomeryshire  
Roberts, John, Kidwelly, Carmarthenshire  
Walls, William, Hindley, Lancashire  
White, Richard George, Melton Mowbray, Leicestershire

### APPOINTMENTS.

\*BARDSLEY, Sir James L., M.D., appointed Deputy Lieutenant for the County of Lancashire.  
GREENWOOD, Frederick, Esq., appointed Surgeon to the Huddersfield and Upper Agbugg Infirmary.  
SAUL, William, Esq., elected Surgeon to the St. Pancras Infirmary and Workhouse.

ROYAL NAVY. The following appointments have been made:—

COMRIE, Peter, Esq., Assistant-Surgeon, to the *Edgar*.  
MACKRIDGE, John, Esq., Assistant-Surgeon, to the *Edgar*.  
SLOGGETT, William H., Esq., Surgeon, to the *Edgar*.

VOLUNTEER CORPS. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

To be Honorary Assistant-Surgeons:—

BYERS, R. H., Esq., 1st Pembrokehire R.V.  
COCK, E., Esq., 12th Surrey R.V.  
COOPER, E., Esq., 1st Norfolk Mounted R.V.  
JACOB, E. L., Esq., 1st Battery Cheshire A.V.  
JOHNSTON, D., Esq., 2nd Forfarshire A.V.  
PEARCE, R., Esq., 1st Glamorganshire Light Horse Volunteers.  
USHER, T. S., Esq., 1st Corps East York R.V.

### MARRIAGE.

RICHMOND, the Rev. William H., Head Master of Tottenham College, to Charlotte Mary, second daughter of \*Joseph WARD, Esq., Epsom, on July 10.

### DEATHS.

EDWARDES. On June 15th, at Malta, Mary J. N., wife of Henry S. Edwardes, Esq., Surgeon, of Alexandria.  
EVANS, Richard D. J., M.D., at Hertford, on July 9.  
MEDD, John, Esq., Surgeon, at Stockport, aged 57, on July 3.  
MOSSE, James R., Esq., Surgeon, at Fareham, Hants, on June 26.  
O'NEILL, Thomas, Esq., late of the Madras Medical Service, aged 66, on July 6.  
ROSS. On April 13th, at Peshawur, aged 2 years, William T., eldest son; and on May 25th, aged 8 months, Guy Carter, son of J. T. C. Ross, Esq., Surgeon, 21st Hussars.  
SMITH. On July 8, at 6, Canonbury Lane, aged 39, Eliza, wife of J. Stuart Smith, M.D., Staff Surgeon-Major.  
SOMERSET, John, M.D., at Milton, Wilts, aged 76, on July 5.



**BAD MILK IN NEW YORK.** During the past week the law against swill-milk dealing in this city was enforced. A large number of milkmen were arrested, all of whom pleaded ignorance of the law, and after being suitably reprimanded, were discharged with the promise, if again arrested for the same offence, they would be dealt severely with. (*American Med. Times.*)

**ROYAL LONDON OPHTHALMIC HOSPITAL.** The long expected vacancy for an assistant-surgeon to the Royal London Ophthalmic Hospital, for which appointment an active canvass took place in October and November last, has now been declared; but two appointments are to be made instead of one. We need hardly add, that there are many candidates in the field.

**NEW HOSPITAL AT DEVONPORT.** The Devonport, Stonehouse, and Cornwall Hospital is now in course of erection. The eastern wing is to be devoted to the purposes of a Lock Hospital. The committee submitted the plans of the internal arrangements to Miss Nightingale for her approval, and valuable suggestions were made by her in reference to them. The contract for the building has been taken for £6900.

**DIMINUTION OF DRUNKENNESS.** In the summary proceedings before magistrates in England last year, 82,196 persons were charged with being drunk; but, large as the number is, it is seven per cent. less than in 1860, and there was a small decrease in that year also. Juries on coroners' inquests found 199 verdicts last year of death from excessive drinking, but that was nearly thirty per cent. fewer than in 1860. So that bad has been worse.

**KENT BENEVOLENT MEDICAL SOCIETY.** The seventy-fifth annual meeting of this society was held at the Ship Tavern, Greenwich, on Wednesday, the 11th ultimo, under the presidency of Henry Barnett, Esq., of Blackheath, and was attended by several members from distant parts of the county. Annuities of £50 each were voted to five aged widows of deceased members, and of £40 to one younger; also, of £50 to an aged member in needy circumstances. The steward of the Greenwich district likewise reported that he had, since the last meeting, with the concurrence of the treasurer, given a donation of £25 to four orphan children of a deceased member, who had recently lost both their parents by an attack of fever within a few days of each other; and the thanks of the meeting were voted to the treasurer and steward for their promptness in so doing. The members afterwards dined together; Dr. Sibson and Mr. Probert attending as visitors. Several new members were elected; and it is surprising that more do not join a society which, from its ample means, the result of seventy-five years good management, is able to assist so liberally those who stand in need of, and have a claim on its benevolence.

**MEMORIAL OF THE LATE DR. TODD.** The ceremony of uncovering a marble statue, erected to the memory of Dr. Todd, took place on the 3rd inst., at King's College Hospital. The work is from the studio of Mr. Noble, and is worthy that sculptor's fame. The original cast was a conspicuous object in the exhibition of the Royal Academy last year; but the position now occupied by the finished marble likeness is far more favourable to the display of its merits. It stands in the vestibule of the institution, where it cannot fail instantly to strike every visitor. The chairman, Mr. Cotton, announced that the committee had been enabled by the subscribers to bestow annually a bronze medal, by J. Wyon, and books to the value of four guineas, as a "Todd prize" for clinical medicine, in perpetuation of a similar prize which Dr. Todd himself gave during his lifetime. Mr. Cheere and several other personal friends spoke in terms of high eulogy of the talents of the deceased gentleman, and observed that, apart from the eminent position as a scien-

tific physician which Dr. Todd attained, the statue a most fitting recognition of his early labours as one of founders of the hospital. Professor Fergusson, on part of his colleagues, expressed their gratification at honour conferred upon one of their body, and held up the students the example of Dr. Todd as a pattern every respect worthy of their imitation.

**SHORTCOMINGS OF AMERICAN MILITARY SURGEONS.** The many-sided phases of the war of the American Rebellion will furnish exhaustless themes for future aspiring historians. But who is to do the world's service of recording, with impartial hand, its bad surgery; the limbs wantonly sacrificed; the lives lost that would have been saved by timely operations; the seemingly incisions; the careless dressings; the neglect of medical treatment? These are not the most unimportant features of this war, but unfortunately they seek the oblivion of the grave. We do not insist that the army surgeon shall have the highest degree of skill but that he shall have an average knowledge of his profession, and exhibit in his practice a reasonable share of good sense and sound judgment. This degree of knowledge should certainly be expected of one who has unlimited power for evil of an army surgeon. We plainly do not demand too much, when we require that he should exhibit more professional knowledge and skill than a layman; and yet even this modicum of qualification is not always found, as the visitors to some military hospitals attest. There have been notorious stumps of amputated limbs in which the bone protruded several inches beyond the unsloughed flesh; others in which the flap was made by cutting from without inwards and from above downwards, instead of the reverse direction. It is true that these are very exceptional cases; but they prove, nevertheless, from what a low level the gradation of surgical qualification commences. Nor can they fail to suggest that if such utter ignorance of the mere art of surgery exists in the army, even to the most limited extent, what a deficiency in a knowledge of its science may be found. And if we trace these delinquencies to their legitimate results, will we not turn with horror from the page of history that bears their record? (*American Med. Times.*)

**AMERICAN WAR NEWS.** Professor Andrews, writing to the *Chicago Medical Examiner*, from the battle-field at Pittsburgh Landing, says: "The surgeons showed commendable courage, and, indeed, seem to have exposed their lives unjustifiably in some cases. One surgeon, whose name I cannot learn, was killed; and six or seven were wounded. Among the latter was Dr. Francis Reilly, the junior editor of your journal. He was shot in the leg, fracturing the fibula, while attending to the wounded of the Illinois Lead Mine Regiment, an assistant-surgeon. His wound disabled him from field service, and necessitated sending him home for recovery. Dr. Roskotten of Peoria was injured. His horse was shot under him, and, falling on his leg, disabled him from field service. He went on board a hospital steamer and rendered valuable service among the wounded there."—Dr. Cuyler is making arrangements to enlarge the hospital accommodations here, besides the new general hospital at Newport News. Dr. Cuyler will, in a few days, proceed to New Point Comfort, mouth of the Potomac, with the view of occupying the large hotels and cottages there, which will materially increase the hospital accommodations in this vicinity.—The demand is and will continue to be for competent surgeons and nurses. They are wanted, not temporarily, but permanently. New surgeons offering their services should do so with this reference. If volunteers cannot be obtained, Dr. Cuyler is prepared to hire competent surgeons, who will be expected to engage themselves as long as their services are required.—Dr. Stone of New Orleans has



arrested by General Butler, and confined, heavily d, in Fort Jackson.—The daily expectation of a battle near Richmond, and the consequent demand hospital accommodations, continues to stimulate the priorities in their efforts to meet the emergency. The ches of Washington and Alexandria have been d, and a demand has been made upon this city for ged provisions for the wounded. We must repeat suggestion of last week, that the wounded should istributed more widely at the North. Washington unfit for hospitals as a place can be made by the mulation of the *materies morbi*, and the same is of Alexandria and Yorktown. It is folly to herd ick in large cities when such distribution can easily ade.—The following order has appeared from the Department: "Surgeon David S. Hays, 110th ment Pennsylvania Volunteers, having been orl to conduct to this city a large detachment of sick wounded men, and having shamefully neglected after their arrival, the President directs that for gross dereliction of duty he be dismissed from the ce, and he is hereby accordingly dismissed." It ars that Surgeon D. L. Hays left upwards of three red wounded soldiers in cars over Saturday night, e he himself went to bed at Willard's. He admitted e facts when called before the Secretary of War, but led that he had vainly sought to find any official in hington to tell him what disposition to make of the nded.—The Surgeon-General of the Federal States issued the following notice: "It is intended to pre- for publication the Medical and Surgical History of Rebellion. The medical portion of this work has committed to Assistant Surgeon J. J. Woodward, ed States Army; and the surgical part to Brigade-geon John H. Brinton, United States Volunteers." medical officers are requested to cooperate in the un-aking.—The Hygeia Hospital at Fortress Monroe is broken up, and the patients transferred to a more thy and convenient place. An order will also be e to discontinue sending sick and wounded to York- . There are now at that post nearly fifteen hun- , and the accommodations are very inferior and the r unhealthy.

N THE CONSTRUCTION OF HOSPITALS. Mr. Charles ykins, who has paid great attention to, and has had great practical experience of, this subject, which is of great practical interest, especially at the time n a new St. Thomas is looming up through the y future, writes as follows:—"I think the best e we can adopt is that of the letter **H**; the wards g only in the wings, and the centre of the building l for the officers' apartments and the other necessary ns and offices, etc., etc. The wings can be made ; or short, according to the number of beds to be ired. A plan of such an hospital—to contain 250 s—I exhibited last year in the Architectural Exhibi- . In this plan wards have windows on each side, ch I consider a *sine quâ non*. The fire-place is ed in the centre of the ward, having two faces. In plan the fire place is so situated as more equally to ribute the heat, and to be seen by a larger number patients; whilst a portion of the building through ch the chimney goes serves as a ventilating shaft. e wards should have windows on both sides; no en- ce to wards through corridors that cannot be venti- d, or, what is worse, no *double* wards; all water- ets to be placed in a portion of the building pro- ing from the main building, so that they can have dows on both sides. Each ward to have attached to lavatory, with a constant supply of hot and cold er, where the patients who are able to get up may h themselves; also a room fitted with *slate* shelves, re the provisions of the patients—such as bread, er, and milk for the day—may be placed, and not, as

now they usually are, on shelves over the bed; a room also to contain the clothes of the patients—not to be placed as they now are in boxes close to, or, what is worse, under the patients' beds. If there are nurses' rooms, large windows in them, so that they may have a view of the patients (and no green blinds allowed in these rooms, so as to do away with their use). Of course it is not requisite to mention the necessity of having hot and cold baths, lifts, etc. In an hospital such as I have mentioned, there should be at least three large staircases: one in each wing for the *patients* (and if the wings are long, two may be required); and one in the centre of the building for the use of those in the hospital not patients. All these staircases should have an opening in the roof, filled in with perforated zinc, and covered for protection from rain by a raised zinc chimney or cowl. Such a plan has been adopted at St. George's Hospital with good results. The windows in the wards should be like those in use in the Middlesex and St. George's, opening by a very simple arrangement in three or four divisions, the quantity of open space being regulated according to the quantity of fresh air required. As to the grand point, *ventilation*, I must confess that I have very little faith in what is called "scientific" ventilation, and I have seen a good deal of it. The ventilation of an hospital may be effected in a different mode to what may be required in large buildings containing a vast number of people, such as churches and theatres. I believe the ventilation of an hospital to be a very simple matter. Let the wards be built as I have advised; the windows kept almost constantly open, however small a portion of them; the staircases, halls, and corridors large, and warmed when necessary with hot water; Dr. Arnott's ventilators in the chimneys; all water-closets being well shut from, although communicating with, the wards; all offensive dressings, etc., to be immediately removed from the wards. Regarding the size of wards, I think they should not be too large nor too small; from twenty to twenty-five beds in each; from fifteen-hundred to two-thousand cubic feet of space to each patient; wards not too lofty; windows reaching within nine inches of the ceiling; and at least six feet space between the beds. Wards thus constructed, and proper attention being paid by the attendants to the means of ventilation, will be kept as sweet and pure as rooms can be containing a number of sick people. I cannot conclude these remarks without strongly expressing my decided opinion of the *absolute necessity* of every hospital containing convalescent wards. Such wards have lately been constructed in St. George's Hospital; but as they were made at my suggestion, and after my plans, I would rather quote what is thought of them by others. The following is from the Annual Report of the hospital, just published:—"The two day wards at the top of the hospital, used as convalescent wards, have proved very beneficial; and the Weekly Board consider the following extract from a clinical lecture, delivered at the hospital by Mr. Prescott Hewett, one of the surgeons to the hospital, will be very acceptable and interesting:—"As for pyæmia, in hospital practice, that, I am happy to say, is less frequent in the wards of St. George's Hospital than it used to be; indeed, for the last two or three years, our wards have been remarkably free from this bane of surgery; and for this improvement there is no doubt that we are mainly indebted to our convalescent wards—the large well aired rooms which have lately been built at the top of the hospital. These convalescent wards I consider to be of the utmost use, not only to the patients who are thus enabled in all weathers to get out of their own wards, but also to the patients who may still be obliged to remain in bed; the general wards are relieved of a certain number of patients during a great part of the day, and both sets of patients thus have a purer atmosphere to breathe." There is also one other subject well worthy the consideration of governors of hospitals; the desirability of spending a little money in



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# Lectures

ON THE

## DIAGNOSIS AND TREATMENT OF DISEASES OF WOMEN.

DELIVERED AT ST. MARY'S HOSPITAL MEDICAL SCHOOL.

BY

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### PAIN REFERABLE TO THE GENERATIVE ORGANS (continued).

GENTLEMEN,—The next class of cases to be considered are those in which there is

#### B. PAIN EXPERIENCED IRRESPECTIVE OF MENSTRUATION.

Although it is not possible to state much as to the diagnostic value of mere "pain" of the kind now under consideration, a few remarks on the subject appear to be called for.

PAIN IN THE BACK is one of the most common symptoms present in women labouring under uterine or allied disorders; it is also the one to which attention is directed, and of which special complaint is made by the patient. The pain here alluded to affects the lower lumbar region and the parts adjacent; it is not usually an acute pain, but an ill-circumscribed, aching sensation, very wearying, and often extremely distressing to the patient. The intensity of this pain is not by any means proportionate to the severity of the disease present. Women suffering from uterine disorder, combined with constitutional derangement, are most liable to this pain in its most troublesome form, as in the often long continued menorrhagia, and consequent anæmia due to cancer of the uterus, etc.

With reference to the diagnostic value of this pain, there is not much to be said. It is so common an attendant on disorders of the uterus or its appendages, that usually it can serve only to direct attention to the probable existence of such disorders. The fact that a patient has for a considerable period suffered from pain of this description should induce the practitioner to consider whether disease of the internal generative organs, up to that time possibly overlooked and unrecognised, be not present, and to take measures for satisfying himself on this point.

The connection between the pain in question and the presence of internal uterine or other disorder is often substantiated by the fact that before, during, or immediately after the menstrual periods, it is most troublesome; sometimes, indeed, it is only present at such times. The pain of ordinary lumbago is the most likely to be confounded with it. Attacks of lumbago are, however, more acute in their character, and they occur irrespective of the menstrual periods.

PAIN IN THE HYPOGASTRIC REGION. The hypogastric region is very frequently the seat of pain in women; and, consequently, the diagnosis of the various conditions capable of giving rise to

pain in this part of the body is most important. For diagnostic purposes, we may consider: *a.* Intermittent pains; *b.* Pains more or less constant; *c.* Pain of inflammatory character; *d.* Pains with symptoms like those of perforation; *e.* Some other varieties.

*a. Intermittent pains.* Of all the pains which women experience in this part of the body, the most characteristic and most interesting, in a diagnostic point of view, are those pains which may expressively be termed *labour-like pains*. The pains in question are peculiar in their nature; they come on in paroxysms, lasting a certain time, and leaving the patient pretty free during the intervals; and they are due to the contraction of the uterus, generally excited by the presence of some body, substance, or fluid, within this organ. When, therefore, a woman is found to be suffering from pain in the hypogastric region, which possesses the characteristics pointed out, we generally set it down to presence of uterine contractions. The contractions in question may be due to a very considerable number of causes, between which we have to discriminate.

The typical "labour-pain" is that observed during parturition at full term. Here the uterine contractions are most severe and most powerful, owing to the great size the organ has then attained. In the case of a woman in labour at full term, it is not generally a question as to whether she is pregnant or not; the diagnosis has usually been made previously, and in other ways. It is necessary, however, to regard attentively the phenomena then observed, in order to detect and recognise the presence of pains of the same nature when they are less severe and intense in degree, and consequently more liable to be confounded with other kinds of pain.

The principal conditions under which labour-like pain may be observed will now be mentioned.

In young women who have never menstruated, the presence of hypogastric pain of the kind in question would make us suspect closure of the hymen or vagina or os uteri, and that the menstrual fluid, although secreted, could not be expelled. In cases of this kind, the pains at first felt are slight in degree; but as month after month passes without relief, they become more severe, and are finally of the most intense character. The enlarged uterus is usually to be felt above the pubis.

In young women who have menstruated, the presence of hypogastric pain, recurring at intervals, sharp while it lasts, and leaving the patient free from pain in the intervals of the paroxysms, would give the idea of the presence of *abortion*. This idea would be substantiated, or the reverse, by the collateral evidence obtainable. If the patient had passed over one or more periods without menstruating as usual, and if the pains above described were accompanied by a discharge of blood from the vagina, this would render the suspicion of abortion so strong as to necessitate not only an examination *per vaginam*, but also a careful inspection of the matters discharged. Great caution should be exercised in expressing any conclusion on such a question, and a conclusion can only be come to after a careful scrutiny of the facts elicited.

In abortion occurring before the third month, the collateral facts do not so unmistakably point out the nature of the case as in instances of abortion occurring later. Respecting an abortion taking place at



four, five, or six weeks, for instance, it would be exceedingly difficult for the practitioner to affirm positively that the case was one of abortion, unless he were fortunate enough to secure the ovum itself.

*Menstrual Retention occurring subsequently to more or less regular performance of the menstrual function.* In these somewhat rare cases, labour-like pains may be present. These cases only differ from those alluded to in the previous section (on dysmenorrhœa) in that the secretion escapes with difficulty in the one instance and does not escape at all in the other. The pain is alike in both, and the other attendant phenomena are almost identical.

*Presence of Blood clots, Fibrous Polypi, retained portions of Placenta or Fœtal Membrane, Degenerated (e.g., Hydatidiform) Ova,* within the uterus, may give rise to labour-like pains, consequent on the attempt of the uterus to expel the bodies in question. In these cases, the pains are more or less irregular, in regard to the time of their occurrence, and they do not affect different individuals equally. The uterus appears, indeed, to be very capricious in regard to tolerance of the presence of bodies within it; large polypi are sometimes found in the uterus, which have given rise to comparatively little pain; while, in other cases, the patient may have been tormented almost daily by severe colic-like pains in the hypogastric region from a comparatively small growth of the same nature.

*Tumours growing in the substance of the Uterus.* Of these, the fibroid tumour, which is the most common, is a frequent source of pains of the kind now under consideration.

*Collections of Puriform or other Fluid in the Uterine Cavity.* In women suffering from chronic disease of the cervix uteri, when the canal of the cervix is not so large as to allow a free passage of the fluid secreted; in women advanced in life, and in whom the atrophied condition of the uterus produces also contraction of the canal, the uterus sometimes becomes distended with serous or puriform fluid, and labour-like pains supervene.

In cases of *Flexion of the uterus*, when the uterus is so twisted as to interfere with escape of its contents, also in cases where the uterus is *dislocated* from its normal position by presence of tumours in ovaries, etc., these labour-like pains are frequently noticed.

Cases of *difficult menstruation*, in which we have hypogastric pains of this character, have been already considered. It will generally be found that, in cases where labour-like pains are present at irregular times and periods, there is also disturbance of the function of menstruation.

*b. Pains more or less constant.* These may occur in all degrees of intensity, and the causes of the same are so numerous as almost to defy classification.

Pain in the hypogastric region may be due to some abnormal condition of the uterus or the bladder, or of some other of the pelvic viscera. The pain due to abdominal disease is usually situated higher up about the umbilicus. And, although these limits are not always observed, although pelvic disease may occasion pain even higher than the umbilicus, and, *vice versâ*, although abdominal disease may occasion pain in the hypogastric region, yet the rule just stated generally holds good.

Some of the more salient points as to the diagno-

sis of the causes of the pain experienced may now be mentioned. The cases in which the pain is of a more or less chronic character, and unattended with those symptoms ordinarily indicative of inflammatory conditions, are those now to be considered.

In *cancer of the uterus*, severe hypogastric pain, often described as of stabbing or burning character, accompanies almost constantly the more advanced stage of the disease; whereas, at an earlier period in the history of the affection, the pain is not so severe, and is, at the time in question, more generally situated in the back. The "lancinating" kind of pain is present usually in cases where the disease is advanced. Hæmorrhage, offensive discharges, and pain in the region of the uterus, indicate, as a rule, cancer. In cases of corroding ulcer of the os uteri, these symptoms are also present; emaciation and fever are also common to both. The pain in cancer is usually more acute than in that of corroding ulcer. An observation which applies to both is, that hæmorrhage and pain are sometimes entirely absent. The pain due to cancer frequently arises from local attacks of peritonitis.

In *fibrous tumour of the uterus*, severe hypogastric pain may be present. The foul discharge is not present as in cancer, although this rule is open to rare exceptions; but there may be profuse occasional loss of blood. The pain due to fibrous tumour may be quite as severe as that in cases of cancer; but, in the latter affection, the expulsive labour-like pains, so often associated with presence of fibrous tumour, are generally wanting.

A not unfrequent cause of hypogastric pain is that condition of the uterus known as *irritable uterus*—a neuralgic or inflammatory condition of the organ.

Pain in the hypogastric region, perhaps more frequently extending also to one or both ovarian regions, is almost always a most troublesome accompaniment of long standing *disease of the cervix of the uterus*, where hypertrophy, hypersecretion, and chronic inflammatory conditions are conjoined. Pain due to either of these two latter causes is often very severe; it is much increased by motion, and there is great tenderness on pressure.

An *ovarian pain* has been recognised by most modern writers, which is referable to the ovaries, and situated deep down behind the inguinal region. It is not by any means clear, however, that the presence of pain in this region is to be considered as diagnostic of any one condition in particular.

It is undoubtedly the fact that inflammatory action circumscribed and limited to the peritoneum covering the ovaries and adjacent parts, the fimbriated extremities of the Fallopian tubes, etc., is frequently present. This is proved by the results of examination of the parts after death. The inflammatory action in question can hardly go on without producing more or less pain; and it is reasonable to presume that a pain or a sense of uneasiness chronically experienced in the ovarian regions, more especially if associated with menstrual disorder or with sterility, is connected with existence of the sub-inflammatory action alluded to.

Like the lumbar pain, or the hypogastric pain, however, pain in this situation may proceed from a vast number of causes. For some excellent remarks on this subject, I would refer to the work of Dr. West, p. 55, Part II.



*c. Pain of Inflammatory character.* Under this head are included all cases in which the ordinary signs of inflammation are present—pain, more or less acute in character; heat and throbbing; tenderness to the touch (which is to be distinguished from that very extreme tenderness met with in hysteria); feverishness; quickness of pulse; etc. These symptoms are often preceded by the occurrence of a rigor. They indicate inflammation of the uterus or its peritoneal covering, or of some of the adjacent viscera, or their coverings; and they are most commonly the consequence of labour, of abortion, and of operations about the genital organs. Rarely do we observe instances of the affection of idiopathic origin.

It seems hardly possible to fail to recognise the inflammatory element in cases presenting the foregoing symptoms. The error most liable to be committed is that of taking for inflammation what is only an hysterical condition. As a rule, hysterical pain is marked by its severity, by its variability, by the suddenness with which it appears and disappears, and by the circumstance that the patient is known to be hysterical, or to have been the subject of hysteria. The condition of the pulse is the best criterion. In cases otherwise closely simulating actual peritonitis, the frequency of the pulse present in the latter affection is wanting.

*d. An important class of cases are those in which pain of an acute and intense character is suddenly felt in the hypogastric region,* accompanied by great prostration, and depression and shock to the system generally. Fainting, great pallidity of surface, weakness or almost complete absence of pulsation at the wrist, a feeling of sickness, with or without vomiting, are symptoms often witnessed in this class of cases.

The symptoms in question are such as to excite suspicion of perforation, or rupture of some of the abdominal or pelvic viscera, with consequent escape of blood or contents of the ruptured viscera into the peritonæal cavity. It is very necessary to distinguish these really alarming cases from a class of cases already alluded to, and which in certain respects may simulate them—those of hysterical origin. The severity of the pain is, by itself, of not much value in a diagnostic point of view. In hysterical cases, there is an absence of symptoms of depression and prostration; and there is, moreover, generally evidence of previous hysterical attacks, or, accompanying the severe hypogastric pain, there are other unmistakable signs pointing to hysteria, feeling of fulness and rising in the throat, slight convulsions, etc. On the other hand, in the really serious cases, the patient has been previously in a state of good health, or at all events free from attacks of hysterical character, and the positive signs of great perturbation of the system only require to be looked for to be detected.

Further, examination of the abdomen gives valuable information. In hysteria there is, together with the pain, great sensibility of the surface, the slightest touch giving rise to complaint, whereas deep slowly increased pressure is not painful; the reverse is true of the class of cases now under discussion. It is only at the onset of the attack that there is any possibility of confounding the perforation symptoms with hysteria.

The conditions which may give rise to the alarming symptoms above described will now be enumerated.

The abdominal or the pelvic viscera may be affected, and there are no marked signs by which it can be absolutely determined at the moment whether the seat of the accident be in the abdomen or in the pelvis proper. The concomitant circumstances generally enable us to decide this point, or the course of the case determines the diagnosis in this particular.

In *perforation of the intestine*, as from typhoid fever, from tuberculous ulceration, or connected with organic disease of the abdominal viscera, etc., the previous history would generally suggest the proper interpretation of the symptoms; and the pain is more usually, perhaps, referred to the umbilicus, or a point above it, than to the hypogastric region.

Certain conditions of the pelvic viscera, especially, are capable of giving rise to the symptoms in question. The following are the most important of these:—

*Hæmorrhage causing Peri-uterine Hæmatocele.* Effusion of blood here takes place in the pelvis from the ovary or from the Fallopian tubes. The accident mostly occurs during or immediately after the occurrence of a menstrual period. It may happen in women previously healthy, but is more generally, perhaps, observed in women who are anæmic, and in whom there have been menstrual irregularities, profuse menstruation particularly. Walking a long distance, the act of straining, or sudden muscular effort, may precede the attack; the attack may occur without such apparent exciting cause. The symptoms observed in such cases vary in degree of intensity; there are reasons for believing that the accident happens not very rarely, the symptoms being less severe, and the accident escaping recognition. The diagnosis is established by recognising the presence of a semi-solid tumour above the pubis, or pressing on the vaginal walls—the effused blood—such tumour having been before wanting.

*Extra-uterine Pregnancy and Rupture.* Cases in which the ovum is situated in one of the Fallopian tubes, frequently occasion symptoms having the character of those described. Here the patient is usually known or suspected to be pregnant. There may have been nothing about the case to excite particular attention; but more generally the woman has experienced unusual pains, or more discomfort than in ordinary pregnancy. The rupture occurs in the third or fourth month, or earlier, in the majority of cases, when the ovum is in the Fallopian tube; it is rare that it is postponed much later than this. On the other hand, the time of rupture may be considerably later than this if the ovum be attached just without the tubes, or in the abdominal cavity itself; and there may be no rupture at all, the pregnancy going to full term, with further results, which need not be particularly alluded to in this place. More or less profuse hæmorrhage attends the escape of the embryo from its containing cyst, often so profuse, indeed, as to kill the patient.

*Rupture of the Gravid Uterus itself.* There are a few very rare cases on record, in which this accident has happened without any very obvious cause. The third, fourth, or fifth months, are the periods during which this has been observed. The symptoms would not essentially differ from those present in rupture of an extra-uterine pregnancy.

*Rupture of Ovarian Cysts,* and escape of their contents into the peritonæal cavity, does not usually give rise to marked disturbance; in some cases, however,



when concurrently with the rupture there is hæmorrhage, severe symptoms may be produced, more or less identical with those described.

*e.* A few remarks are necessary concerning some other varieties of pain which may be referred to the hypogastrium or pelvic region. Thus in hysterical women, presence of pain in the hypogastric region is frequently associated with distension of the bladder and *retention of urine*. These pains are of frequent occurrence. In women suffering from chronic disease of the uterus, the patient often complains of what are called *bearing-down pains*. They more frequently occur in women who have lost flesh and who are in a bad state of health, and in whom the uterus is diseased. Diseases of the uterus involving enlargement of the organ more particularly cause it. So also hypertrophy of the cervix with prolapsus of this part of the uterus, an affection the maximum intensity of which is witnessed in washerwomen. In most cases, where bearing-down pains are present, there is partial or complete prolapsus of the uterus or of its cervix. The bearing-down sensation is also present in cases where tumours of the uterus, pregnancy, polypi, or fibroid tumours, cancer, etc., exist. It may be due to prolapsus of the bladder. The presence of pains of the latter variety generally points out the necessity for exploration of the uterus from the vagina.

## Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

### ST. GEORGE'S HOSPITAL.

#### CASE OF COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSED BONE: RECOVERY.

Under the care of PRESCOTT G. HEWETT, Esq.

JOHN C., aged 10, admitted into Fitzwilliam Ward, under Mr. Hewett, on April 28th, 1862.

*History.* A short time before admission, he was knocked down by a water-cart; his head being jammed between the wheel of the cart and the kerb-stone. He was stunned to a certain extent by the accident; but, he says, he was not rendered perfectly insensible.

On admission, the boy was not insensible, but he was somewhat stupid, as if rallying from concussion. There were three wounds on the left side of the scalp, extending one behind the other in a semicircular direction from the external angular process of the frontal bone to the occiput. There was a fracture of the skull, running through the frontal, parietal, and occipital bones, and corresponding to the external wounds. The lower fragment was completely driven in so as to be overlapped by the upper fragment; the bone could be felt through the wounds to be denuded of periosteum to a considerable extent. There was bleeding from the right ear; none from the left. The pupils were natural, and acted freely. Pulse 90, soft, and compressible; skin warm; respiration quiet.

1 P.M. (three hours after admission). After admission, he became much more sensible, answering questions rationally. He vomited up a quantity of black, coagulated blood. There was slight bleeding from the nose, considerable ecchymosis around the left eye, with effusion of blood under the ocular conjunctiva. The pulse was quiet, 90. The pupils acted. The tongue was dry.

A consultation was held; but it was determined that no operative measures were justifiable. He was ordered three grains of calomel immediately.

April 29th. He was reported to have passed a quiet night, sleeping at intervals. He was quite sensible, answered questions rationally, and gave an account of the accident. He stated that he suffered pain in the head. The tongue was dry; pulse quiet, 84; skin warm and moist. The respiration was quiet and natural, 16 in a minute. The bowels had not acted. The pupils were natural. There was a quantity of coagulated blood about the wound. All bleeding from the ear and nose had ceased, and he had not again vomited.

April 30th. He had passed a very restless night, and was throwing himself about, and continually moving his position. He was, however, perfectly sensible; but said that he suffered considerable pain in the head. There was a little pus oozing out from under the dried scab and a little erysipelatous blush around the wounds. The tongue was dry and furred; the face flushed. Pulse 96. The powder was repeated.

May 1st. There was much less pain in the head, and he was much quieter. There had been a copious evacuation from the bowels. The tongue was clean and moist; pulse 78, soft.

May 3rd. He had not passed such a good night. There were considerable swelling and puffiness behind the left ear. An incision was made, and a quantity of bloody pus and brain-like substance evacuated.

May 6th. He was still without any head-symptoms. The wound was quiet, and discharged a small quantity of healthy pus. He suffered no pain. The pulse was quiet, 78. The tongue was clean. The bowels had not been open for three days. The ecchymosis around the eye was fast disappearing.

May 8th. There was noticed to be slight facial paralysis of the left side. He suffered no pain, and, to use his own expression, "felt quite well".

From this date he went on well. The wound granulated freely, requiring the free application of lunar caustic. The facial paralysis gradually disappeared, and the blood effused under the conjunctiva was absorbed. After a time he was allowed to get up; but he was kept under observation till June 18th—without, however, manifesting a single bad symptom—when he was discharged. At this time there was still considerable depression of bone; the skull having a generally flattened appearance on the left side. The wounds, however, were quite healed up; and the boy looked in perfect health.

*REMARKS.* The amount of injury to the head which children will sustain, as compared to adults, is so great that the surgeon is justified in giving a much more favourable prognosis in a case resembling the preceding than when the same amount of injury occurs in a man. It is seldom, however, that we see a case, even in children, in which the injury is so extensive as it was in this, recover; for, superadded to the depressed bone this boy had undoubtedly fracture of the base of the skull—an injury in itself almost fatal.

The great point in regard to all such cases as these is the question as to whether the depressed bone ought to be elevated or not. If there be symptoms of compression, of course no one would hesitate a moment about the advisability of the operation. The patient cannot be put in a worse condition than he is, and most probably his death will not be hastened by the operation; and, on the other hand, there is just the possible chance of benefiting your patient, though, unfortunately, it is very rarely that any benefit does accrue from this operation. But in those rare cases in which there is depression of the bone, without symptoms of compression, the line of practice is somewhat unsettled, as to whether the operation for elevating the depressed bone should be performed or not. Sir Astley Cooper, in his *Lectures*,



says: "If the fracture is simple, and there is no wound in the scalp and no symptoms of injury to the brain, it would be the worst practice in the world to make an incision into the part, and perform the operation of rephining; for by this means you make what was before simple, a compound fracture. If the fracture, however, be compound, the treatment must be very different, because a compound fracture is followed very generally by inflammation of the brain; and it will be of no use to trephine when inflammation is once formed; in these cases, it is necessary to trephine." The treatment, however, of the surgeons of the present day is not in strict accordance with this rule, especially as regards children; the "expectant practice" is more adopted. During the last few years, two cases very much resembling the preceding have been admitted into the wards of St. George's Hospital: the one a little girl, under the care of Mr. Hawkins; the other a boy, under Mr. Johnson. In both there was a compound fracture of the skull, with considerable depression; in both, there was a total absence of all symptoms of compression; in both, operative measures were not resorted to; and both made a good recovery. This line of practice, however, should not be relied on too implicitly; in fact, in this, as in every other class of cases, the surgeon must be guided to a certain extent by the circumstances of the case.

## MEDICAL COLLEGE HOSPITAL, CALCUTTA.

### IODIDE OF POTASSIUM IN THE TREATMENT OF ANEURISM.

By S. G. CHUCKERBUTTY, M.D.

[Concluded from page 64.]

MOLLYER was admitted about the early part of December 1860. He had been formerly a soldier, and was now a policeman. He had generally enjoyed good health until a few months ago, during which he had been suffering from a cough and hoarseness; he had had various remedies, but felt no better. He was a strong, muscular man, rather tall and well made. He had, when he came to us, a troublesome cough, hoarseness of voice, considerable dyspnoea, and inability to lie down. The skin on the left side of the upper part of the chest was of a purple colour, and traversed by enlarged and tortuous veins. The veins of the left side of the neck and left arm were also large and tortuous. There was hemiparesis on the left side, and shooting pain along the nerves of the left arm. The left radial pulse was weak. There was slight prominence of the infraclavicular region, a thrill distinctly felt by the hand, and also an impulse which was made more evident by the stethoscope. The percussion-note was dull; a ringing sound was heard on auscultation. The heart-sounds were heard in the interscapular region. There was no murmur either here or in the præcordial region in front. Pulsation was observed in the left and right carotids and subclavians. The dysphagia was considerable.

He was given at first digitalis and hydrocyanic acid, without any alleviation of the sufferings. The iodide of potassium was then prescribed, and from this he felt great relief. The impulse grew weaker; the sounds more muffled; the thrill less; the swelling disappeared; the veins generally less distended; the purple discoloration of the skin *nil*; the shooting pains, hemiparesis, dyspnoea, dysphagia, and hoarseness of voice, were all greatly ameliorated. Finding himself so much improved, he thought he was quite well, and, in spite of any remonstrances, went home to spend the Christmas with his family.

He returned, however, to the hospital in April next, with all his miseries fearfully aggravated. The tumour in the left infraclavicular region was now much larger;

the pulsation in it stronger; skin over it more congested; great pain in the chest and left arm; great dyspnoea, cough, and dysphagia; the dulness under percussion was considerable, but the cardiac sounds still muffled. He was now altogether in a state of great agony; and, although the iodide of potassium was again prescribed, he expired in a few days, during my temporary absence from town on the 26th of April, 1861. The tumour was preserved in spirits; and I examined it afterwards, when I made the following notes.

The aneurism was of about the size of a child's head, heart-shaped, with the apex directed towards the left lung, to the upper lobe of which it was adherent; the base was directed from above downwards. The sac of the aneurism seemed to be formed by the outer and middle coats; the internal being atheromatous, and wanting over the greater part of the tumour. The commencement of the aneurism was about three inches from the aortic valves, which, and the rest of the heart, were quite healthy. The cavity of the aneurism was occupied by a very large, heavy, and dense mass of coagula, leaving a channel along the upper part of the arch continuous with the descending aorta. The opening of the innominate artery communicating with the aorta was very much narrowed, so as to admit, with some difficulty, a porcupine quill, the point of which was arrested by a valvular fold, occasioned by a corrugation of the lining membrane, on attempting to pass it from the common carotid downwards. The porcupine quill also passed from the subclavian through the innominate into the aorta; the calibre of both the right subclavian and carotid singly being a good deal larger than the orifice of the innominate, which lay in the right wall of the aneurism at its commencement in the aorta. The left common carotid was pervious, and its opening into the aorta slanting and valvular. The left subclavian was perfectly pervious, and of natural calibre throughout. There was no tear in the sac of the aneurism. The right bronchus and trachea were free from abnormalities; but in the left bronchus, about an inch and a quarter from the bifurcation of the trachea, there was a large hole communicating with the aneurism, into which the little finger might be passed.

Besides the above, I have employed iodide of potassium in the treatment of several other cases, one of which is still in the hospital, with the same result. The following is an account of the man now undergoing treatment.

Motty-Lal Doss, a Hindoo, aged 48, was admitted on Jan. 24th, 1862. He stated that in the 22nd year of his age, he had an attack of rheumatism, which was preceded by gonorrhoea and bubo, and lasted for about a year. It had affected all the larger joints, some of which were swollen and painful. There was no pain in the cardiac region, nor anywhere else about the chest. Since the cure of that disease, he enjoyed pretty good health till about a year and a half ago, when the present disease commenced. His occupation (which he had not been able to follow for the last fourteen months) exposed him to privations and toils, both mental and physical.

The present complaint began with a bad cold and fever, accompanied by pain all over the body. He got rid of all these save the pain in the chest, which continued to recur in irregular paroxysms; sometimes commencing in the back, and sometimes in the shoulders, and thence shooting to the front of the chest. The pain he described as being like what would be caused by something compressing the chest, and producing difficulty of breathing. It generally seized him while in the act of making some exertion, such as walking, and went off after a little rest. In this state he continued for about a month, and was then relieved by the use of some native medicines. He did not perceive any swelling of the chest at that time. He remained now well



enough, by observing a strict regimen, until November last, when he had an attack of fever and cough, with the return of the old pain in the chest. The fever went off in a week; but not so the cough and pain. He now perceived, for the first time, a small swelling in front of his chest, which in the course of twenty-four hours acquired double its present size. He had a severe cough and loss of appetite at the time, but no hæmoptysis.

*Present Symptoms.* He was now sitting on his bed, with the head erect, and slightly inclined to the right, breathing tranquilly, but as if it were with a weight on the chest. The veins of the neck were distended; the lips slightly livid. The body was somewhat emaciated; the conjunctivæ were reddish; there was no great anæmia; the tongue was clean and moist; the bowels regular; the appetite good. Pulse feeble, and equal at both wrists. The anterior aspect of the chest was broken of its usual symmetry by an oval tumour, situated a little above the middle of the sternum, encroaching more upon the right side. It was about two inches in diameter, and bounded above by the cartilage of the first rib of the right side, and below by that of the fourth; those of the second and third ribs seeming to be included in its substance, bent forward, and much absorbed, allowing a portion of an elastic fluctuating mass to project between them. The tumour was shaped somewhat like a dome, with a broad base and an obtuse apex. The skin over it was smooth and moveable. Its middle portion presented a sense of fluctuation when pressed by the fingers, while its base was firm and hard, and seemed to fade gradually into the surrounding tissue. The impulse was felt over the whole of the sternum; and a purring pulsatile thrill was evidently in the most prominent and soft part of the tumour itself. The tumour was dull under percussion. Both sounds of the heart were heard distinctly over it; but the second sound was sharp, of a ringing character, and attended with an impulse. The cardiac dulness was of natural size, but considerably pushed down from its usual situation. The cardiac sounds over the apex were natural; at the base, the second sound was ringing, and attended with an impulse. In the left interscapular space, the respiration opposite to the superior angle of the scapula was bronchial, and attended with a little sonorous rhonchus. In the right corresponding part also, there was sonorous rhonchus. The cardiac sounds were heard in both without murmur. All the portions of the chest were not thoroughly examined, for fear of exhausting the patient, who had already been too much troubled by a rather prolonged examination. He could not lie on his back or the right side on account of difficulty of breathing. He complained of a pricking sensation within the tumour; but felt no pain when it was pressed by the fingers. Walking, straining at stool, and any sort of exertion, increased the pain and difficulty of breathing. He coughed now and then, and had been bringing up small quantities of blood with his sputa, which were gelatinous and of a pinkish hue. A pulsation was also felt in the epigastric region immediately below the ensiform cartilage. He had some difficulty in swallowing solid substances; no difficulty of breathing when sitting quietly; no fever; no arcus senilis.

This patient was given oil of turpentine, sulphuric acid, and other remedies, till February 4th, when, seeing there was no improvement, I prescribed for him iodide of potassium internally, and subsequently added the application of tincture of iodine to the tumour. Since then he has been steadily, though gradually, improving in every respect; the thoracic pain has disappeared; the swelling has grown less; the impulse and sounds muffled; the thrill null; hæmoptysis null; and he eats and sleeps like any other man. As he is still in the hospital with a small remnant of the once large tumour, it will be interesting to watch what turn his case may hereafter take.

In the foregoing cases the single fact that prominently comes out is the consolidation of the aneurismal sac, contrary to all preconceived notions respecting the action of the iodide of potassium; but as that is the object we aim at in the treatment of intrathoracic aneurisms, it will be readily conceded that if the iodide of potassium will always do that, it will prove to us of the greatest service.

## Transactions of Branches.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

#### PRESIDENT'S ADDRESS.

By HENRY DUNCALFE, M.R.C.S., West Bromwich.

[Delivered June 20th, 1862.]

GENTLEMEN,—I have the honour to address you as the President of this important Branch of the British Medical Association; and whilst I regret the cause which has deprived you of the valuable services of the President-elect who should have occupied the chair to-day, I cannot but express the great pleasure and satisfaction I experience from this token of approval which you have bestowed upon me.

When your secretary communicated to me your choice of election, I hesitated to take upon myself the duties of so important an office, for I felt how little adequate I was to discharge those duties as they have hitherto been discharged by my predecessors, to the great benefit of the association, or even to my own satisfaction; and I knew how ably and efficiently the duties would have been fulfilled by other energetic members of this society. But, gentlemen, I felt on the other hand, how little choice given to me—the annual meeting was fast approaching—I was grateful for your approval of my worthiness to hold the presidential chair at all—I was glad of the means afforded me to show that I have a deep interest in, and a hearty zeal for, the success and welfare of this association; and by accepting office I give the best proof I can adduce of my estimation of the desirableness and utility of such societies.

I am prompted by a natural desire to speak of the merits of that profession, which has now for many years occupied my most earnest attention; and too much cannot be said in praise of a profession whose foundation is science, and whose end is the cure of disease. History has recorded the difficulties with which the science of medicine has had to contend, and the numerous obstacles which have been raised to check its progress and advancement.

It has been stated by a recent medical writer, that medical science requires precision and exactitude, and that, unlike the physical sciences, it has no primitive law. There have been those who have endeavoured to establish a law—a primitive law—which should give exactitude to vital phenomena, and with what effect? Not to the enlargement of the domain of the science, but to its degradation and their own ruin. Solidists, humoralists, and vitalists have had their day, and have passed away. The maxim with others has been “exact imitation” and attention to certain technical laws; and by their theories and practice they have mechanised the profession, and destroyed the principles of medical science, whilst they have contracted and given a fixedness to those laws, which must have the widest interpretation. Precision and exactitude cannot be given to phenomena accompanied by circumstances so complicated in their nature, and fluctuating in their operation, as to set at defiance every attempt to exclude their presence, or to neutralise their influence, or to appreciate and allow for the extent



of their operation. The destructive agencies of prominent and false doctrines have thus retarded medical progress. The history of the past gives us examples of wisdom, and enables us to draw lessons of wisdom from its errors. We find that pathology was false, and views taken of the nature of disease were necessarily crude. Treatment was empirical, because it had no scientific basis; but there were men of learning and genius, whose merits have ensured to their names and memories honours more glorious and more lasting than the highest titles which any hereditary or heraldic claims can boast. How difficult is the task to speak in terms adequate to their claims on our admiration and esteem! Our respect is shewn for them, not by erecting monuments to their memories, but by reverencing and cherishing the works which they have left behind them; their good works will live for ever, and will for ever furnish examples for reflection, and subjects for honourable distinction.

There are certain reciprocal duties to be exchanged between the living and the dead. There are those amongst us equally deserving our admiration with those who have gone before; links in the great chain between the recorded past and the unknown future; men whose genius and labours stand displayed to us in all their glory, each adding, in his own way, his fruitful productions to the progress and perfecting of the healing art. We, as we live and work, are to think of those who will come after us, that what we do may be serviceable to them as well as to ourselves; and when we die those who shall succeed us will accept the works accomplished in our day with thanks and remembrance. Each generation is thus fulfilling its duties to *its* past, *its* present and *its* future; and every practitioner joining heartily in the practice of his profession, should have a persuasion of its perpetuity and of its progression towards a better excellence. It will not then remain to be regretted that we have not a primitive fact. It is a poor art or science which is soon mastered; and the advantage of a true pursuit is, that it never ends. It should be our happiness that art is long—life short; for surely we would not wish the pursuit of knowledge to end before life, nor with it; we might rather indulge the belief that whatsoever is good will never end. New fields for research are opening before us continually, new acquirements are being daily recorded, old hypotheses and theories are rapidly undergoing modification, or giving place to other and more correct ones; and thus we believe that the science of medicine, in preparing itself for generations to come, by storing up the wisdom bequeathed by its ancestors, and accumulating the treasure of its more recent acquirements, is preparing for itself that precision and exactitude which alike distinguish physical science. It is the belief in the accumulation of knowledge, not merely in the superseding of it, that gives perpetuity to study, adds to the dignity of our calling, and gives us pleasure in the right administration of the produce of our labours. But it is not altogether sufficient for me to direct your attention to the noble objects of the science of medicine, it is not enough to tell you of the brilliant achievements of those honoured members of the profession who have laboured diligently to sever its sublime truths and principles from the inroads of false doctrine and sceptical philosophy; nor is it sufficient for me to refer you to the happy results obtained by the individual labours of those who have so widely extended the usefulness and application of medical and surgical acquirements. It is more especially my duty to-day, to direct your attention to those means which shall have *especially* the keeping of the honour and dignity of the profession; as well as the preserving the produce of its labour, and the right application of the results of such labour. These objects are to be fulfilled by the British Medical Association, a large, important and influential guild, which offers advantages such as no other medical society can boast. It invites practitioners of medicine and surgery of every

degree, to unite under its banner in brotherly fellowship, for unity of action, free from that confusion and disunion which we find to arise so continually from governing bodies, discrepant in power and conflicting in interest, and it offers to them means which (if they will use) will work out the regeneration of the profession. We have suffered much from a want of proper organisation, and we stand behind our continental brethren in a social position, because we have not been able to raise that voice which, before it will be heard and answered, must be the voice of the power of union.

Since this Association has been in existence, much has been accomplished for the good cause; and, seeing how much has been done already, it is surprising that a larger number of practitioners are not forthcoming to swell out the magnitude of such an institution. But for the indefatigable workers of this Association, and the unremitted exertions of its head and founder, where would Medical Reform have been now? Should we have made that one great advance towards a more perfect and definite position, but from the unceasing agitation by this association? Certainly not! And if the legislature has not acceded to the demands of the Poor-law surgeons for reform, it has not been from the lacking zeal of the association in soliciting some change in the present system of poor-law medical relief. It will be remembered, when the council of the College of Surgeons thought proper to admit certain members contrary to their laws and provisions, that the feelings of the licensed surgeons were made known by protests and memorials; the weight of names being furnished by the members of the different branches of the British Medical Association. The subdivision of the Association provides that mechanism by which our grievances may be made known with as little delay as possible; and our JOURNAL, powerful in demanding our rights, and preserving our interests, is ever ready to advocate the rightful cause, to carry out our work with determination and energy, in the full assurance of the one great principle, that whatsoever is rightly done will have a rightful issue. We may look back with satisfaction to those articles in the JOURNAL which did more towards the suppression of homœopathy, the social evil of medicine, than anything which had been done before; and what member will not be ready to ratify that paragraph which concludes the leading article of July 20th, 1861? "Never, we believe, was the value of the British Medical Association more fully recognised than at this moment—never was the necessity for its existence more clearly demonstrated. We say, because we know it to be the fact, that the profession is looking to the Association for deliverance from this social evil, as to the palladium which is the guardian of the honour and dignity of the profession." In like manner did the Association denounce the so-called cancer-curers and their secret measures, warning the profession not to be led away by divers and strange doctrines.

These illustrations serve to shew some of the benefits which are conferred by the Association towards the advancement of our social and political standing; and the important papers and cases of medical and surgical subjects, read at the ordinary meetings of the Branch, and which are numerated by the council in their annual report, and announced from the chair, shew that the society does not neglect to preserve and record its transactions; whilst the JOURNAL of the Association is always ready to publish such communications as the authors are willing to contribute. The following papers and cases have been read and discussed during the past year.

1. On Accidental and Unavoidable Hæmorrhage. By Mr. John Clay.

2. On a Case in which the Descending Colon was Opened for the Relief of Stricture of the Rectum. By Mr. Oliver Pemberton.

3. A Preparation illustrative of Retroversion of the Uterus. By Dr. Bell Fletcher.



4. Remarks on the Pathology and the Treatment of Primary Syphilis, especially in reference to the Use and Abuse of Mercury. By Mr. Langston Parker.

5. On the Employment of Gradual Dilating Metallic Sounds in the Treatment of Stricture. By Mr. V. Jackson.

6. Practical Remarks on Vesico-Vaginal Fistula; with a Case of Vesico-Vaginal and Vesico-Uterine Fistula, where the opening was closed by operation. By Mr. Furneaux Jordan.

7. On a Remarkable Case of Lithotomy, in which the Stone brought away an Entire Portion of the Bladder to which it was adherent, with Complete Recovery on the part of the Patient. By Mr. Oliver Pemberton.

8. On Foreign Bodies in the Urethra. By Mr. Alfred Baker.

The best and noblest results follow a system of free communication and helpful labour, as the worst and poorest results would be obtained by a system of secrecy and enmity. All enmity, jealousy, opposition, and secrecy, are wholly destructive in their effects, whilst communicativeness, fellowship, and good feeling, are productive in their operation. Indifference and exclusiveness are alike pernicious, as they are in direct antagonism to progress by withholding their measurable quantity of support.

It is a matter for congratulation that a higher status has been fixed for general and classical acquirements. The deficiency of early training in those destined for the medical profession has been a great hindrance to its social advancement. In the address delivered to you last year, Dr. Fletcher justified and recommended an apprenticeship of shorter duration than the old term of five years. I fully agree with all that was then said, and it was with some surprise that I found in the leading article of last week's JOURNAL, "On the Medical Council and the College of Surgeons," the narrow views which the writer had taken of the utility of apprenticeship. He says: "The effect of the permission granted by the Royal College of Surgeons, is virtually to reduce further the minimum amount of education demanded by the Medical Council. Candidates for the college diploma may throw away a year or more of their time in blundering up to some amount of empirical knowledge." Like Dr. Fletcher, I went through the long term of apprenticeship; and I would ask permission to state some other advantages which may be derived from servitude. A student during his pupilage should become thoroughly acquainted with botany—should have made most of the pharmacopœial preparations—should have acquired the principles of chemistry, and so thoroughly have learned the bones as to be ready at once to commence dissections, in order to give him more time for the bedside and clinical instructions, and to enable him to gain greater practical knowledge than can be acquired by those students who have not undergone the same preliminary discipline. It is not true, then, that apprenticeship merely gives empirical knowledge; and I concur with our late worthy president, that whilst we have gained much, we have lost something—lost the steady application of the youthful student, which the surveillance of a strict and honest master *can* and *ought* to enforce.

The defectiveness of education, and the minimum of acquirements, does not depend upon the years of apprenticeship: the general acquirements must be tested to prove that candidates for the profession possess an organisation suitable for gradual improvement. They must possess senses to perceive, and minds capable of being informed, and desires which shall lead them, not to the passing of this or that examination as the goal of their ambition, but to some nobler end—to the earnest endeavour to possess that which has been acquired and can be imparted by their teachers, and desires which will not leave them content with possession, but will ever be urging them on to the acquisition of greater wisdom.

Early training and good school education must be the foundation for that secondary and scientific education which is to be perfected by medical schools according to the regulations of chartered colleges or medical councils.

## SOUTH MIDLAND BRANCH.

### PRESIDENT'S ADDRESS.

By ROBERT CEELY, Esq., Aylesbury.

[Read at Bedford, June 26th.]

GENTLEMEN,—Allow me to thank you most sincerely for the honour you have now conferred on me—an honour I fear, far beyond my deserts.

Although an old member of the parent association and a participator in some of its early labours, I have done nothing in the affairs of this branch, nor have I been able much to my regret, to be present at many of its meetings.

With an unfeigned conviction of my deficiencies, I will endeavour, to the best of my ability, to discharge the duties of the office to which you have so kindly appointed me, and I hope with your kind indulgence and support, that I may be able to avoid detriment to the interests and reputation of this important branch.

Two gentlemen, my immediate predecessors, in their addresses have alluded to the difficulty of finding matter sufficiently novel to interest you; but I think you will all agree with me that they have successfully extricated themselves from that difficulty. Fully admitting its existence, and readily acknowledging the advantage of obviating it, I am not disposed to attach undue importance to that circumstance. *Ne quid nimis*, is not, I think, applicable at all times to all subjects. There are many truths that will bear repetition, and many facts worthy of frequent recollection.

The main objects for which we are associated, as declared in the fundamental constitution of the parent association, and as adopted, I presume, by the many branches of which it is now happily composed, are the advancement of medical science and the maintenance of the honour and respectability of the profession.

These objects, we must all admit, are intimately connected; for, unless science be diligently and effectually cultivated, the honour and respectability of the profession would rest on a very slight foundation; and unless the honour and respectability of the profession were otherwise maintained, on the high ground of moral integrity and liberal sentiment, no advance of science could vindicate its claim to that high estimation in which it has long been held, and which, we trust, it will ever with sensitive jealousy preserve.

There cannot be a doubt that the British Medical Association, with its numerous branches and its ably conducted JOURNAL, is calculated to promote, and has to a great extent promoted, these important objects. The personal, intellectual, and social intercourse which our annual meetings afford, does tend to create and foster those kindly feelings so necessary to be cultivated among the members of an educated and liberal profession. And in this respect, I conceive the branches have some advantage over the parent association. Our meetings are calculated to bring together neighbouring brethren who it is desirable, should be well acquainted and on the most friendly terms. For, by such meetings, jealousies and misunderstandings may be removed if they cannot at all times be prevented, and thus mutual respect be promoted and preserved.

And, I think, it may be safely asserted that the more we respect one another, the more respect we are entitled to claim, and the more are we likely to receive from the public.

Much of which our body has had to complain, doubtless, has been self-inflicted. The public has too often been blamed for what it has not deserved. No doubt



from the anomalous state of our profession as compared with that of the other professions, many serious evils have arisen and are, unhappily, likely to continue.

The legal profession has its judges, to recognize and appreciate talent and acquirement; the clerical has its bishops, to estimate and reward individual merit; the naval and military have superior officers, with skill and discernment to commend and promote obvious desert.

We, however are subject to no such powers, we have no such advantages; but, as remarked by the able and learned author of a recent unfinished *History of Medicine*,\* "The physician and surgeon are peculiarly obnoxious to other powers than those of right reason; and their highest honours are virtually reduced to a game of chance. In addition to these extraneous drawbacks, there is an internal source of vexation and discouragement proceeding from the jealousies of members of the profession itself, so that there are few who pass through a professional life without hearing revelations which must of necessity produce much bitterness of feeling, not unmingled with a sense of degradation, that they should belong to a calling in which such things are possible."

From all these causes arise the many conflicting systems which have been so often propounded by visionaries and enthusiasts, and blindly followed by the ignorant and unprincipled. Hence the vigour and success of quackery and the many mortifications to which our profession is too often subjected.

It has been frequently said "that medicine as an inductive science occupies the lowest place; for this obvious reason, that facts alone have been employed to establish other natural sciences, whilst in medicine the human imagination has been taxed to the utmost to frame hypotheses, to accord with, or account for the various phenomena which are constantly presenting themselves to our notice."

The great author and leader in the employment of inductive reason, though himself infected by the prejudices and errors of his predecessors and contemporaries, even to a childish degree, has remarked of medicine—"It is a science that has been more professed than laboured, and more laboured than advanced; the labour having been more in a circle than in progression, there being much iteration but small addition."

A more modern, laconic and sarcastic writer says, "No men despise physic so much as physicians; because no men so thoroughly understand how little it can perform. They have been tinkering the human constitution four thousand years, in order to cure about as many maladies. The result is that mercury and brimstone are the only specifics they have discovered. All the fatal maladies continue to be what they were in the days of Paracelsus, Hippocrates and Galen—*opprobria medicorum*. It is true that each disorder has a thousand prescriptions, but not a single remedy." (*Lacon; or Many Things in Few Words*.)

Another modern writer declares that "the nature of medical causation is such that it takes as much time and trouble to rectify an error as to establish a truth. Thus it may require the experience of one man's life to arrive at some plausible theory, and the counter experience of another man's life to show that it is false."

In regard to the vagueness and uncertainty of physic, and its principles as well as its practice, may it not be said that all the maxims and practical operations of human life lie open to the same objection. They all consist of facts and principles which do not admit of mathematical precision; being made up of averages and approximations, all liable in various degrees to error and exception.

Now, without denying the existence of much humiliating truth in some of these sarcasms, which demands our serious consideration; we may fearlessly assert, in spite of all this conventional irony of men who would not hesitate to avail themselves of the aid of the art they so flip-

pantly deride, that no class of men has exerted itself more disinterestedly in practical philanthropy than have physicians and surgeons, who may truly boast that science is their only means to assuage human suffering in all its forms. And those must indeed be morbidly sceptical, who will deny that the superior health and extension of life in this age and country, are in great part imputable to the improved state of medicine. It can be maintained that medicine has made corresponding progress with the rapid advance which has taken place in general knowledge. More progress has been made, more real facts obtained, more sound opinions formed in medicines calculated to alleviate human suffering and remove disease, during the present half century than in any preceding period.

Our knowledge is more exact; our practice more simple, more precise. Those of us who remember the introduction of the stethoscope, must admit the previous difficulty in the diagnosis of most thoracic diseases as compared with the present consequent facility and precision. How much, also, has our knowledge been advanced by the aid of the microscope and animal chemistry, is told by the advance made in the diagnosis and treatment of renal and other diseases. Have we not more definite and exact knowledge of the diagnosis of fevers leading to more correct treatment? Has not our knowledge of the physiology of the brain and spinal cord led to a more ready and correct diagnosis of the pathology of these organs? And, are we not now in the possession of the discovery of new and serious diseases? Are we not entitled to claim credit for the benefits, present and prospective, which the profession has and will have conferred on mankind by the really new science of preventive medicine; benefits, forced as they really have been on a reluctant public by the untiring zeal and great ability of philanthropic members of our profession?

Surgery has made equal progress. Medicine and surgery have been reciprocally benefited by similar labours.

Who can deny the glory of the discovery, and the inestimable value of the application of anæsthetics in medicine and surgery?

By an altered method of study, by more exact and more numerous observations, more cautious inductions, tested and checked by more numerous and more acute observers, have these great advantages been obtained.

Our knowledge of what we do know and can perform is more exact, and we have a more distinct view of what we do not know and cannot accomplish. For, in the words of one of the most classical and sagacious of medical writers (Dr. John Reid—*Essays on Hypochondriasis*), "In the degree in which our knowledge advances, we increase likewise our acquaintance with its comparative deficiency. As the circle of intellectual light expands, it widens proportionately the circumference of apparent darkness."

And if not *proportionately*, has not our knowledge of therapeutics been greatly augmented and much advanced? Is not our treatment of disease more simple, more rational, more exact, more conservative? Apart from the difference of treatment necessarily resulting from the generally admitted altered type of most diseases, how great is the change and how much is the improvement in many important particulars?

I well remember the time when hospital physicians and surgeons of eminence bled largely for delirium tremens; apoplectic and epileptic seizures were attacked with large and repeated bleedings; and, when pain was deemed the exponent of inflammation and treated accordingly; I have often seen inveterate hysteria, variously seated, go the round of the Metropolitan hospitals, successively and, of course, fruitlessly assailed by bleeding, cupping and blisters.

At that period, the elegant writer just quoted, who was far in advance of his contemporaries in diagnosis and treatment, exclaims: "At the sight of a patient in any

\* Dr. E. Meryon.



*kind of fits* the surgeon almost instinctively pulls out his lancet. Sometimes even after the paroxysm has subsided, bleeding is had recourse to, from a vague and empirical notion of its indiscriminate utility in this class of diseases. Less slaughter, I am convinced, has been effected by the sword than by the lancet—that minute instrument of mighty mischief!”

The same author, in allusion to the then prevalent hepatic pathology and mercurial therapeutics, remarks: “There is reason to believe that many a patient, supposed to be hepatic, but in fact only dyspeptic, has fallen a martyr to a mercurial course; a course which has often been persisted in with a perseverance undaunted by the glaring depredation which it produced.”

In those heroic times, when bloodletting and calomel bore sway, it was too often forgotten, or not sufficiently regarded, that, “in too rudely eradicating a disease, there is danger lest we tear up the constitution along with it”. The sarcastic admonition of the poet (Quarles) of the sixteenth century, was not less applicable in the nineteenth—

“Hold thy hand, health’s dear maintainer,  
Life perchance may burn the stronger:  
Having substance to maintain her,  
She untouch’d may last the longer.  
When the artist goes about  
To redress her flame, I doubt,  
Oftentimes he snuffs it out.”

But the former abuse of the lancet has probably led to its present unmerited disuse. Had the valuable observations and sound directions of that late eminent physiologist and practical physician, Dr. Marshall Hall, in his admirable work on the *Morbid and Curative Effects of the Loss of Blood*, been more attentively studied, less of its former abuse and present disuse would have occurred.

We are told by many, with apparent truth, that medicine is now held in less repute by a large portion of the public than it was formerly. This has been attributed to several causes—partly to their necessary ignorance of the nature of medical evidence; partly to their knowledge of what medicine formerly was, though they know not what it now is, although they do know that there is a greater discordance in the views and opinions of our body than formerly. For much of this, it is to be feared, we have ourselves to blame. The public are better informed on the subject of our differences than on that of our agreements. Ostentatious pains have been taken to promulgate the former, while little or nothing has been done in regard to the latter. Although such changes in the state of medicine, and much of this discordance of opinion, doubtless result from that independence of thought, the growth of general and individual knowledge; yet it must be confessed that our differences of opinion, familiar to the public, and necessarily influencing their judgment, are greater than the existing state of medicine can justify. It behoves us, therefore, to endeavour, by all means in our power, to reduce these differences to a minimum.

The nature of medical evidence, involving the vital principle, variously influenced by physical and psychical causes, cannot be duly appreciated by those who are merely accustomed to legal evidence, or those occupied with physical science in its material form. Hence the presumption and credulity of the public. But it is greatly to be feared that some of our brethren, on too many occasions, fail to estimate the difficulties arising from the above causes in the way of deducing correct conclusions.

The faculty of clearly comprehending and fairly interpreting the ways and aims of nature is, doubtless, one of the highest efforts of reason, and is attainable only by attentive study and a happy turn for observation. On the other hand, an excess of scepticism is displayed, scarcely less pernicious than a hasty and imprudent belief. Such scepticism may be deemed a disease of the

mind, which, like some of those of the body, is the offspring of over refinement.

The great diversity of intellectual constitution, manifested as it always has been, and doubtless ever will be, in the affairs of common life, can hardly be expected to be void of influence among ourselves. A chaste and sober scepticism is, indeed, required to control that peremptory positiveness of opinion, as well as rashness of action, so natural to the ardour of youth and inexperience. We know that diffidence and caution grow with experience and declining life.

Medicine being an art beset with every species of fallacy, it is of the utmost importance that those who engage in it should be fully aware of this; and that they should so discipline their minds, by a knowledge of the laws of evidence and the rules of investigation, as not to fall into either of these extremes of credulity or scepticism, to both of which the human mind, in different circumstances, is so prone.

It has been wisely and truly said by the experienced and accomplished author of *Medical Notes and Reflections*—a work that will richly repay the frequent study of the old and the young, in which, “Indocti descant, ament meminisse periti”: “The dissimilarity of the proofs, and the greater difficulty of their certain attainment, must ever keep practical medicine in the rear of other physical sciences, notwithstanding its closer association with them through the laws of animal physiology and organic chemistry, so largely explored of late years. But its still wider scope of usefulness requires that this distance should be abridged as far as possible, and no occasion be lost—by improved methods, as well as by new facts—by more cautious observation and more exact evidence—of maintaining its place and connexion among the other great objects of human knowledge.”

These considerations should stimulate our zeal and industry in cordial cooperation for the acquisition of knowledge, teach us humility in its possession, and care and circumspection in its practical application.

May we not hope that the higher culture of the intellect, the improved methods of study now enforced and superintended by authority, aided by present and prospective advances in the sciences, and a more general and more frequent intercourse of the members of our body, may bear the desired fruits, in the further advancement of our science, the improvement of our art, the elevation of the ethics of the profession, and its better estimation with the public.

## SOUTH-EASTERN BRANCH.

### PRESIDENT’S ADDRESS.

By T. HECKSTALL SMITH, Esq., St. Mary Cray.

[Read June 26th, 1862.]

GENTLEMEN,—Permit me to offer you my thanks for the honour you have been pleased to confer upon me by electing me to occupy the distinguished position of President of this important Branch of the British Medical Association.

I shall, I believe, best discharge my duty to-day by detaining you but for a brief space from the business to be brought before you.

I have first, unhappily, to allude to the great loss this Branch, and your President especially, has sustained in the death of one of the gentlemen elected as Vice-Presidents—our lamented friend, Thomas Smith of Crawley. He was one of the earliest, and to the last remained one of the most highly valued of our members. His professional acquirements were above the average among the well informed. Kindness of heart and consistent courtesy, perseverance and industry, and a desire to maintain the honour of our common calling, were his characteristics. He died at his post of duty, called by



circumstances from a repose he had sought, before he had sufficiently recovered from an illness for which rest had been enjoined; he did not hesitate to respond to that call; he returned to his duty only to succumb to the exertions to which his feeble powers were unequal.

Any member of this Association, however eminent, would justly feel some pride in presiding over this Branch. I, in addition, feel an especial pleasure on this occasion. We are met to-day at the home of the South-Eastern Branch. Reigate is as a household word to it. In this town has long resided a family, to the members of which this Branch may almost be said to owe its existence, and to whom certainly we have from our outset been, and still are, more indebted than to any other names I could utter. Thomas Martin, who is happily still spared to us (and long may it please God to spare him), laboured as our secretary in the time of our infancy and early struggles; and only handed us over to the care of his son, Peter Martin, when we had almost attained a vigorous manhood. Retired to a well earned repose, it is refreshing to dwell for a moment on the picture of our venerable friend.

Esteemed as is Thomas Martin, by so wide a circle of admiring friends, including all classes of society and every grade in our profession, he is especially claimed by the large class to which so many of us have the pleasure to belong, the general practitioner of this country, as the type of all that is good and noble within that class. Persevering, courageous, well-informed, kind-hearted, charitable, and above all, or rather as the result of all, he has shown that he has warmly in his heart a care for the honour and dignity of that important section of our common profession. The honour and status he has attained may, by its contemplation, stimulate many a flagging spirit to press onwards, whose aspirations may be as pure, but to whom may as yet have been denied the success he has so honourably attained. To his son, Peter Martin, we were confided in our manhood; and all here know how indefatigably he has discharged his onerous trust.

The progress of our Branch, under these auspices, has been great, and, in one respect, unique. I allude to the spread of the district meetings. However successful our Association has proved as a whole, those meetings are, to the practitioner in the rural districts, by far the most important. Closely and laboriously occupied by his hourly duties, how many must have felt the want of that professional and social intercourse which distance denies to him. In the district meetings, now spread over the whole county of Kent, we enjoy the blessings of that intercourse. Valuable practical papers, striking and interesting discussions, important points in practice, have been elicited from men who have become, in the course of years, storehouses of great value, and for whom these opportunities were alone wanting.

Even of more value is the social intercourse. It is here he learns to honour his neighbour, and, perhaps, more rightly to appreciate himself. It is by such meetings that the one great primary object of our Association will best be attained; namely, "to maintain the honour and respectability of the profession in the provinces, by promoting the friendly intercourse and free communication of its members; so as to establish among them the harmony and good feeling which ought ever to characterise a liberal profession."

Of the several subjects proposed to itself by the British Medical Association, there is one for which it may justly claim especial credit—the bold front it has ever offered to the assaults of quackery. In this, it has been most ably represented and vigorously sustained by its JOURNAL, more especially under its present able management.

Recently, the homœopathic heresy has attempted to cast upon our profession a discussion of its merits. This has been met by our JOURNAL simply with denunciation,

with an utter refusal to handle the unclean thing. I take a glance at this topic that I may offer my humble testimony to the wisdom and dignity of this course, and briefly to state "the reason why."

Legitimate medicine has nothing in common with this fallacy. There are no points of contact; none of divergence. It is absolutely out of the pale of medical science, and, therefore, only to be met, as has been so wisely done, by our JOURNAL.

Twenty-five years ago, the subject was investigated, and found to be utterly baseless. You are aware that symptoms of disease when they arise are to be met, according to homœopathy, by doses of medicine, which, when given to a healthy subject, produce those symptoms. Putting aside all questions as to the fallacy of such a doctrine, I simply wish to call attention once more to the foundation upon which this so-called system rests. So long since as a quarter of a century, I published certain calculations, in order to show its outrageous absurdity; and, with your permission, I will here reproduce one of them. You must bear in mind that the dose here shown must be proved to be capable of producing certain cognisable symptoms on a healthy person, or the fabric falls to the ground. "A decillionth part or two decillionth part of a grain is a favourite homœopathic dose. Now, a decillion is an unit with sixty cyphers in its train. Let us endeavour to realise this. The diameter of the earth is about 8,000 miles; the solid contents of spheres vary as the cube of their respective diameters. The population of the world has been calculated at about eight hundred millions; and a homœopathic dose (say) of opium amounts to two decillionths of a grain. Upon these data we proceed. From one grain of opium abrade an atomic particle that shall bear the same proportion to the whole grain that a spherule one thousandth part of an inch in diameter bears to the globe on which we stand. Divide this particle into homœopathic doses, and cause each individual on the face of the earth to swallow a dose every second of time, it would require twenty millions of years to take the particle described." (*Medical Gazette*, Dec. 31, 1836.)

Now, gentlemen, I will not insult your understandings by asking you if our editor is not right in utterly repudiating a system thus ushered into the world by its founder. But it is of importance just now to understand and bear in mind the facts I have adduced; for you will hear not unfrequently, "Oh, but they have improved, you know." If the administration of really active medicine under the guise of homœopathy be an improvement, some of them may claim it; but I need not tell you at what expense.

In the face of the above facts, it is hardly credible that a question could arise as to the possibility of a surgeon meeting a homœopath, even as to the propriety of an operation; to take the case and perform it if necessary; to leave the case with the homœopath if the contrary. Is the surgeon of the present day to consent to be only an operator? In vain has a Brodie or a Travers taught, if we have not learned that the constitutional treatment of local disease may frequently avert the necessity for an operation. Then, how can a surgeon accept as conclusive a delusive treatment such as I have illustrated? How can he consult or hold communion with a homœopath without appearing to endorse the system, even should it be a case admitting only of surgical procedure. Surely the rule to be observed is simple enough. If the attendance of a surgeon is required, the case must be submitted to him without any communication whatever with the exceptional attendant.

The patient will have the advantages of receiving the aid he seeks; and the scandal to the profession will be avoided of an apparent sanction being given to a system with which we have nothing in common—the practice of which has the choice either of utter hallucination, or of an alternative I need not define.



One word on another topic, and I have done.

On one subject laid down as a primary object on the formation of the British Association, we appear hitherto to have failed in our duty; namely, "to investigate epidemic and endemic diseases in different situations, and at various periods, so as to trace, as far as the imperfect state of the art will permit, their connection with peculiarities of soil or climate, or with the localities, habits, and occupation of the people." Such was the third "principal object," and its importance is not lessened by time.

My attention was forcibly directed to this subject by an able paper I had the pleasure of hearing as a visitor at the Epidemiological Society, on the progress of diphtheria, by one of the present secretaries, Mr. J. N. Radcliffe. With all his patient research, he could not arrive at any very satisfactory data; and a suggestion made by him as to the value of a few simple records of the earliest cases, and the mode of progress of every epidemic disease over the whole kingdom, struck me as applicable to our widespread Association. I learn from Mr. Radcliffe that a committee of that Society is appointed to consider the subject in all its bearings, with a view to produce a book embracing the whole subject; but as this will occupy time, he hopes "very soon to make a plan for securing systematic reports on the epidemic, epizootic, and epiphytic diseases, prevalent in the kingdom, and to prepare, in the first place, an annual report of the epidemics of the preceding year."

This plan appears to be so desirable that I would venture to suggest that the general meeting of our Society be invited, at the coming meeting, to appoint a committee to carry out, in unison with the Epidemiological Society, its third "primary object"; or failing that, that individual members volunteer to observe the facts, and communicate them to Mr. Radcliffe.

## British Medical Journal.

SATURDAY, JULY 26TH, 1862.

### THE FERMENTATION THEORY OF DISEASE.

REASONING upon the facts supplied by MM. Pasteur and Chalvet,\* M. Trousseau argues, speaking of purulent absorption, that the existence of a wound, whatever its seat or its size, is a necessary condition of the affection; and the specific character of the pus, he believes (as does M. Robin), lies in its serum. And then, applying M. Pasteur's theory of vegetable spores in this domain of pathology, he asks: May not the analysis of the air of hospitals and of great cities one day show us the presence in it of morbid germs, analogous to vegetable sporules, which will grow and multiply whenever they meet with the conditions necessary or favourable to their growth and development—when, for example, they come into contact with wounds?

M. Pasteur's researches have upset the theory of spontaneous generation, and have shaken to its foundation the theory of multiplication by fermenta-

tions; and the recent experiments and observations of MM. Eiselt, Réveil, and Chalvet afford great support to the hypothesis above given of the origin of purulent absorption. The observations of these gentlemen show that, in the hospitals of Berlin and Paris, the air around the beds of patients contain globules of pus, and filaments of charpie infested with putrid matters. Why may not epidemics, then, have their etiological source in morbid entities floating in the atmosphere? These different matters may act in different ways. Some of them may enter the respiratory mucous membrane, as perhaps do those of small-pox, cholera, and glanders. Others again—the purulent sporule, for example—may require a special entrance into the body—a wound. In such case, the morbid force, the purulent or putrid sporule in contact with the wound, may act like the vegetable sporule, which, in contact with a special medium, produces carbonic acid, appropriating to itself oxygen, and thus multiplying very rapidly and *ad infinitum*. The morbid sporule, finding in the wound the necessary conditions for its life and growth, may engender new sporules, or so modify the serosity of the mucous or cutaneous wound, that the serosity, once absorbed, will carry with it into all parts of the body the purulent essence, and so give rise to the manifestation of purulent infection.

If this be true, therapeutics will, we may fairly hope, be as powerful as the disease; for, as the vegetable sporules will die if deprived of the medium necessary for their growth, so likewise may the morbid sporules be destroyed if attacked at the moment when they are deposited on the wound, or the wound be so modified as to be rendered unfitted for their growth. Thus may not cauterisation be destructive of these sporules? Is not diphtheritis often modified or removed by special agents, such as tannic acid, or even glycerine? Are not the most subtle poisons destroyed by early cauterisings of the inoculated wound—the virus of syphilis, of sepsis, and of hydrophobia, for example? The therapeutic agent in such case, applied in time, destroys the virus of the poisons, or it converts the wound into a non-absorbing surface.

We can, it is true, never hope to purge the atmosphere of the many morbid agents floating in it; but public hygiene may diminish their intensity. And if we cannot, in dressing wounds, remove all sources of impurity, we can, at all events, render the wound unfitted for the reception or absorption of the morbid matters.

M. Trousseau quotes M. Maisonneuve to show that the actual cautery is the best means for the prevention of purulent absorption; and he suggests that the ligature of arteries may, in this respect, be considered a retrograde step. The ligature keeps up suppuration, and is, therefore, a direct cause of purulent infection. On this score, however, neither

\* See JOURNAL, July 12th, 1862.



. Trousseau nor M. Maisonneuve will find many adherents in opinion.

Erysipelas, M. Trousseau adds, in surgical wards always most frequent in times when puerperal fever is raging epidemically. We cannot divide erysipelas into spontaneous and traumatic; for it is invariably traumatic. It always commences with a wound. Carefully examine your patients, and you will find that all those who present themselves with so-called spontaneous erysipelas had previously had some wound in the pharynx, the amygdalæ, the mouth, some scratch about the lips, eczema about the ears, or some cutaneous disease of the scalp.

There is, in all cases of erysipelas, a wound; and with the wound, in fact, the erysipelas commences. When erysipelas appears, it is generally as an epidemic. Moreover, there appears to be a distinct relation between erysipelas and purulent infection. The gravity of these diseases generally increases or diminishes at the same time. They occur at the same time, in the same ward, in the same hospital or town. Moreover, erysipelas of a serious kind often ends in purulent absorption; and thus we find relations existing between phlebitis, purulent infection, and erysipelas. They may, in fact, be only different degrees of inflammation of venous tissue, having one common cause of origin, a wound, and associated with one particular epidemic; and they may be modified in their pathological evolutions by topical applications to the wound, or the germ deposited on the wound.

Thus, then, we find, in conclusion, that there is no such thing as purulent infection without a wound; that a wound is the necessary and obligatory condition of its existence; that every wound may be attended with suppurative phlebitis. Suppurative phlebitis, the most ordinary source of infection, causes the pus to be passed as such into the circulation. The pus may be introduced in a continuous or in an intermittent manner. Purulent infection may also result from abscesses of the coats of the aorta and of the heart; but this cause of infection is rare.

Capillary phlebitis may cause the infection through the production of pus; but in the epidemics of purulent infection, the serosity of wounds, modified in a special manner by atmospheric conditions, may be absorbed by the capillaries, without any erosion of the vessels.

Such are the views on the subject lately delivered by M. Trousseau. We need hardly tell our readers that, however rational they are, they are, as yet, only hypotheses, and matters of speculation. But from rational hypothesis often spring great conclusions and discoveries; and, therefore, we recommend them to the consideration of the profession.

## THE BATTLE OF THE GRAINS.

We have been reminded, in reference to what we said last week about the grain-weight question, that the proposed new scruple of 18.229166 standard grains, and the proposed new drachm of 54.6875 grains, have already been in use in Ireland. This is quite true; but the proposed new grain has not itself been in use there; and this is the main point in the case. The Irish authorities have divided the avoirdupois ounce into eight drachms and twenty-four scruples, as the troy pound is now divided in our apothecaries' weight; but they have not until now proposed to meddle with the grain. What they had done in the matter of the drachm and the scruple is far less objectionable than what is now proposed to be done with the grain, because the drachm and scruple are used in pharmacy only. We can only repeat, that the reasons, as far as we can understand them, which were offered in support of the proposed change, seem to us to be of the most feeble character; and the objections which were so ably stated by Dr. Paget against such an innovation overwhelming. The greatest matter of astonishment is how any learned Committee could ever come to sanction such a manifest error as the establishment of two different grain-weights in the country. It was said that the two grains would, for reasons, be of great convenience to that learned body the druggists, who must be accommodated; and it was also argued that, after all, the difference between the two grains was very fractional; and that, therefore, considering the inferiority of drugs in general, the use of either the one grain or the other would be a matter of very little consequence in practice!

The druggists, we are told, call out for their drachms and their ounces; and it was, in truth, the adoption of the avoirdupois ounce by the Committee, for their accommodation, which led to this change in the grain. The avoirdupois ounce contains  $437\frac{1}{2}$  standard grains; but, this being an awkward number, the Committee decided that henceforth the said avoirdupois ounce should contain 480 grains, each drachm exactly sixty of the new grains, and each scruple twenty of the same new grains.

Now it must be remembered that each standard avoirdupois pound weighs exactly 7000 grains, and that the present grain is also a standard measure. We have therefore here, in this pound and in this grain, two distinct, and, as far as science can make them so, two immutable standards of weight, which have been established by Act of Parliament. These weights we have been long accustomed to, and they are in daily use: why, then, should we change the grain merely to oblige the druggists? Dr. Paget well pointed out that, if it were necessary to have other weights and measures, aliquot parts of the avoirdupois pound, we could very well make some



new ones—of a decimal kind, it might be—to fit the standard grain and the avoirdupois pound. Nothing would be more simple. But the answer is, in that case the druggists would have to provide themselves with other drachms and ounces, which would be to them a grievous infliction! To which it may again be replied, that if there are to be a new grain, new scruple, and new drachm, a new set of weights will certainly be required to carry out the scheme of the *Pharmacopæia* Committee.

Everybody remembers the caricature of Sir Robert Peel tossing up a guinea in the House of Commons, and asking, "What is a guinea?" and every one knows that neither he nor anybody else could answer the question. Into this state we shall be driven as regards our grain, if the *Pharmacopæia* Committee's recommendation be accepted by the General Council. No one, either here or on the continent, will then know what we are talking about when we talk of a grain. Half the time of writers, chemical and pharmaceutical, will be occupied in discussions as to "which grain it was".

Happily, it came out in the discussion on the subject at the College of Physicians, that the *Pharmacopæia* Committee themselves were not unanimous in approval of the change; and that the English portion of it, in fact, actually objected thereto.

There is one further suggestion we would make to the Committee. Have they reflected upon the serious difficulty which they may, if they carry out this change, be heaping on the heads of future generations? Suppose they carry their grain, and that at some future day the editors of another edition of the *Pharmacopæia* should find the innovation very bad, and should be forced to subject the grain to another metamorphosis by giving it another value—*i.e.*, by bringing it back to its standard value, or inventing a new one for it—the amount of confusion thus introduced into pharmaceutical calculations will be overwhelming.

### THE WEEK.

THE *London Medical Review* continues, in its July number, to supply its readers with valuable homœopathic contributions and cases from the pen of Dr. Sharp, which doubtless demonstrate to certain minds that the third dilution of tinct. aconit. *diluted* will cure a croup offhand; and that the first trituration of sulphur will in a week remove an hypothetical affection of the liver, which two leading physicians could make no impression upon, though they had thrown a "handful of prescriptions" at it. Also we are told how "Master C. A. ate sloes (the fruit of *Prunus spinosa*) on September 10th"; how he fell into the hands of the Philistines, and was purged with calomel and castor oil, and powders and saline draughts, and even blistered; how at last Dr. Sharp,

happily, was called for; how he removed the blister, gave a dose of tr. of aconite 2, followed up in ten minutes by one of tr. bellad. 1; and, of course, calmed and cured the youth. Could any more potent proofs be given of the utter failure of medicine, and of the surprising efficacy of homœopathic remedies? We certainly cannot help admiring the moral courage of the *Medical Review* in presenting its readers with such a feast of reasonable intelligence.

IF we may at all judge from the violence of the language exhibited in certain pamphlets which have been sent to us, we should say that the determined objection taken by the British Medical Association and its JOURNAL to the unnatural union of homœopath and medical man, of homœopathy and medicine, has been productive of, and is producing, excellent results. The fostering and abetting of homœopaths and homœopathy by those gentlemen who meet the homœopath in consultation, and by those journals which also hold conference with homœopaths (by admitting homœopathic productions into their pages), is also equally demonstrated in these pamphlets. One of these papers is headed *Medical Terrorism in 1862*. It speaks of "tyrannous trades unionism", and discourses accordingly. Now, really a little calm consideration will surely show gentlemen who thus write how completely they misunderstand the whole case. No one of us interferes with homœopaths. We never attempt to step between them and their patients. They have the most open field for the exercise of their talents. What we say is simply this: Homœopathy is an enormous error, it is a fatal error. It is, in our sight, as opposite to medicine as truth is to falsehood. He therefore, of medical men, who directly or indirectly fosters or encourages homœopathy, encourages a fatal deception. But no medical man can meet a homœopath in consultation without encouraging homœopathy, and, therefore, without encouraging what he knows and admits to be a gross deception. Now, it is not this JOURNAL, it is the united voice of the whole profession, which declares that it will not admit a man to their confidence who thus consorts with homœopaths, and thus encourages homœopathy. The profession rightly enough declares the act immoral and dishonest, and will not have any compromise with what it holds to be immorality and dishonesty. There is no "terrorism" here. This is simply the declaration of truth and honesty. Every man may work as he likes; but the profession's conscience forbids it to have dealings with those who commit what it holds to be a dishonest act. Like old Luther ("Ich kann nicht anders"), the profession has really no option in the matter. One homœopathic defender of his faith says that this JOURNAL's doings in this matter are condemned by the *London Medical Review* and the *Medical Circular*, at which, of course, we are



ch grieved; and that, "in the present instance, the *Lancet* and the *Medical Times* have hitherto stood aloof and kept ominous silence"; and all this rejoices me to see as a sign of the times". It is true that the *Lancet* is silent on certain occasions—, when great men's names are in question; but silence on such occasions is ominous of what might rather be called defective moral courage than admiration of homœopathy; for the *Lancet* never fails to assert its principles and belief *ore rotundis*—so whenever it can do so at the expense of the smaller fry of offenders in the matter of homœopathic consultations. However, these homœopathic writers of pamphlets with sensation headings may be most sure that the position we assume in this matter is the position not of a body of sectarians, but the position of the whole profession. No more direct and positive proof could be given of the support and sustenance of homœopathy by members of the profession who consent to meet homœopaths in consultation, than the exclamations of homœopaths against those who have put or attempt to put a stop to such consultations—no better proof of the fact, so often insisted on in these pages, that it is mainly by this kind of patronage of homœopaths by members of the profession that the delusion lives and thrives.

Our readers may remember that we once referred to the fact of the establishment of medical body-balmers by the American Federal Government. The following lines from the scene of action exhibit these men at work. The recklessness of human life exhibited by the Americans in this war, and the remarkable tenderness which they show to the remains of their departed, is a strangely contrasted fact.

"On my way to this plantation from the camp, I saw before me some tents surrounded with curious things—signboard on which was written with large letters, 'Drs. Brown and Alexander, Government Embalmers'. My Irish gentleman friend was acquainted with the doctor—I do not know whether Brown or Alexander; but we found him sitting on a mat in his drawers and shirt, with a large diamond pin in the latter rather muddy-coloured garment. 'Take a drink?' Of course. Old Bourbon whisky and large tumblers. That once over, I began asking questions. The doctors were doing large business; there behind were four corpses. 'See them?' Of course, poor fellows! none of them shot, all died by fever. The doctors told me their principal ingredient for embalming was a kind of liquid glass and opsum, which hardened to a substance like stone. In this state the body would keep for many years, perhaps forever. The bodies looked well preserved, although not very agreeable. The doctors took for embalming a private twenty-five dollars, and for an officer fifty dollars. I was told that, since the commencement of this war, above two thousand bodies of soldiers had been embalmed and sent home. This was done by Adams's express, in deal boxes, lined with sheet zinc. The poor fellow I saw nailed up wore his uniform, and his writing-case and portfolio were laid beside him. With his arms, and a bundle of hay under his head, and the address on the cover of the box, he was sent home to his mourning parents."

We are glad to hear that nearly £300 have been already collected for the family of the late Mr. Puckett, thanks to the energetic initiative of Mr. Griffin. We sincerely trust that we shall soon be able to announce that this sum has been trebled. A few shillings from each member of the profession would at once produce the sum.

THE journals say that the number of deaths from yellow fever in the French Expedition to Mexico has been greatly exaggerated.

One Angelique Duthoit has been sentenced by the Lille Tribunal to a month of prison and a fine of 200 *francs* for the illegal exercise of the art of accouchement.

Nitrate of silver has been much used of late, in France and elsewhere, as a therapeutic agent. Wunderlich has recommended it in cases of progressive paralysis; and Larghi of Vercell in caries. We are also advised in certain cases to cauterise with it the internal surface of the uterus. M. Duclos of Tours and others have used it in the form of injections in dysentery. M. Empis says that he has administered it in pills with much benefit in dysentery. Dr. Simi of Livorno says that about eight or nine grains of a solution of the salt were by accident given on two consecutive days to four infants, without any ill results. He therefore experimented with it on himself, without observing any toxic effect.

Professor Trousseau, on the 18th and 25th of May last, gave two "Conferences on Quackery" in the large hall of the Faculty of Medicine. An immense number of persons, chiefly composed of workmen, were present. Amongst other things, he pointed out the sad but common fact of the ready access which quacks find to *des gens d'esprit*; and, to illustrate this, he gave an example of the weakness of Béranger in this way, of whom "he had the extreme honour to be the very intimate friend and the physician". Béranger suffered from a slight attack of ophthalmia, of which he was cured by Bretonneau. On another attack, he called in the services of a Polish priest, who was possessed of a secret remedy. When cured, he begged Trousseau to interest himself for the quack, and get him admitted *officier de santé* by the Faculty. Trousseau examined the man, and found him ignorant of the barest facts of the anatomy of the organ. This he told Béranger, who exclaimed, "Ah! the poor fellow!" "I replied," says Trousseau, "my dear Béranger, I have been your doctor during eight years, and I am to-day going to ask for my fees." "What fees?" "You shall write me a song, and I will give you the chorus." "Indeed! and what shall it be?" "Ah! que les gens d'esprit sont bêtes." "We understood each other, and he never afterwards spoke to me of his Polish priest. Is it not sad to see that a man like



Béranger, to whom I told the facts, could not understand how much mischief his *protégé* might do, and how utterly incapable he was of doing good safely in the simplest diseases of the eye?" "This Polish priest," adds *L'Union Médicale*, "is doubtless the Polish abbé who is still much spoken of in Paris, and who practises in diseases of the eye. It is said that he has an enormous practice."

Amongst French exhibitors who have obtained recompenses, etc., at the Exhibition, we find the following names:—MM. Charrière, Matthieu, and Luer, surgical instrument makers; Dr. Anzona, for his anatomical specimens; M. Galante, for caoutchouc apparatus applied in medicine; Dr. Duchenne, for his photographs of the muscles of the face under the influence of electricity; Dr. Marey, for his ingenious sphygmograph; M. Sales-Girons, for his pulverisator of liquids; and M. Préterre, who has obtained the only medal given in dental surgery, for his artificial restoration of the mouth.

Professor Barral, surgeon of the St. José Hospital at Lisbon, has lately died. He was one of four celebrated brothers, all bachelors; one being physician, one surgeon, one *pharmacien*, and one chemist.

## FEMALE PHYSICIANS.

THERE is much that is very seductive in the notion of female physicians. That all the virtues which render woman so lovable in the sick-room should be added to the skill which renders the physician so desirable, is a conception which may well fill the heart with envy of the happy individuals whose ailing lot may be cast within the period of its fruition. Why is woman excluded from the study and practice of medicine? Is her intellect blunter than man's; her aptitude less? Are her fingers less fitted to gauge the pulse; her ears less quick to detect monitory murmurs in the breast; her eyes less capable of marking the traces of disease on the countenance? Is it not rather the fact that in intelligence she equals, in tact surpasses man? Nay, more, does she not possess a true instinct for medicine? Who would doubt the existence of such an instinct in the mother caring for her children? The "Epsom salts" and "Senna-tea," dear to the infantile memories of every true Englishman, and sacred to the domestic hearth of every true English home, are they not, indeed, true symbols of this instinct? Did not the divine Plato, ages ago, aver that if woman had a talent for physic she was as well fitted as man to cultivate it? Why, then, should she be debarred from acquiring and exercising the art and science?

The objections to woman as a practitioner of medicine rest upon higher grounds than intellect and tact. Hitherto the chief goal a woman, determined by her natural and irrepressible instincts, has been wife-hood; her chief crown maternity. She alone, it is well to have in mind, can be wife and mother; and in what manner she may best fulfil the duties both of the one condition and the other has of necessity (and happily so) become preeminently the great, the most important object of her early training. Upon the just exercise of the domestic virtues involved in such a training, the moral stability of society mainly rests. In direct proportion as woman is true and apt to the holy duties of home and hearth, the moral life of families and nations exists.

Is medicine then to be placed in the category of avoca-

tions adapted for women? The chief advocates of female physicians not only affirm the fitness of medicine as a feminine occupation, but they also maintain that there is no just reason why women should not sit upon the same benches with male students! We need not draw upon the imagination for the probable effect upon the female character of a student-life thus conducted. One of the most strenuous Transatlantic advocates of female physicians, Miss Dall, not long ago published a brief account of the life of Marie E. Zakrzewska, doctor of medicine, practising in the United States, written by herself. Dr. Marie Zakrzewska studied midwifery in Berlin, and medicine in America, pursuing her studies in association with the male students in recognised schools. She revolts at the "common routine domestic life," and prides herself on contemning all the feminine duties and affections which are commonly looked upon as a woman's principal claim to respect and honour.

The fate which has befallen one well-known and highly esteemed American female physician is significant. "She was found," writes our authority, "unable to meet the exigences of the every-day duties of her profession, every one practically familiar with the exacting nature of those duties would have foreseen. The storm, the cold, the night, the distance, were barriers which she could not overcome without assuming the habits, dress, and manners of the opposite sex. And often the disease which she encountered was of such a nature as to compel her either to unsex herself in regard to her instinctive habit of reticence and modesty, or preserve her feminine sensibilities by neglecting her professional duties. Subsequently she became the medical head of private charity for the treatment of sick women, in which capacity her medical education is admirably adapted to develop and give efficiency to her natural tastes and her instincts, and thus render her life one of eminent usefulness."

It is not a little curious that, although many plausible reasons might manifestly be advanced why a highly educated class of women should be trained to practise midwifery and the diseases of women and children, the important branches of medical science have been, as a rule, wilfully ignored by the advocates of female physicians. Dr. Marie Zakrzewska, after having obtained the highest reputation as a midwife in Berlin, gave up her reasonable hope of achieving European fame, emigrated to America, and encountered poverty and a host of difficulties in order to secure a degree of doctor of medicine and practise as a physician. Nothing, perhaps, more strikingly shows the unsatisfactory nature of the whole question of female physicians, than the contemptuous neglect of that which may be termed its peculiarly feminine aspect. Already women have obtained the loftiest scientific distinction in practising and teaching the obstetric art—witness, for example, Mesdames Boivin and La Chapelle. Comparatively little difficulty would, moreover, in all likelihood, be experienced in forming a school for the training of female students in midwifery. Happily some such view as this is beginning to dawn upon the mind of the more reasonable supporters of female physicians. Miss Davies, in a paper read before the fifth department of the recent Social Science Congress, on "Medicine as a Profession for Women," admitted that the practice of female physicians should be restricted to the diseases of women and children. She also protested against male and female students of medicine studying in the same school. This is so far well. If we must have female physicians, we would suggest that, for the credit of womankind, they should first devote themselves to the acquisition and practice of that branch of medicine in which the aid of man is most obnoxious, and is tolerated perhaps, more from necessity than choice. (*Social Science Review*.)



# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirtieth Annual Meeting of the British Medical Association will be holden in London, on Tuesday, Wednesday, Thursday, and Friday, the 5th, 6th, 7th, and 8th days of August.

*President*—ALFRED LOCHÉE, M.D., F.R.C.P., Canterbury.

*President-elect*—GEORGE BURROWS, M.D., F.R.C.P., F.R.S., London.

*All the Meetings will take place at the Royal College of Physicians, Pall Mall East.*

### TUESDAY, August 5th.

12 NOON. Meeting of Committee of Council.

1.30 P.M. Meeting of the General Council.

3 P.M. First General Meeting of Members. The retiring President will make a few remarks. The new President will deliver an Address. The Report of Council will be presented, and other business transacted. 9 P.M. The President and Council of the Royal College of Surgeons of England have invited their Fellows and Members to meet the members of the Association at *conversazione* at the College.

### WEDNESDAY, August 6th.

10 A.M. Meeting of the Members of the new Council.

11 A.M. Second General Meeting of Members. An experimental Report on the Treatment of Suspended Animation will be read by B. W. RICHARDSON, M.D. Papers and Cases will be read.

1 P.M. The Address in Medicine will be read by W. WALSHE, M.D., F.R.S. The Report of the Medical Benevolent Fund will be presented. Papers and Cases will be read.

9 P.M. The President and Council of the Royal College of Physicians have invited the Members of the Association to a *Soirée* at the College, at 9 P.M.

### THURSDAY, August 7th.

11 A.M. Third General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Surgery will be read by JAMES PAGET, Esq., F.R.S. Papers and Cases will be read.

### FRIDAY, August 8th.

11 A.M. Fourth General Meeting of Members. Papers and Cases will be read.

1 P.M. The Address in Physiology will be delivered by W. SHARPEY, M.D., F.R.S. Papers and Cases will be read.

6.30 P.M. Dinner at the Albion Tavern, Aldersgate Street. Tickets One Guinea each.

Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Members are requested to enter, on arrival, their names and addresses in the Reception Room, Royal College of Physicians; where cards will be supplied which will secure admission to all the Proceedings.

Refreshments will be provided in the College during the Meetings.

Members who wish for previous information may communicate with Dr. STEWART, 74, Grosvenor Street, W.; or Dr. HENRY, 15, George Street, Portman Square, W.

Papers have been promised by Francis Sibson, M.D., F.R.S. (Aneurisms of the Arch of the Aorta); William

Budd, M.D., of Bristol (On the Occurrence (hitherto unnoticed) of Malignant Pustule in England, illustrated by a Drawing, and by numerous Fatal Cases); C. H. Jones, M.D., F.R.S. (Suggestions for Inquiries into the Action of Medicines); Lionel Beale, M.B., F.R.S. (Observations on the Formation and Destruction of Tissue in the Living Body); William Farr, M.D., F.R.S. (On Medical Statistics); C. E. Brown-Séquard, M.D., F.R.S. (Remarks on a Case of Wound of the Spinal Cord); Ernest Hart, Esq. (On the Successful Treatment of Aneurism by the Flexion Method); W. Tindal Robertson, M.D., of Nottingham (On Hydro-Therapeutics); A. P. Stewart, M.D. (Some Remarks on the Treatment of Intestinal Obstructions); J. V. Solomon, Esq., of Birmingham (The Relief of Near Sight without Spectacles); T. Inman, M.D., of Liverpool (On the Question, Is Alcohol Food?); Ephraim Cutter, M.D., of Woburn, Massachusetts, N.A. (On the Employment of Veratrum Viride in the Treatment of Disease); Jonathan Hutchinson, Esq. (On a Form of Deafness hitherto undescribed, occurring in the Subjects of Inherited Syphilis); J. Higginbottom, Esq., F.R.S., Nottingham (On the Non-Alcoholic Treatment of Disease); J. Hughes Bennett, M.D., of Edinburgh (On the Treatment of Pneumonia, with the Results of 105 carefully recorded Cases); Ephraim Cutter, M.D. (The Treatment of Morbus Coxarius by Extension Splints); Charles H. Moore, Esq. (Some Account of a Case in which Extensive Cancer was removed from the Orbit); R. T. Evanson, M.D., of Torquay (On the Use of Iodine in the Treatment of Affections of the Head in Children).

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, July 12th, 1862.

## READING BRANCH: ANNUAL MEETING.

THE annual meeting of the Reading Branch was held in the Council Chamber, Reading, on Wednesday, July 6th; E. WELLS, M.D., President, in the Chair. There were also present nineteen members.

*President's Address.* The President delivered an address, which he was requested to publish in the JOURNAL.

*Officers.* The following officers were elected:—*President-elect*, George Pound, Esq., Odiham; *Representative in the General Council*, C. M. Burnett, M.D., Alton.

*The JOURNAL.* It was proposed by Dr. MCINTYRE, and seconded by Dr. COWAN—

“That this Branch desires to record its satisfaction with the continued improvement of the JOURNAL under its present editor.”

*Retrospective Address.* Mr. H. H. Sheppard, of Sonning, then read a retrospective address, commenting on the cases presented to the Reading Pathological Society during the past session.

*Dinner.* The members afterwards dined together at the George Hotel, the Chair being ably filled by the President, Dr. Wells.

## BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Mineral Water Hospital, Bath, on July 10th; W. J. CHURCH, Esq., President, in the Chair. There were also present thirty-three members.

The Bristol Secretary (Dr. MARSHALL) read the minutes of the last annual meeting, which were confirmed.

*New Member.* Mr. Charles Vicary was elected a member of the Branch.

Dr. SWAYNE (the retiring President) resigned the chair to W. J. Church, Esq., who read an address, which will appear in a future number.

*Report of Council.* Mr. FOWLER, the Bath Secretary, read the following Report:—



"The Council have again great pleasure in congratulating the members on the continued prosperity of this Branch of the British Medical Association.

"The average attendance at the ordinary meetings has been larger than in former years. The number of papers read has been greater, and the subjects more diversified.

"Their best thanks are due to the gentlemen who have contributed papers, for the zeal and ability they have displayed in preparing them.

"The following is the list of twenty-one papers read at the last four quarterly meetings :

"1. Intestinal Obstruction. By Joseph Hinton, Esq.

"2. The same subject. By J. Soden, Esq., and W. Budd, M.D.

"3. Hypodermic Action of Atropia. By J. K. Spender, Esq.

"4. Carcinoma of Stomach with Diseased Suprarenal Capsules without Bronzed Skin. By R. W. Falconer, M.D.

"5. Case of Imperforate Hymen. By R. W. Falconer, M.D.

"6. Case of Discoloration of the Forearms during Pregnancy. By J. G. Swayne, M.D.

"7. Cases of Idiopathic Tetanus. By F. Brittan, M.D.

"8. Case of Aneurism in which Tracheotomy was performed. By F. Brittan, M.D.

"9. A similar Case. By W. M. Clarke, Esq.

"10. Excision of Eyeball in Injury. By W. M. Clarke, Esq.

"11. Case of Cyanosis in which there was a Complete Communication between both Ventricles and Auricles. By J. G. Swayne, M.D.

"12. Lithotomy by Allarton's Median Operation. By A. Prichard, Esq.

"13. On some obscure Causes and Results of Palpitation. By S. Martyn, M.D.

"14. Abscess of Vagina with Rudimentary Uterus. By W. Davies, M.D.

"15. The Relation of Temperament and Complexion to Disease. By J. Beddoe, M.D.

"16. On Diabetes. By J. K. Spender, Esq.

"17. Statistics of Forceps Operations. By J. G. Swayne, M.D.

"18. Disease of the Astragalo-Calcanear Joint. By R. W. Coe, Esq.

"19. Case of Empyema. By G. F. Burder, M.D.

"20. Case of Diphtheria. By R. W. Ellis, Esq.

"21. Cases of Immediate Treatment of Stricture. By A. Prichard, Esq.

"The financial statement is also very satisfactory, there being a balance in hand of £8:18:2 at the close of 1861. But the Council would here urge upon the members the necessity of an early payment of subscriptions to their Branch Secretaries; the accounts of the Parent Association being made up in June. In consequence of the delay in the payment of subscriptions, some difficulties have arisen from the application of both General and Local Secretaries for the subscriptions.

"Although the Council have to regret the loss of several members by death, removal, non-payment of subscriptions, they are happy to announce that the influx of new members more than compensates for the loss.

"The deaths of two members of Council cannot fail to be noticed and sincerely regretted by the members generally. Messrs. Vicary of Warminster, and Godfrey of Bristol, were almost invariably present at our meetings, and took an active part in the affairs of the Branch, and adopted every means to promote its prosperity. Another member, Mr. Thomas Martin of Bristol, has also died in the course of the year.

"The meeting of October 3rd, was rendered special, to take into consideration a proposed amendment of the seventh rule of the Branch, for the purpose of permitting the Council to select some other town than Bath or Bristol for their annual meeting and subsequent

dinner. The amendment was universally adopted, the rule now stands thus. 'That the meetings of Branch shall consist of four ordinary meetings, to be held in September, November, February, and April alternately at Bath and Bristol; and an annual meeting in the summer, at such time and place as shall be fixed by the Council.' The Council hope on some future occasion to meet their brethren at Weston-super-Mare or some other equally attractive locality, and trust this means to enlist the cooperation of the practitioners residing in the neighbourhood.

"The Council are happy to announce that the Medical Benevolent Fund still continues its course of unostentatious beneficence, and they beg to draw the attention of members to its advantages.

"One of the chief matters of business to be brought before the meeting is the election of representatives to the Branch at the General Council. This election will be by ballot; and it is to be hoped that as this is the first year in which the Association has held its annual meeting in London, a large number of those so elected, as well as members generally, will avail themselves of the attractive arrangements made by their metropolitan brethren. The retiring members are Messrs. Bartrum, Budd, Church, Davey, Leonard, and Prichard.

"The following balance-sheet for the year ending December 31st, 1861, was then read:—

RECEIPTS.		£	s.	d.
Balance in hand January 1st .....		4	0	0
Subscriptions .....		16	12	0

20 13 0

DISBURSEMENTS.		£	s.	d.
Postage, stationery, and Secretary's travelling expenses .....		6	17	10
Expenses of meetings .....		4	17	0
Balance .....		8	18	2

20 13 0

Dr. HERAPATH proposed, Mr. SPENDER seconded, and it was carried unanimously—

"That the Report and Financial Statement now read be adopted."

*Representatives in the General Council.* A ballot was then taken for six representatives at the General Council of the Association, when the following were declared elected:—J. S. Bartrum, Esq. (Bath); W. Budd, M.D. (Bristol); R. W. Falconer, M.D. (Bath); H. Marshall, M.D. (Bristol); R. N. Stone, Esq. (Bath); and A. Prichard, Esq. (Bristol).

*President-elect.* Dr. SWAYNE proposed, and Mr. COLLINS seconded, the nomination of Dr. Francis Ker Folger as President-elect for the ensuing year.

*Council of the Branch.* The following gentlemen were elected to fill up the vacancies in the Council:—*For Bath:* J. S. Bartrum, Esq.; R. F. George, Esq.; V. Hutchins, Esq.; John Soden, Esq.; and R. N. Stone, Esq. *For Bristol:* F. Brittan, M.D.; W. Budd, M.D.; C. Collins, Esq.; S. Martyn, M.D.; and J. A. Symonds, M.D.

*Votes of Thanks* were carried to the Retiring President; the Council and Secretaries, who were requested to continue their services; and to the President and Governors of the Bath Mineral Water Hospital, for their kindly accorded use of the board-room.

*Donation to the Medical Benevolent Fund.* Mr. BARTRUM proposed a donation of £5 from the Branch fund should be given to the Medical Benevolent Fund, and instanced its benevolence to members of this district. This was carried unanimously.

*Notice of Alteration of Law.* Dr. HERAPATH gave notice that he should at the next general meeting pro-



a change in the sixth bye-law; and it was resolved to make the next ordinary meeting special for that purpose.

## Reports of Societies.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, JUNE 2, 1862.

Dr. BABINGTON, M.D., F.R.S., President, in the Chair.

LECTURE ON THE RECENT PREVALENCE OF YELLOW FEVER ON SEVERAL OF HER MAJESTY'S SHIPS OF THE WEST INDIA SQUADRON, UPON THEIR ARRIVAL AT HALIFAX; WITH REMARKS ON THE CLIMATE AND DISEASES OF THAT TOWN. BY DR. SLAYTER.

The paper was read by the Secretary.

Halifax is built on a promontory nearly surrounded by water, and lies on a slope opposite one of the noblest bays in the world. It possesses a well arranged system of sewerage, and the houses are not overcrowded. The soil is dry and free from alluvial deposits, and from the miasmatic influences so necessary for the propagation of contagious diseases. The temperature in the best days of summer seldom exceeds 80°; and is generally below 75°. All these circumstances tend to render Halifax the safest rendezvous for seamen suffering from that fatal scourge, yellow fever, which has for some years past been prevailing so extensively in the gulf of Mexico.

Her Majesty's ship *Firebrand* arrived from Jamaica at Halifax, on July 4th, 1861, after a passage of twelve days. There were then 79 of the crew on the sick-list; 15 fever cases. Ten deaths had occurred during the passage from Port Royal. Many of the sick were moribund; the attendants were exhausted from constant watching; and dejection prevailed among all on board. The atmosphere in the between decks was very impure; the port-holes having been closed in consequence of bad weather. All the sick were at once transferred to the hulk moored off the Naval Hospital, and the convalescents and others sent to a storehouse in the dockyard. There were 15 convalescents, 30 convalescing, and 31 seriously ill, at this time. Several fresh cases occurred subsequently; and two were fatal with black vomit. Besides these deaths in the hospital on shore, 12 took place among the sick in the hulk. From the commencement of the disease, the *Firebrand* lost 49 of her crew out of 107 attacked.

Her Majesty's ship *Spiteful* arrived on Aug. 16, 1861, at Halifax, from the Bahamas, which she had left seven days before. Eleven deaths had occurred on the passage, and 46 cases were on the sick-list on arrival; two died that night. The sick were sent to the hulk, and the convalescents and the well to the dockyard. Some of the sick sickened with the fever on shore, and were then transferred to the hulk. Altogether, 33 sick were treated at Halifax, and of these 12 died. The *Spiteful* lost in all 36 of her crew, out of 88 attacked.

Her Majesty's ship *Racer* arrived at Halifax from Nassau on Sept. 3rd, 1861. During the passage, 19 cases and 5 deaths occurred. Several fresh attacks took place on arrival. The total number of attacks among the crew of this ship was 61, of which 20 proved fatal.

The case of Her Majesty's ship *Jason* is especially instructive. She reached Halifax on Sept. 2nd, 1861, from the gulf of Mexico, which she had left sixteen days before, in consequence of fever having broken out on board. During the voyage, 46 fresh cases and 10 deaths took place. All the sick were sent to a building in the dockyard. A good many fresh attacks occurred after arrival. The total number of attacks among the crew was 79, and 17 proved fatal. About the middle of

November, the *Jason* returned to the West Indies. She had been cleansed out while at Halifax, and much filth removed from her hold. Her ventilation also, which had been very defective, had also been improved by cutting fresh hatches in the decks, taking down bulkheads, etc. Within eight days, however, after leaving Halifax, typhoid fever appeared among the crew, and the two first cases were fatal. The disease continued to appear at intervals on board while the ship was off the Mexican coast. It did not assume the characters of black vomit fever until the month of March; and the change of type seemed to be consequent upon the ceasing of the northerly winds and the setting in of close, muggy weather. Before the decided yellow fever manifested itself, the health of the ship's company had not been satisfactory; cases of ordinary catarrh, dyspepsia, etc., showing a tendency to lapse into fever. The same thing had been observed the year before, prior to the outbreak of the more malignant disease. Notwithstanding the purification of the ships' holds at Halifax, and every effort to keep them as clean as possible, the bilges were at times oppressive.

It was judged expedient that the *Jason* should again leave the West Indies and proceed to Halifax, which she reached at the end of April. No fresh cases of fever had occurred on board for a fortnight previously.

Without further details, it may be mentioned that of 855 men, the aggregate crews of five steamers, no fewer than 499 were attacked with fever, and 162 died.

It is instructive to learn that not a single case of the fever occurred among any of the people about the dockyard at Halifax, or in any other person of the town.

In conclusion, Dr. Slayter remarked that Halifax has not been visited by Asiatic cholera since 1844; that diphtheria has prevailed for the last six or seven years; that the practice of vaccination is at times much neglected; and that consequently small-pox is every now and then making its appearance. Unfortunately, there is no correct registration of deaths kept.

Dr. COPLAND was of opinion that the original source of the fever on board the ships, and subsequent unusual occurrence at Halifax, were readily explicable by infection. He believed, also, that there was, in many respects, an affinity between yellow fever, typhus, and typhoid fever.

Dr. MILROY pointed out the highly important facts mentioned in the history of the *Firebrand* and of the *Jason*, as affording strong evidence how much the malignity of the fever, if not its actual development, was dependent upon the condition of the ships themselves, in respect of ventilation of the decks where the men were berthed, and of the state of the holds. This paper strongly confirmed the views of Dr. Archibald Smith as to the intimate alliance between yellow and typhoid fevers; and showed the necessity of adopting the same sort of preventive measures in both.

Dr. BABINGTON said that two important conclusions might be drawn: first, that yellow fever is certainly, under certain circumstances, contagious, just as typhus is; and, secondly, that, although it be contagious, we must recognise the great importance of sanitary precautions in preventing and arresting it.

Dr. ARCHIBALD SMITH (for many years resident in Peru) stated that he had noted all the essential symptoms of the disease at an elevation of 11,250 feet, with a temperature in the wet season of 62° within doors, with little variation day and night. At this temperature the disease lost none of its energy. In 1853, yellow fever appeared simultaneously on both sides of the Andes; and in 1854, assumed its most malignant character as well by the seaboard as on the hill land. It was shown that these epidemics were of one generic nature. The yellow fever symptoms became modified gradually into the typhous or typhus, in the transit from the Pacific shores to higher and still higher regions of the Andes. In the



warmer inland valleys, as, *e.g.*, in the sugar growing district of Abancay, the fever which near the snows of the Cordilleras was metamorphosed from the typhus ictic of the coast into a form which in a great measure represented ordinary British typhus, was again reinstated with its most aggravated coast symptoms of yellow fever, such as intense frontal headache, dark sanguineous vomiting or evacuations, subcutaneous hæmorrhage, in form of large dark maculæ, nasal hæmorrhage, intense yellow colour of the skin, and the most extreme prostration of vital forces. In the Sierra it was propagated slowly from place to place, and from person to person. It was all but incurable in the dark and crowded huts; but yielded readily, in a great majority of cases, to early treatment under the advantages of pure air and hygiene. Left to itself, in the hovels of the Indian poor, it was prodigiously fatal.

Dr. CHOWNE and Dr. PRITCHALL, of the Bengal army, also took part in the discussion.

## Correspondence.

### PUMP-WATER.

LETTER FROM T. HERBERT BARKER, M.D.

SIR,—Will you do me the favour to insert a few observations called forth by the letters of Mr. Beale (June 14th), and of my friend Mr. Blower (July 12th), relating to pump-water.

The fact that Mr. Beale has been a large drinker of London pump-water for the last forty years, and has escaped diseases, proves nothing. Some survived the black hole of Calcutta, and others weathered the storm of the celebrated Oxford "black assize."

I quite agree with Mr. Beale that spring-water is far preferable to river-water, but it must be uncontaminated. To prevent contamination, there must be good drainage and an absence of cesspools.

It is quite true, as Mr. Beale remarks, that "decomposition and regeneration is a natural law; out of death comes life; and, perhaps, every particle of our own bodies may have gone through the process of decomposition of former organic beings."

We know that matter is for ever changing its forms. It is interesting to reflect on the fact that since God created the world, not one atom of matter has either been added to it, or taken from it, or destroyed. All is change,—ever change of form only. The keen intellect of Shakespeare probably revelled in reflections of this kind when he made the philosophic Prince of Denmark to say,—

"Why may not imagination trace the noble dust of Alexander, till he find it stopping a bung-hole?"

And your readers will recollect how logically he traces the Emperor, till his august majesty is verily found stopping "a beer barrel." Again, he adds:—

"Imperial Cæsar, dead, and turn'd to clay,  
Might stop a hole to keep the wind away;  
O, that that earth, which kept the world in awe,  
Should patch a wall to expel the winter's flaw!"

If we carry such reflections to cesspools and to neighbouring pump-water, we shall find a transmigration of matter too unpleasant to dwell upon. Nitrates or no nitrates—the bare thought of fecalised drinking water is almost sufficient of itself to induce disease. A medical man in Bedford was, however, bold enough sometime ago to state in public that horses and cows prefer pond water in which large quantities of animal and vegetable matter, in every stage of decomposition, are held in solution or suspended, and to infer from this that pure water is not necessary for the human being.

Mr. Beale evidently believes in the propagation of diseases by impure water; and he believes, too, that the

Broad Street pump-water was at fault in the cholera outbreak. Not so Mr. Blower. He defends the pump and here, with regard to the late lamented Dr. Snow, must crave a few words. I had the pleasure of knowing Dr. Snow, and must be allowed to defend him against the notion of having "pounced" upon the Broad Street pump under "the influence of a preconceived opinion." Dr. Snow was a truly hard-working, painstaking, truth-loving, and truth-seeking philosopher. I was too greatly influenced by the Baconian method of philosophising, and too fond of experiment, hastily jump to conclusions in this style. Dr. Snow never published his investigations regarding the Broad Street pump, without having cautiously measured and measured every step in the induction; and it may safely be stated that he mentions many facts which it is impossible to account for in any other way than that the water was the means of propagating the disease. The general impression among scientific men is that Dr. Snow fully proved his point,—and this was the unanimous opinion of an able "Cholera Inquiry Committee" the members of which thoroughly investigated on the spot all about this celebrated pump. My remarks on Dr. Snow's cautious and truly philosophic spirit will be found to be amply confirmed by his excellent biography by Dr. Richardson.

It is to be regretted that Mr. Blower has not been more explicit with regard to the "gigantic and costly sanitarian bubbles" to which he alludes. I am quite at a loss to conceive what he means—unless he denies the ill-effects upon human health of fecalised drinking water and fecalised air; or unless he has some improved and less expensive mode of disposing of fecal matter. Will he have the kindness to be more explicit?

I am, etc., T. HERBERT BARKER, M.D.  
Bedford, July 19th, 1862.

### DR. MUSHET AND THE WEST MIDDLESEX CORONERSHIP.

LETTER FROM W. B. MUSHET, M.B.

SIR,—You are rather hard and unfair upon me in the JOURNAL. You say "there has been a medical candidate—Dr. W. B. Mushet". Everybody knows there were four—Dr. Ross, Dr. Croft, Mr. Gwyn, and myself. A but myself retired; and I was willing and meant to fight the battle. Without organisation, from my ignorance of electioneering machinery, without a competent friend to advise me, I attempted to canvass the entire county with a paid agent. I called one day on as many as eighty-four freeholders. I attended the meetings of my opponents at Hammersmith and Twickenham—in their strongholds—without a friend or supporter. This proved whether I exerted myself. I have canvassed nearly every town and parish in West Middlesex, and have called on electors at 12 P.M. My wife and I sat up until three in the morning directing circulars and performing necessary correspondence. She also canvassed for me. We sent out, unaided, between 5,000 and 6,000 circulars and polling-papers.

I am the only medical man in the Western District who pursued the contest with vigour and endurance. Everywhere the cry was for a medical coroner; but interest, intimidation, or friendship superseded conscience; and the enormous family influence and overwhelming connexion of Mr. Bird at last induced me to regard the matter as hopeless for myself. On Wednesday—two days before the nomination—in consequence of the inducements of Mr. Thomas Wakley and of Mr. Beale (Dr. Lankester's agent), I offered, at Dr. Lankester's house, £600 for the four days to work the election, with £300 in addition if I were successful. Mr. Beale wanted £1,000. I thought the £600 as much as I could risk; for there is even a limit to professional martyrdom.



personally, I was disinclined to proceed, but was agreeable on professional grounds. No one can reproach me with ever having acted unprofessionally; and, *en passant*, no one has ever read your articles on gratuitous advice and services with more reciprocity of feeling. I did not appeal to the profession, through ignorance, and perhaps modesty. I was, however, its representative, and certainly intended to fight until the last; but

"Est modus in rebus; sunt certi denique fines"; and, in a pecuniary point, I alone suffer. The medical profession generally never volunteered the least support, unless I except the articles in the journals, for which I am much indebted. Dr. Alexander Tweedie, Dr. R. Payne Cotton, Dr. Ree of Fulham, Dr. Kelly of Pinner, and Dr. Rayner of Uxbridge, gave me their votes; and Mr. Price Jones, an old friend, secured nearly half the electors in Hampton Wick. Mr. Frank Godrich, Mr. Edgwick (a very old friend), Mr. Webster of Kensington, Dr. Turle, and others, either afforded or offered their valuable assistance.

Of course I am guilty of a flagrant crime—lack of success, ever reprobated; but, if I am to be censured by the medical journals, I must cry, "Heaven save me from my friends!" I am, etc.,

W. B. MUSHET.

Fulham, July 1862.

[Our being "hard and unfair", has given Dr. Mushet an opportunity, which probably he would not have otherwise enjoyed, of making his defence. No one can doubt, after what he has said, his desire to be the representative of the medical profession in the coronership; but we must say that his plan of acting was most ineffective. It is curious, indeed, that none of the valuable assistance, which he received from the gentlemen whose names he mentions, seems to have taken the direction of a thorough organisation like that which so successfully aided Dr. Lankester. As a last word, we beg to assure Dr. Mushet that we do not consider his want of success a crime, but rather pity his misfortune. ED.]

## INQUIRY INTO THE ACTION OF MEDICINES.

LETTER FROM ALEXANDER FLEMING, M.D.

SIR,—I am much pleased to observe that you are urging the duty of closer inquiry into the action and uses of medicines. Their investigation is not easy; and, for the settlement of many questions of treatment, continued labour is very necessary. The Therapeutical Society, of which I enclose a prospectus, was founded for this purpose in 1852. You will notice that "the effects of lemon-juice, citric acid, and citrate of potash, in the treatment of rheumatism," and our knowledge of which, as you state very justly, is full of uncertainty, form the second of the first series of questions proposed for investigation. The labour of conducting this Society, as originally constituted, proved very severe, and has as yet prevented its successful working; but it would be easy to modify the Society so as to remove this difficulty, and adapt it thoroughly to the efficient attainment of its object—viz., "to promote, by observation and experiment, our knowledge of the action of therapeutic agents in health and disease". I am, etc.,

ALEXANDER FLEMING.

20, Temple Row, Birmingham, July 16th, 1862.

[We are sure that both Dr. Acland and Dr. Handfield Jones will gladly cooperate with Dr. Fleming in the labours he speaks of. We sincerely trust that, at our next annual meeting, some line of action may be definitely struck out, so as to render the experience of the whole Association capable of being used for the purpose of explaining the actions of medicines. EDITOR.]

## Medical News.

APOTHECARIES' HALL. On July 17th, the following Licentiates were admitted:—

Biddle, Thomas James, Army Medical Staff, on half-pay  
Britton, Thomas, St. Thomas's Hospital  
Hilton, Caleb Samuel, Trinity Square, Southwark  
Hitchings, George Charles Henry, Oxford  
Mossman, Robert Conrad, Devonport  
Reed, Baynes, Lock Hospital  
Waghorn, Henry, Soho Square

At the same Court, the following passed the first examination:—

Alderson, Frederick Henry, Middlesex Hospital  
Beviss, Charles, St. George's Hospital  
Clifton, George H., Middlesex Hospital  
Evershed, Arthur, Guy's Hospital  
Grimbly, Owen, St. Thomas's Hospital  
Lucas, Thomas, Middlesex Hospital  
Morley, Frederic, St. George's Hospital  
Pearce, Francis Drake, St. Bartholomew's Hospital  
Palmerway, John, St. Thomas's Hospital  
Weaving, Albert, Middlesex Hospital  
Wintle, Richard Prior, St. George's Hospital

### APPOINTMENTS.

BARETTI, Thomas G. L'Enardi, Esq., elected Surgeon to the Institution for Diseases of Women and Children, Bristol.

\*DAY, Henry, M.D., elected Senior Physician to the Stafford County Infirmary.

DUNCAN, Peter M., M.B., appointed Consulting-Surgeon to the Essex Hall Asylum for Idiots.

\*HALFORD, George B., M.D., appointed Professor of Anatomy, Physiology, and Pathology, in the University of Melbourne.

LAW, Robert, M.D., appointed Professor of Institute of Medicine in Trinity College, Dublin, for a further term of seven years.

POWELL, Robert H., M.D., elected Junior Physician to the Stafford Infirmary.

WHITTLE, Ewing, M.D., appointed Lecturer in Medical Jurisprudence in the Liverpool Royal Infirmary School of Medicine.

WILLIAMS, Edward, M.D., appointed Honorary Physician to the Essex Hall Asylum for Idiots.

\*WOOD, William, M.D., appointed Visiting Physician to St. Luke's Hospital, in the room of A. J. Sutherland, M.D., resigned.

WORDSWORTH, J. C., Esq., appointed Surgeon to the Royal London Ophthalmic Hospital.

ROYAL ARMY. The following appointments have been made:—

MARTIN, Staff-Surgeon C., to be Surgeon 2nd West India Regiment, *vice* W. R. Thompson, M.D.

NEALE, Surgeon-Major Melville, M.D., 18th Hussars, retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

WEBB, Surgeon H. M., 12th Foot, to be Surgeon 18th Hussars, *vice* M. Neale, M.D.

ROYAL NAVY. The following appointments have been made:—

BLUETT, W. J., Esq., Assistant-Surgeon, to the *Severn*.

CUNNINGHAM, C. L., Esq., Acting Assist.-Surg., to the *Cambridge*.

DAVIS, Francis W., Esq., Surgeon, to the *Spiteful*.

HASTINGS, Robert, M.D., Surgeon, to the *Liffey*.

JACK, John, Esq., Surgeon (supernumerary), to the *Ironsides*.

JOHNSTON, Duncan Mc N., M.D., Assist.-Surg., to the *St. Vincent*.

LONEY, Henry, Esq., Surgeon, to the *Severn*.

MAXEY, D. A., M.D., Assistant-Surgeon, to the *Severn*.

NATHAN, Henry F., Esq., Assistant-Surgeon, to the *Liffey*.

RICHARDSON, Francis H., M.D., Assistant-Surg., to the *Majestic*.

RUBY, Henry G., Esq., Assistant-Surgeon, to the *Liffey*.

VOLUNTEER CORPS. The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

GOODWIN, R. D., Esq., to be Surgeon 2nd Administrative Battalion Derbyshire R.V.

SAUNDERS, Edwin Dawes, Esq. (Surgeon), to be Captain 3rd Company Cinque Ports R.V.

### DEATHS.

BAIRD. On July 20th, at Dover, aged 19, Andrew O. H., only son of Andrew W. Baird, M.D.

DAGLISH. On July 12, at Stockport, Henry Robert, son of \*George Daglish, Esq., of Wigan.

FENOULHET, Andrew C., Esq., Surgeon, at Wyke Regis, Dorset, aged 42, on June 3.

STEWART. On July 21st, at Southall, Middlesex, Horatio Augustus, wife of John B. Stewart, M.D.



**SUICIDES.** The juries on coroners' inquests in England and Wales found 1,324 verdicts of suicide last year—one in every 329 deaths. 961 of these unhappy persons were men, and 363 were women.

**UNIVERSITY OF BRUSSELS.** Professor Roussel has been elected Rector of the University of Brussels, and Professor Thiry delegate of the Faculty of Medicine in the administrative Council for the ensuing year.

**THE ASTLEY COOPER PRIZE.** The Physicians and Surgeons of Guy's Hospital have again awarded this prize, of the value of £300, to Dr. Edwards Crisp, of King's Parade, Chelsea, for his Essay on the Anatomy, Physiology, and Pathology of the Human Pancreas.

**A NEWLY REGISTERED DISEASE.** "Embolism (from the Greek for 'a putting in' or 'plugging') was returned as the cause of a death. This term appears in the returns for the first time. A long tubular clot of blood, detached from some vein, filled the right ventricle of the heart, stopped the circulation, and was fatal in six hours."

**CHARING-CROSS HOSPITAL.** Wards for the treatment of the diseases of children have been recently opened in this institution. The munificent gift of £1000 has been made to the hospital by Mr. Alexander Robb, the well known baker, of St. Martin's Lane; which sum, he desires, shall be appropriated to the maintenance of a bed bearing his name.

**A SURGEON'S CERTIFICATE IN THE WESTERN ARMY.** "Captain —, Ser, I have examined Mr. Josuf —, and find him unable to go into Survis at the present time from debility of liver and disease which causes a general debility of the whole system and I think he will not be able to go into Survis under 19 or 20 days. November the 23d 1861. Dr. T. M. — I the presents of G. T. M.— J.P." (*Chicago Med. Exam.*)

**LIFE ASSURANCE.** Sergeant-Major Hooper, of the 37th Middlesex Volunteer Rifles, dropped down dead (when in apparent health) the day after he had completed an assurance for one hundred pounds with the Volunteer and General Life Office by paying the first quarterly premium of eleven shillings and tenpence. There had not been time to prepare the policy; but the Association at once admitted the claim, and paid it on the very day on which the necessary certificates were lodged.

**ATTITUDE OF THE SLAIN IN BATTLE.** The different postures of the dead always strike a spectator as he passes over the battle field. One lay on his back, with his arms stretched upward at length; another, with his head plunged into a pool of mud and water, having evidently died slaking; and a third lay partly on the bank and partly in the water of a creek, having been shot in crossing, and died clutching the twigs and bushes of the opposite bank. One, shot through the head, had made himself a bed of leaves and laid down, drawing his blanket and overcoat about him. His uniform and face betokened an officer of some rank. All of the above were of the Yankee slain.

**PARLIAMENTARY INTELLIGENCE.** The Council of Medical Education Bill was read a second time in the House of Lords on Thursday week, and passed through committee on the following day.—Monday last, the Lunacy Regulation Bill was read a third time and passed in the House of Commons. On Monday, the House voted the following sums (with others) in committee of supply:—£2539 for public infirmaries (Ireland); £2600 for Westmoreland Lock Hospital, Dublin; £700 for Rotundo Lying-in-Hospital; £200 for Coombe Lying-in-Hospital; £7600 for House of Industry Hospital; 2500 for Cork Street Fever Hospital; £600 for Meath Hospital; £100 for St. Mark's Ophthalmic Hospital; and, £1300 for Dr. Steeven's Hospital.

**VACANCIES.** The following appointments are vacant: Two assistant surgeons at the Royal London Ophthalmic Hospital, Moorfields; a medical officer and vaccinator for the Harbury district of the Southam Union, Warwickshire; medical officer for the Workhouse of the Lowestoft district of the Mutford and Lothingthorpe Union, Suffolk; a medical officer for the district of the Romford Union, Essex; and a medical officer and public vaccinator for No. 2 district of Daventry Union; a Demonstrator of Anatomy at Mary's Hospital Medical School; House Surgeon and Assistant House Surgeon and Outdoor Visitor at Stockport Infirmary; a Surgeon to the House of Correction at Wandsworth; Medical Officer for the Almondsbury District of the Thornbury Union, Gloucestershire; Medical Officer for the new Workhouse at Dean House, Huddersfield; Medical Officer for No. 2 District and Union Workhouse of the Daventry Union; Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

**THE LUNACY BILL FOR SCOTLAND.** The new Lunacy Bill for Scotland was read for the third time in the House of Lords, and passed on Friday, July 11th; therefore, the old Lunacy Board will be dissolved in a few weeks, and will be reconstituted for two years more by the provisions of the present bill. The Duke of Argyll, who moved for its third reading, in speaking of the Lunacy Board as already constituted, said that considerable powers, analogous to those given to the English Lunacy Board, were given to the Scotch Lunacy Board. Large compulsory powers were given to it with regard to the erection of lunatic asylums. The board had power to order counties and districts to erect lunatic asylums, but unfortunately Parliament had not provided the board with the necessary machinery to carry such orders into effect in case of the obstinacy of the county or district authorities. The present bill would vest the board with additional powers in that respect for a short period. (*Social Science Review*)

**A MEDICAL COLLEGE FOR LADIES.** A letter in the *Englishwoman's Journal*, for June last, stated that "the nucleus of a Female Medical College had already been formed in London, and a circular will shortly be issued inviting the co-operation of all who feel an interest in the social, moral, and physical well-being of the sex." It added that "the committee has already had application from several highly respectable ladies, who are ready to enter upon the requisite course of study to fit them for practical usefulness." The following advertisement from the *Athenæum* of July 12th, has reference, we presume, to this embryo college:—"THE MEDICAL PROFESSION. Ladies who may be desirous of qualifying themselves for the Medical Profession are respectfully informed that particulars concerning the prescribed course of study and the opportunities at present available, may be obtained on application to Miss Davis, 17, Cunningham Place, N.W." This is bringing the question of medical female education to a practical test: and we suspect to a test which will indicate more forcibly than is at all expected the many difficulties which lie at the very threshold of the movement. (*Social Science Review*.)

**ST. THOMAS'S HOSPITAL.** The accounts of this great house of charity show that its annual income from rents and funded property is about £32,000. Among the expenditure for 1861 is £5,942 for provisions, £2,634 for drugs, £932 for wines and spirits, £353 for porter, £777 for washing, £3,156 for salaries to medical officers, £2,257 for wages to sisters and nurses, £151 for hospital dinners, and £747 for insurance against fire. The in-patients of the year were 3,948 in number, the out-patients 41,814. The hospital has been sold to the Charing Cross Railway Company for £296,000, a transaction that has not been accomplished without "costs." The governors of the hospital incurred costs to the amount of more than £3,000 in opposing the Railway Bill in Parliament; the



is in proceedings in Chancery against the company amounted to nearly another £1,000, and above £8,000 were incurred in the arbitration for ascertaining the chase-money to be paid, but these are to be paid by company. There are further costs not yet ascertained; the clerk to the governors has gravely to add at last none of these large sums include the cost of the and conveyance of the hospital, the real thing to be.

**AWARDS AT THE INTERNATIONAL EXHIBITION.**  
**Medical Instruments (Medals).** *United Kingdom*, Ashe, and Sons; Bailey, W. H.; Barling, J.; Bigg, H. H.; Brown, S. S.; Coxeter, J.; Durroch, W. F.; Ernst, F. G.; Evans and Stevens; Evrard, J.; Ferguson, J. and J.; Gey, J. and C.; Grossmith, W. R.; Hilliard, W. B.; Cooper, W.; Lawson, Buxton, and Co.; Lemale, T., and Longdon, F., and Co.; Masters, M.; Matthews, W.; Norman, S., jun.; O'Connell, E.; Pratt, J. F.; Rein, S. S.; Savory and Moore; Simpson, H.; Spratt, W.; Weedon, T.; Weiss and Sons; Westbury, R.; Tucker and Blaise; Whibley, E. *Austria*, Czermak, J.; Hebra, Dr. F.; Hyrtl, Prof.; Leiter, J.; Turck, L. *Denmark*, Nyrop, Prof. C.; Rasmussen, A. *Norway*, Auzoux, L., Dr.; Béchard, R. L.; Charrière, J. *France*, Duchenne, G. Dr.; François and Fouquet; Galante, Grandcollot; Lackerbauer, P.; Lami, A.; Lavezzari, Lebelleguie, P. J.; Lüer, G. G. A.; Marey, J., Dr.; Thieu, J. L.; Mericant, E.; Nachet and Son; Preterre, A.; Sales-Giron, Dr.; Thiers, L. P. T.; Wickham. *Prussia*, Lollini, P. and P. *Prussia*, Goldschmidt; Wind, H.; Lutter, A. *Russia*, Crown Factory for Surgical Instruments. *Sweden*, Stille, A. *United States*, Bates, Albert. **Medical and Pharmaceutical Products and Processes (Medals).** *United Kingdom*, Davy, Macmurdo, and Co.; Howards and Sons; Holland, W.; Huskisson and Sons; Macfarlan, J. F., and Co.; Pharmaceutical Society of Great Britain; Ransom, W.; Smith, T. and Co. *India*, Kooney Lall Dey. *Austria*, Zacherl, J. *Denmark*, Mürrle, G. Jac. *Bavaria*, Wolffmüller, A. *Prussia*, Peckholt, T.; Santos, M. E. C., Dos and Son. *Norway*, Benzon, A. *France*, Armet, de Lisle, and net, Vivian; Aubergier; Belanger; Berjot, J.; Callou, and Vallée; Cavalier; Dubose and Co.; Joret, E. M. and Homolle, G. *Frankfort-on-Maine*, Zimmer, C. *French Colony*, Collas, Dr.; Lepine, J.; Local Committee French Guiana for the London Exhibition of 1862. *Switzerland* (Grand Duchy of), Merck, E. *Italy*, Coutissini, and Co.; Dufour, Brothers. *Netherlands*, Junghurn, . *Norway*, Möller, Peter. *Portugal*, Welwitsch, F. *Russia*, Marquardt, Dr. L. *Saxony*, Heine and Co.; Schesse, E., and Co.; Schimmel and Co. *Sweden*, Calli, J. G. *United States*, Philadelphia College of Pharmacy. *Württemberg*, Bohringer, C. F., and Sons; Hoff, F. A., and Sons.

**MIDDLESEX HOSPITAL MEDICAL SCHOOL.** The distribution of prizes took place on Friday, July 11th, 1862; Captain the Hon. Francis Maude, R.N., in the chair. The following prizes and certificates of honour were awarded to First Year's Students:—*Summer Session, 1861. First Prize*, Mr. John A. Smith, Louth; *Second Prize*, Mr. Alfred Brend, Bideford. *Certificates of Honour. Materia Medica.* Mr. J. A. Smith; Mr. A. Brend; Mr. George E. Pyle, Amesbury; Mr. Henry W. Freeman, Bideford. *Botany.* Mr. J. A. Smith; Mr. A. Brend; Mr. G. E. Pyle; Mr. H. W. Freeman. *For Barbary.* Mr. Thomas Lucas, Burwell, Cambridge; Mr. E. Snell, Plymouth; Mr. James Fernie, Kimbolton. *For Botanical Dissections.* Mr. Ebenezer Snell; Mr. Thomas Lucas. *Practical Chemistry.* Mr. J. A. Smith; Mr. G. E. Pyle; Mr. Martin De G. Hurlestone, London; Mr. A. Brend; Mr. Alfred Dick, Minchinhampton, Mr. W. Freeman, equal. *Winter Session, 1861-62. First Prize*, Mr. Henry W. Freeman, Bideford; *Second Prize*, Mr. George Clements, Brixham, Mr. Robert King,

Moulton, Lincolnshire (equal). *Certificates of Honour. Anatomy.* Mr. H. W. Freeman; Mr. R. King; Mr. G. Clements; Mr. A. Bick; Mr. Horace Basan, London. *Physiology.* Mr. H. W. Freeman; Mr. G. Clements; Mr. R. King; Mr. A. Bick; Mr. Charles E. H. Rogers, Westmeon, Hants; Mr. Edward Norton, Birmingham. *Chemistry.* Mr. Henry Cribb, Bishops Stortford; Mr. H. W. Freeman; Mr. Henry P. Chandler, London; Mr. R. King; Mr. G. Clements; Mr. E. Norton. The following prizes and certificates of honour were awarded to Second Year's Students:—*Summer Session, 1861. First Prize*, Mr. Edward Morgan, Nantybenglog. *Second Prize*, Mr. John W. Mason, London. *Certificates of Honour. Midwifery.* Mr. E. Morgan; Mr. J. W. Mason; Mr. William D. Spanton, Loughborough; Mr. Charles P. Langford, Hingham; Mr. Richard Purnell, Wells; Mr. Lyttleton F. Osbaldestone, Hatfield; Mr. Woodfield Eagles. *Forensic Medicine.* Mr. J. W. Mason; Mr. W. D. Spanton; Mr. E. Morgan; Mr. C. P. Langford; Mr. L. F. Osbaldestone. *Winter Session, 1861-62. First Prize*, Mr. J. A. Smith; *Second Prize*, Mr. T. Lucas. *Certificates of Honour. Medicine.* Mr. John Ablewhite Smith; Mr. George E. Pyle; Mr. Thomas Lucas; Mr. Alfred Brend; Mr. Albert Weaving, Oxford; *Surgery.* Mr. J. A. Smith; Mr. T. Lucas; Mr. G. E. Pyle; Mr. A. Brend; Mr. Fred. H. Alderson, Ipswich; Mr. W. G. Curgenven, Plymouth; Mr. A. Weaving; Mr. C. J. Pyle, Amesbury. *Anatomy.* Mr. T. Lucas; Mr. J. A. Smith; Mr. A. Brend; Mr. W. G. Curgenven; Mr. John Ring, Wincanton, Somerset; Mr. G. E. Pyle; Mr. A. Weaving; Mr. Jas. S. Turner, London; Mr. Ebenezer Snell, Mr. Albert Waymouth, Stoke, Devonport (equal); Mr. F. H. Alderson; Mr. C. J. Pyle. *Physiology.* Mr. J. A. Smith; Mr. T. Lucas; Mr. A. Weaving; Mr. A. Brend; Mr. G. E. Pyle; Mr. F. H. Alderson; Mr. A. Waymouth; Mr. J. S. Turner; Mr. W. G. Curgenven. *Pathology.* Mr. J. A. Smith; Mr. A. Weaving; Mr. T. Lucas; Mr. A. Brend; Mr. G. E. Pyle; Mr. C. J. Pyle. *Prize offered by the Medical Society for the best Paper of the Session*, Mr. J. A. Smith. The following prizes were awarded to third years students:—*Clayton Prize for Comparative Anatomy. Prize*, Mr. William M. H. Welby, Newark; *Certificate*, Mr. James E. Bennett, Devonport. *First Prize in Clinical Medicine*, Mr. Chas. W. Pitt, Malmesbury; *Second Prize*, Mr. L. F. Osbaldestone. *First Prize in Clinical Surgery*, Mr. W. Eagles; *Second Prize*, Mr. C. W. Pitt. *Governors' Prize for the best Reports in both Clinical Medicine and Clinical Surgery*, Mr. W. D. Spanton. *Honorary Certificates of General Good Conduct and Diligence.* Mr. H. C. Bury; Mr. Philip A. Cornish; Mr. W. Eagles; Mr. M. De G. Hurlestone; Mr. T. Joyce; Mr. C. P. Langford; Mr. William E. Lee; Mr. J. W. Mason; Mr. E. Morgan; Mr. L. F. Osbaldestone; Mr. C. W. Pitt; Mr. Samuel Rutherford; Mr. W. Spanton; Mr. W. M. H. Welby.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** A notice appeared in the *Gazette* of Friday last that the following are the hospitals and schools of surgery and medicine from which certificates of professional education for the Fellowship will be received for 1862-63:—*Hospitals.* London: St. Bartholomew's, St. Thomas's, Westminster, Guy's, St. George's, London, Middlesex, University College, Charing Cross, King's College, St. Mary's, Paddington. English Provincial: Bath United Hospital, Bedford General Infirmary. Birmingham: General Hospital, Queen's Hospital. Bristol Infirmary, General Hospital. Cambridge: Addenbrook's Hospital. Derbyshire General Infirmary, Devon and Exeter Hospital, Gloucester General Infirmary, Hants County Hospital, Hull Infirmary, Kent and Canterbury Hospital, Leeds General Infirmary, Leicester Infirmary; Liverpool: Royal Infirmary, Northern Hospital, Southern Hospital. Manchester Royal Infirmary, Newcastle-upon-Tyne Infirmary,



104



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASES OF CERTAIN PAINFUL AFFECTIONS OF THE LOWER EXTREMITIES.

Under the care of JAMES RUSSELL, M.D.

[Continued from page 30.]

The next case is one of a malady which I suspect to be frequent occurrence. It illustrates the painful consequences induced in the ligaments of the tarsus, and of other parts also, by unnatural stretching. I have no doubt that this is a fruitful source of pain in the lower extremities. Such pain is apt to occur in connexion with certain bodily deformities, which throw excessive strain upon some particular joint or group of tendons; and its access is frequently both severe and sudden, resulting from some unwonted effort, or from ordinary exertion made at a period of bodily weakness. Abnormal curvatures and deformities of the hip-joint afford frequent examples of such pain.

The malady presented by the following case—flat foot—I believe to be a frequent source of pain in the foot and ankle, which often almost disqualifies the sufferer for any bodily effort. The first access of the pain may be determined by various circumstances, which probably operate by lowering the nutrition of the ligaments, thereby rendering them more sensible of the unnatural condition in which they are placed. In not a few cases, indeed, such circumstances seem to be the efficient cause of the deformity itself, by inducing a relaxed state of the ligaments. They are, unusual exertion; habitually prolonged standing or walking, especially in a debilitated state of bodily health; digestive disorders; the operation of cold and damp. In one case in the hospital, in the person of a servant of all work, the first complaint was made after an attack of influenza. The subject of the following case spent most of the day on his feet. In another case, the complaint existed in a boy who had been the subject of a distinct attack of rheumatism; and I at first supposed that I had to deal with the chronic stage of this complaint. In this instance, the pain was due to preternatural elevation of the outer edge of the foot in walking; and my colleague, Mr. Bolton, cured the patient by dividing the peroneal tendons. In the subject of the following case, the same elevation of the outer edge of the foot was present, but was due solely to relaxation of the internal lateral ligament of the ankle. In one instance which fell under my notice, the deformity of the ankle occasioned by relaxation of the internal lateral ligament, and the resulting projection of the tarsus beneath the inner ankle, conjoined with an evident cachectic tendency, had led to the supposition of strumous disease of the joint.

It is a distinguishing characteristic of these cases, and one which clearly indicates their nature, that the pain is chiefly produced by walking, and is always relieved by rest. Such is strikingly the case in flat foot, in which the ligaments of the ankle and of the tarsus are especially liable to abnormal tension, in consequence of the perverted direction of the foot, and of the loss of that support and elasticity which the arched form normally imparts to the foot in walking.

CASE V. [Mr. A. Bracey.] David Phipps, aged 22, cleans railway engines. His health has been good, and his habits temperate. There is no clear history of rheumatism in his family. His work occupies him for twelve hours in the day, and obliges him to stand during the greater part of that time.

The malady of which he now complains began about four or five months ago, and has increased very gradually. He first felt pain beneath the right outer ankle, noticed chiefly in walking; extending afterwards to the sole of the foot, and striking along the inner edge. A month elapsed before the left foot was similarly affected; and now he is almost disabled by the continuance of this pain in both feet. He cannot assign any cause for his illness; it was not preceded by any impairment of his health.

At present he complains more of his left than of his right foot; he suffers pain in each, in the sole, commencing in front of the heel, extending also along the inner edge of the tarsal bones. He sometimes also feels pain beneath the inner ankle. He describes the pain as being of a dull aching character; it ceases when he is sitting or lying. He suffers principally when walking or standing; "it is as if the inside of the foot needs support". He can hardly support himself when he first gets out of bed, on account of the severe pain in the sole of his foot; but after a little use the pain falls to the normal standard for the day. At the end of his day's work, he has "a dull aching", which subsides in an hour or two after he has been quiet. The painful parts have been quite free from swelling and tenderness.

He is a well-made young man, but looks delicate. His feet are large and well formed, excepting that the plantar arch is very defective, and yields readily to slight pressure with the hand, permitting the sole of the foot to be reduced to a perfectly flat surface. The internal lateral ligament of the ankle is very lax, and allows the foot to be readily twisted outwards (the outer edge upwards); and, in walking or standing, the foot is very visibly twisted in this manner, thereby occasioning the tarsal bones to project unnaturally beneath the inner malleolus, occasioning a prominence very sensible to the eye. The patient states that he has long been in the habit of wearing out the inner half of the sole of his boot before the outer. His gait is laborious, and destitute of the usual spring; and it is to be added, that his tibiae are somewhat bowed—a circumstance probably much concerned in the production of his disease. The muscles of the leg are equally and well nourished. There is no abnormal tension of any of the tendons beneath the malleoli.

The treatment adopted consisted of tonics; shower-bath; cold douche to the feet, with friction; rest; and two half-hours walk in the day, at separate periods. But the most successful remedy was constructed by the patient himself, after the nature of his disorder had been fully explained to him. It consisted of a pad inside his boot, so adjusted as to throw the bearing of his body at once upon the inner side of the foot, and upon the under surface of the tarsal arch. The plan succeeded admirably.

I have since adopted the remedy, so successfully carried out by this patient, in the case of a girl who attended for some time as an out-patient of the hospital, but of whose history I have, unfortunately, no memorandum. For several weeks she was treated for chronic rheumatism, until more careful inquiry elicited a description of her pain so closely resembling that given by sufferers from flat foot, that, although the foot did not present the appearance usual in that disease, I determined to employ the pad, placed, as in the preceding case, beneath the sole of the foot. The patient expressed herself, at her last visit, as being nearly cured.



Whether the following case has any analogy with the foregoing, I have been unable to determine. The pain was seated in the sole of the foot, and was brought on by walking; but why it should be occasioned thereby, or in what particular tissue it lay, does not appear. The details reminded me very much of a similar case described by my friend Mr. Baker, which, in fact, was an instance of syphilitic periostitis in the os calcis. But, even with the light of that gentleman's experience, I failed to confer any benefit upon my patient; nor could I establish the connexion of his malady with any impurity in the blood, whether of a syphilitic, gouty, or rheumatic character.

CASE VI. [Mr. Harvey.] T. Granger, aged 40, shoemaker. He has drunk much ale. When about 22, he contracted venereal disease severely, for which he was salivated; a cicatrix of a bubo remains in the left groin. He never had any secondary symptoms. About eight months ago he had a gonorrhœal discharge, but no indications whatever of syphilitic infection. There is no evidence of rheumatism in his family. He has never passed gravel, nor had his urine thick. For the last fifteen years he has been subject to pain in different parts of his body. At the beginning of that period, he kept his bed on account of a prolonged indisposition, consisting first of pain in the right wrist, without swelling or redness, speedily leaving that part, and passing in succession to his shoulder, to his right and left flank (where it remained with severity for three weeks); thence to the region of the trochanters, and to the intertrochanteric fossa; frequently, however, changing its place, and again returning to its former seat. Ten years after that illness, he was again confined for the same period by a very similar attack; and he has since had three or four returns of the pain. Once the pain lay for a part of a single day in the great toe-joint, after a strain, the joint being reddened and swollen. In a few hours, however, it left this spot for the hip. For this complaint he has been five times in the Queen's Hospital.

About six weeks ago, his right heel began to ache; and in a month's time he was obliged to leave work on that account. With this malady he entered the General Hospital.

The seat of the pain was the sole of the right foot, chiefly on the under surface of the heel, radiating thence up the inside of the foot. The left foot was entirely unaffected. The pain was felt chiefly in walking; whilst he lay, he felt little of it. He was often reduced to walking on his toes; and, after walking, the pain extended on either side of the foot, in the posterior third. The painful part (the plantar surface of the heel) was exceedingly tender, and continued so throughout his residence in hospital; but not the slightest thickening or enlargement could at any time be detected. Whilst under observation, he had no pain elsewhere, excepting a little in his side and back. He was pale, but not cachectic. His urine was perfectly healthy.

He continued under observation five months. During that period, various plans of treatment were tried very fully: iodide of potassium; salivation, again followed by the iodide, under the impression suggested by Mr. Baker's case, that the malady might have a syphilitic origin; colchicum, with the citrate and sesquioxide of iron; and generous diet. Local applications, consisting of blistering, injection of morphia, and the application of extract of belladonna, were also employed. By none of these measures was he at all benefited; and finally he left the hospital in much the same state as when he entered.

[To be continued.]

A VALUABLE BEETLE. At Mr. Drury's late sale of entomological specimens, a *Scarabæus Goliathus* was sold for twelve guineas! His cabinet contained ten thousand insects.

## Original Communications.

### CLINICAL ILLUSTRATIONS OF DIPHTHERIA.

By EDWARD HEADLAM GREENHOW, M.D., F.R.C.P.  
Consulting-Physician to the Western General  
Dispensary, and Assistant-Physician to  
the Middlesex Hospital.

EVERY fact which can afford additional information upon so interesting a disease as diphtheria appearing to be worthy of record, I am induced to throw together the following cases illustrative of certain points in the history of this disease, in the hope that they may prove interesting to the readers of the BRITISH MEDICAL JOURNAL. The first two well illustrate a circumstance which I only ventured to surmise in my book on diphtheria, namely, the especial susceptibility of the members of particular families to contract this disease and its greater tendency in such cases to prove fatal.

Late in the autumn of 1860, I saw a little girl in Hertfordshire, who was then suffering severely from the nervous sequelæ of diphtheria. I only saw her once but the family history in relation to this disease was so remarkable, that I took care to ascertain the facts correctly. Three children of the family had died previously to 1860 of illnesses which were said by the parents to have been identical with that from which my patient was recently convalescent, and two others had suffered from the same disease during the earlier part of the autumn, namely, a boy, aged six years, who had been taken ill in the month of July, and had recovered; and a second boy, aged nine years, who died of diphtheria in the month of August. The earlier cases were those of a girl, aged eleven years, who died in July, 1855; of another child, aged fourteen years, who died in August, 1855; and of a third child, also aged fourteen years, who died in London in November, 1859. The three deaths had all been registered under the name of croup, but the history of the cases left no doubt on my mind that they really had been cases of diphtheria, whilst the circumstance that they had not all occurred in the same house or neighbourhood appeared clearly to negative the supposition that these children had suffered in consequence of a common exposure to any local cause.

In November 1860, I visited a little girl, at a small country village in Essex, who was then very ill, and subsequently died of diphtheria, a complaint which had proved exceedingly fatal in her family. The earlier cases had in this instance also been called croup; but on inquiry, they appeared to have been identical with the disease then present in the house. The first death in this family from this cause was that of an infant, in April 1841; the second, that of a child, ten years of age, in January 1845; and the third, that of another child, aged three years and a half, in April 1845. The family continued healthy from the latter date until June 1860, when a boy, aged eleven years, suffered from diphtheria, but recovered. After an interval of nearly four months, a second boy, aged fourteen years, took the disease, and died; and between the date of his death in October and that of my visit, four other children, respectively aged two, five, six, and ten years, suffered likewise from diphtheria, three of whom died.

The next group of cases I am about to mention illustrates, but less conclusively, the same point as the two last series; but is, perhaps, more especially interesting as serving to confirm the conclusion, at which probably



most careful observers have arrived, that there is an intimate relation between diphtheria and the cases of milder sore-throat which so often prevail simultaneously with it.

CASE I. In May 1858, I was consulted for a young lady, residing in Kent, who had been suffering for some days from sore-throat. The throat was getting well at the time of my visit, but the patient was greatly depressed, and there was a small patch of exudation upon the left tonsil. This case did well. In December, 1860, I was consulted for a brother of my former patient, who was suffering from what proved to be a fatal attack of diphtheria. I then learnt that three others of the younger members of the family were convalescent from mild sore-throat unaccompanied by exudation, and before the conclusion of the case for which I had been consulted, a young lady, sister of my patient, had likewise a mild attack of diphtheria. Here, then, at the same time, and in the same household, were five cases of sore-throat, two of which were unquestionable cases of diphtheria, the others being cases of what would, under other circumstances, have been regarded as simple inflammatory sore-throat.

The tendency of diphtheria during its existence as an epidemic to become, so to speak, engrafted on other diseases, has been noticed by various observers. I have myself observed and recorded several cases, and examples have also been published by Drs. Louis, Gull, Leslop, and Fleming. Most commonly, the diphtheria, in such cases, an intercurrent affection that only appears after the disease with which it is associated has existed for some time. Thus diphtheria has been observed to occur in the course of typhoid and other fevers, but rarely until towards their termination. The two following cases are therefore especially interesting, because in both of them a diphtheritic condition of the mucous was the earliest prominent symptom of illness, which eventually became developed into well marked typhoid fever.

CASE II. C. B., a sailor boy, aged sixteen years, was admitted into the Middlesex Hospital, under the care of my friend Dr. Stewart, on December 5th, 1861. Having been exposed to wet and cold the day before, he became ill on November 28th, and complained of sore-throat, slight headache and loss of appetite. He also had diarrhoea. On the following day, he had epistaxis, thirst, and slight fever. On the 30th, the other symptoms remaining unaltered, he had dimness of sight and rambling delirium, and on the following day he took to his bed. On admission into the hospital, his skin was warm and soft, his countenance dull and anxious, and a marked alteration in the character of the voice was observed. The tongue was rather dry and excessively foul, with a thick greyish-brown coating on the dorsum. The palate and fauces were of a deep red colour, and the tonsils considerably enlarged and covered with a white exudation. The glands at the angles of the lower jaw were enlarged, but not tender. The articulation was indistinct, as though from some defect in the palate; and there were occasional sibilant and sonorous rhonchi in the chest; respirations 18, short and superficial; pulse 124, undulating and indistinct. On the 6th, the white exudation had extended in patches over the greater part of the soft palate and fauces; the articulation was still indistinct, but the patient could swallow without difficulty. Respirations 42; pulse 132, variable and indistinct; breath and heart sounds healthy. In other respects, the case was becoming more like one of typhoid fever. On the 7th, the throat was nearly free from exudation, that which remained consisting of small patches hanging loosely adherent to the mucous membrane; the soft palate, fauces, and tonsils were of a deep red colour, and the voice had still a snuffling character. Four or five rose spots were now observed upon

the surface of the abdomen, which was also slightly tympanitic; but there was neither gurgling nor pain on pressure in the right iliac fossa. The urine had a specific gravity of 1020, and contained a very small proportion of albumen. On the 8th, the throat continued to mend, and the snuffling had diminished. The throat now gradually got well, but the fever ran on. Some slight pulmonary symptoms which supervened as the sore-throat began to mend, gradually became aggravated, and mild broncho-pneumonia occurred in both lungs. On December 30th, no trace of albumen was detected in the urine. There was still slight hoarseness, and the pupils were large and sluggish, but there was no impairment of vision. On January 3rd, the lad was very pallid, and the posterior fauces remained very red, but the soft palate and buccal mucous membrane were free from congestion. Gait quite steady. On January 14th, the throat was perfectly well; the lad had gained flesh and strength, and none of the nervous sequelæ common after diphtheria having become developed, he was discharged.

CASE III. The next case was that of a gentleman, aged 69, who, having previously been in his usual health, had suffered for several days from malaise, loss of appetite, and total disinclination for exertion, when, late in the evening of February 25th, I was requested to visit him. The tongue was foul but moist, and red at the edges. The bowels were loose from the action of medicine, and he had once vomited. His aspect was anxious, and his voice had the rauous character, so often present in the beginning of diphtheria, which is incident to the acute stage of the disease, and is very different from the snuffling nasal voice arising from paralysis of the soft palate and adjacent parts which supervenes at the close of the complaint. He complained of slight headache, but said that his throat was quite well. The breathing was a little hurried, but otherwise normal. The throat was reddened, and covered with greyish-looking exudation. February 26th. He had slept well; the countenance was improved; the tongue cleaner but glazy; there was entire want of appetite; he had much thirst. The voice continued hoarse, and the respiration was quickened, but on auscultation no other evidence of pulmonary disorder could be detected. The pulse was 86, feeble, and very compressible; the heart's impulse was feeble. The soft palate, tonsils, and fauces, were covered with a greyish exudation, partly of a semiliquid creamy consistence, partly membranous; the mucous membrane, where not concealed by the exudation, was of an intensely red colour. There was little or no difficulty of swallowing, and the patient was scarcely conscious of the presence of sore-throat. Wine and broth were ordered to be taken at frequent intervals, and a mixture consisting of chlorate of potash, tincture of sesquichloride of iron, and dilute hydrochloric acid, to be taken every four hours. He was also directed to use freely a gargle consisting of a drachm and a half of tincture of sesquichloride of iron to an ounce of water sweetened with honey; he was restricted to bed, and directed to be kept perfectly quiet. It being found, at the next visit, that he could not comfortably manage the gargle, the throat was directed to be painted twice a day with tincture of sesquichloride of iron diluted with an equal quantity of water. Under this treatment, the throat rapidly improved; but on March 1st, the patient still continued much depressed; the pulse was 100, feeble; heart's action feeble; tongue very red and glazy. There was still an ash-coloured exudation on the uvula. Much of the semifluid exudation had disappeared, but shreds of false membrane were hanging to the tonsils and soft palate. In other respects, the throat was improved, the mucous membrane being much less red. There was an entire absence of appetite, and notwithstanding a very liberal allowance of wine, the patient was exceedingly prostrate. The urine, scanty in quantity,



high-coloured, and loaded with lithates, was also highly albuminous.

On March 2nd, the throat was decidedly better; but the case was now assuming more decidedly the character of typhoid fever. On the 3rd, the throat might be regarded as substantially well; the exudation having entirely disappeared, and a moderate redness about the arches of the palate being the only remaining trace of its previous diphtheritic state. One or two rose-spots were now also discovered upon the abdomen. On March 4th, there was slight diarrhœa; and once a little hæmorrhage from the bowels. On March 5th, the bowels acted four or five times, rather loosely; and in the evening there was a copious hæmorrhagic evacuation, followed by alarming depression and pulselessness, from which the patient was with difficulty rallied by the aid of brandy and champagne. On the 6th, there was much less albumen in the urine, and he appeared better; but eventually he sank a few days afterwards, the later symptoms being exclusively those of typhoid fever.

The following case is mainly interesting on account of the presence of an eruption which I have now seen in several cases of diphtheria. They have all been well marked cases of the disease; but it is worthy of note, that though there was very considerable depression in at least two or three of these cases, none of them have proved fatal, neither have they usually been followed by any of the nervous disorders which so often succeed convalescence from diphtheria.

CASE IV. Miss G. H., aged 5 years, had been ailing for several days when I was requested to visit her, on June 20th, 1861. There was slight fever, loss of appetite, and languor, but the child was not confined to bed. A papular eruption had appeared upon the face, arms, and trunk, on the evening previous to my visit. Each spot was distinct, of a rose colour; and, save that they were rather larger, these spots had a close resemblance to the rose-spots of typhoid fever. They disappeared entirely under pressure, but gradually returned in a few seconds after it was withdrawn. The spots were thickly aggregated upon the cheeks and back—more scattered upon the arms and anterior surface of the trunk. The throat was found, on examination, to be deeply inflamed, and there was a considerable patch of dense looking white membranous exudation upon the left and a small thin white pellicle on the right tonsil. The breath was said to have been very offensive on the previous day. Eggs, milk, beef-tea, and other liquid nutriment, but without wine, were ordered to be given as freely as possible; and the following mixture was prescribed:

℞ Potassæ chloratis, ℥ij; acidî hydrochloricî dil., ʒj; tincturæ ferri sesquichloridî, ʒj; syrupi, ʒss; aquæ, ʒijss. M.

A dessertspoonful to be taken every four hours.

June 21st. The patches on the tonsils had not extended; the eruption was slightly paler; the tongue was clean; there was no increase of depression, and the urine contained no albumen. The child varied much, being sometimes playful and at others heavy and drowsy, but her sleep was disturbed, and the breathing a little difficult while she was asleep. There was a total absence of appetite, rendering the administration of nourishment very difficult. June 22nd. Some of the eruption was declining, and had acquired a brownish hue. The exudation on the tonsil had not separated, but was wasting away. The throat was much less red, and the tongue was clean; but there was very considerable depression, and a total absence of appetite, and the skin was cold and clammy. The urine was free from albumen. The medicine was continued. A dessertspoonful of port wine was ordered to be given every four hours. June 23rd. The throat was free from exudation. The child was in all respects improved, and able to eat a little food. A mixture containing quinine in combina-

tion with tincture of sesquichloride of iron and dilute hydrochloric acid, was now substituted for the former medicine.

The patient continued to improve from this time and I did not see her again until July 10th, when she was quite convalescent, and only a little roughness of skin remained where the eruption had been.

[To be continued.]

## ANÆSTHESIA IN MIDWIFERY; WITH NEW APPARATUS FOR ITS SAFER AND MORE ECONOMICAL INDUCTION BY CHLOROFORM.

By THOMAS SKINNER, M.D., Liverpool.

[Read before the Obstetrical Society of London, May 7th, 1862.]

"But there is  
No danger in what *show* of death it makes,  
More than the locking up the spirits a time,  
To be more fresh, reviving." (*Cymbeline*.)

CHLOROFORM, as an anæsthetic, is undoubtedly one of the great subjects of the day, and inseparably connected with the advancing state of society. It would however appear, from the general spirit of many of the leading medical journals, both in Europe and America, that now, as much as ever, there exists a want of confidence in, if not a strong feeling against, the general use of chloroform, an agent, the use of which, in my estimation, is unquestionably the greatest therapeutic discovery of the age. With the view of saving chloroform as an anæsthetic from falling undeservedly in the estimation of my professional brethren, particularly those engaged in the practice of obstetric medicine, I venture to offer the following remarks: and in doing so, let me trust that, however widely I may differ in my views from others, I may be allowed a patient hearing and a calm discussion of the merits of the subject; the more so, as the conclusions which I have arrived at are the result of conscientious inquiry and close observation during a period of fourteen or fifteen years.

*Chloroform as a General Anæsthetic.* Some authors writing in our journals lately, have appealed to the many deaths which have occurred from the inhalation of chloroform, as facts calling for our serious attention, and as arguments against the general use of chloroform as an anæsthetic. Granting such facts to be of the utmost importance, still, when we take into consideration the great power which chloroform exercises over the heart and chief nervous centres, the enormous quantity consumed, and the incompetency of many of those who administer it, I cannot help thinking that we have more reason to be surprised at the smallness, than at the largeness of the mortality.

Again, when we consider that some of those who have been anæsthisised have recently rallied from what might have been a fatal collapse, that others have just been saved from imminent death by hæmorrhage, that a large percentage are the victims of cancerous and scrofulous growths and inflammations, and consequently are worn out with hectic and altogether *in extremis*; when we look to the emaciated and bloodless forms, the dreadful and often fatal nature of the diseased conditions, and the formidable operations to which the majority of the recipients are subjected; have we not great reason to congratulate ourselves and the public upon the incalculable amount of suffering spared to humanity under the circumstances with so small a bill of mortality, particularly in the infancy of so powerful a therapeutic agent? I have said that we have reason for congratulation in the smallness of the mortality, but I shall go further and state what I believe will meet with universal concurrence, that for every life which has succumbed to chloroform there have been many more lives prolonged, if not saved, through its benign influence. Let me add, that in con-



quence of the dozens of operations which it facilitates, and which never would have been performed but for the discovery of chloroform, the actual number of surgical operations has been greatly increased within the last thirteen or fifteen years, and they are daily increasing; these accounts, have we not further reason to be satisfied with the agent and to be thankful that the mortality is no greater? But I feel confident that all the alarm and anxiety, that all the hue and cry against chloroform, is not so much on account of the *number* of deaths which is alleged to have occasioned, as the *suddenness* of the occurrence and termination of the fatal cases.

In one of the leading articles of the JOURNAL for 18th January last, it is stated that "Dr. Simpson has had an immense experience of chloroform, and has never, we believe, met with any fatal consequences from its use, and this fact is often used as an argument in favour of chloroform." The writer further adds, "but it is quite forgotten that the administration of chloroform for obstetric purposes, not necessarily involving absolute insensibility, is a very different thing from its administration for surgical purposes, in which such insensibility is required." The author of these remarks is evidently not aware that Professor Simpson daily puts several females, and even infants and children who are in a more or less delicate state of health, under the full anæsthetic influence of chloroform, for surgical operations totally unconnected with the impregnated state. Knowing this to be true, and that Dr. Simpson uses in his private practice *not less than from five to seven gallons of chloroform annually*, I am much inclined to believe that the absence of accidents in the hands of one who has had so "immense" experience of chloroform, both in surgical and obstetric practice, is one of the most convincing proofs of the safety of chloroform as an anæsthetic, and that one great secret of its successful and safe administration, like all else in the practice of our art, lies in experience combined with tact. In the words of Dr. Simpson, "the practice of anæsthesia is not to be expected to come upon medical men by intuition; for, like all other practices, some *care and experience* are necessary, in order fully to acquire and apply it." I verily believe that much of the mortality from chloroform arises from carelessness, want of experience and the exercise of a ready presence of mind during its administration. My own experience of the use of chloroform dates from its discovery in 1847, about seven years, and I can conscientiously avow that every successive year has steadily increased my confidence in it over all other agents for the induction of anæsthesia under every circumstance. I would not have it believed that in the practice of *general surgery* I have never seen dangerous symptoms occur; on the contrary, I have seen several patients *in articulo mortis*, but I have never lost a case.

A great deal has been said lately about the greater safety of ether over chloroform as a general anæsthetic, particularly on the other side of the Atlantic; but it is my firm conviction, from an experience of both agents, that it is just as possible to walk across the Atlantic dry-shod, for those who have had sufficient experience of chloroform to obtain confidence in its use, to relinquish it for ether; and, until some really superior and less dangerous anæsthetic is discovered, society, in order to obtain the benefits of anæsthesia must put up with a greater or less percentage of accidents; and allow me to state that the best method of lessening the danger and the number of accidents, is not by undermining or shaking our confidence in chloroform, but by every one of us striving diligently to acquire that experience of it which can alone inspire confidence in ourselves and secure safety and success in its administration to others. I doubt not, that the new method of administration will greatly assist towards the same desirable end.

**Chloroform in Obstetric Medicine.** Apart from general surgery and dentistry, there is a department of medicine

which stands out in bold relief as a great and triumphant proof of the safety of chloroform as an anæsthetic, and of its superiority over ether in every respect: I allude to the obstetric department. For many reasons, I take a deep interest in this subject. First, on account of having commenced my studies contemporaneously with the discovery of chloroform, which has revolutionised the medical world, and ushered in a new era for suffering humanity. Secondly, on account of my late connection with its discoverer, Professor Simpson, I feel justly proud to have an opportunity of supporting his views. And lastly, from the experience which I have had of its use, for a period of fourteen years—two of which were spent with Dr. Simpson—I can affirm that I have every confidence in this agent.

The chief object and intention of Dr. Simpson in introducing chloroform as an anæsthetic, I believe, was *to render the function of parturition entirely painless under every circumstance whatsoever*, and there can be no doubt that the agent has in his hands preeminently succeeded in doing so with perfect safety to human life and happiness. Since its discovery, anæsthetic midwifery may be said to have enjoyed a special immunity from accidents of any kind, and I cordially acquiesce in the sentiments of my distinguished friend Professor Barker of New York, when he says, "I never feel the least anxiety in administering an anæsthetic in obstetric practice, while I cannot divest myself from more or less apprehension when asked to do so by my surgical friends, or by my patients, when dental operations are to be performed. Hence I feel warranted in asserting that the question of anæsthesia in surgery is altogether distinct from anæsthesia in midwifery." (JOURNAL, 1861, vol. ii, p. 688). In other words, there is a *special tolerance* for chloroform in midwifery, which does not pertain to the practice of surgery. Dr. Kidd has also recognised this tolerance, and he is of opinion that it arises from "the unusual and active condition of the reflex system during labour, and the active condition of the respiratory system especially." I would only add in explanation, that the pregnant female, particularly in the latter months, enjoys not only sound health, but her nutrition is almost invariably at a maximum.

**Contraindications.** I do not believe that we are at present in the possession of any facts which will enable us to determine before-hand whether or not chloroform is likely to disagree with any one inhaling it. The only true and reliable test is to watch its *effects* on the patient's *respiration*, pulse, colour, and general appearance; the *quantity* and the *exact* proportions of chloroform and air being no guides whatever. We may examine the chest as carefully as we like for contraindicative symptoms, but we shall grievously err, if, in the seeming absence of them, we grant a certificate, verbal or otherwise, that the party is a fit subject to inhale chloroform. I would not wish it to be thought that I consider organic diseases of the chest in no degree to contraindicate the use of chloroform—a diseased organism can never compete with a healthy one—but I simply hold that organic disease is not nearly so great a contraindication as many of us are still inclined to think.

**Stage of Labour for Administration.** The question is often put to me at what stage of labour ought chloroform to be administered?

I am in the custom of giving it at all stages, whatever the state of dilatation of the os uteri; and I am of opinion that when an anæsthetic is resolved on it should be given *in toto*, or not at all, and having once commenced the administration, it should never be altogether withdrawn, except under pressing circumstances.

**Medical Objections.** I am frequently informed that it delays labour, encourages hæmorrhage, retards convalescence, and is otherwise followed by a multitude of evils. In short, it would appear that everything which happens



of a sinister kind or out of the common run, during and for the next six weeks after the administration of chloroform in labour, is put down to the debit of the anæsthetic; even puerperal fever, mania, convulsions and pelvic inflammations.

To such objections as these I have no hesitation in giving a direct negative. With the exception of a questionable tendency to the occurrence of hæmorrhage in some rare cases, chloroform may be said to be perfectly innocent of all and every medical objection that has ever been raised against it in the practice of midwifery; and with a little care and good management this accident may be avoided or easily remedied. An eminent authority, namely, the late Dr. Snow, has said that in his experience "there has hardly ever been uterine hæmorrhage of any amount, except in patients who had suffered from it in previous labours." I would further observe, that these and many other conditions have occurred and will ever occur in the practice of midwifery whether chloroform is administered or not.

So far as the public are concerned, it is of no use arguing with them, as they are incapable of forming a correct judgment in the matter; but as I find that in general they very wisely obtain their opinions from their medical advisers, it is the latter consequently to whom I must look for their better enlightenment. Lastly, it is sometimes told me that chloroform produces improper thoughts, words and actions, in persons otherwise pure; I have little hesitation in stating that the impropriety is much more likely to be the offspring of the mind of the observer.

In conclusion, it is gratifying to reflect, that the prejudices and objections, so unsparingly raised against the practice of anæsthetic midwifery, at its introduction, are now steadily and surely disappearing; while the encouragement which it has received from the first personage in the realm, will, in every way, contribute to its progress. So far as the spread of the practice is concerned, I am glad to be able to state that in Liverpool it has considerably increased within the last five years. I am informed by Messrs. Evans, Sons, & Co., one of the largest wholesale drug establishments in the town, that the quantity of chloroform sold by them to the retail chemists of Liverpool alone, during the last five years, is forty per cent. greater than they sold during the previous five years. It is just about five years since I first advocated anæsthetic midwifery in Liverpool.

**Apparatus.** An important object of this communication is to introduce some new apparatus for the more safe, effectual, and economical administration of chloroform. For all that I know, the means may be nothing new, but they suggested themselves to me on hearing of the method lately introduced by Professor Simpson, of administering chloroform by drops on a muslin or cambric handkerchief, which method, however advantageous, is subject to two objections, namely, (1.) The difficulty of dropping the chloroform and of seeing where you are dropping it; and (2.) The difficulty of protecting the patient's face from being irritated by the anæsthetic, even byunction with olive oil. This inhaling apparatus not only obviates those inconveniences, but I feel certain that it will render the inhalation of chloroform less dangerous and more effectual in smaller quantities, consequently, more economical.

By the old method, I used as much as from one to one and a half fluid-ounces an hour, whereas, with my new inhaler and drop-tube I can easily anæsthetise an average case of labour at the rate of half an ounce an hour, which is equal to a saving of about *sixty-five per cent. of chloroform*; no small consideration. For a year back or more, I have never used any other than methylated chloroform, which I find to be quite equal to that prepared from the best rectified spirit, thereby the practice of anæsthetic midwifery is still further economised; and the quantity of chloroform consumed may be still further lessened

by withdrawing the inhaler at every expiration of the patient.

The apparatus is extremely simple, and is composed of a mask or inhaler, for receiving and evaporating the drops of chloroform, and a bottle with a peculiar form of drop-tube attached.

1. The inhaler is a mask, the framework of which is of tinned iron or German silver wire. It somewhat resembles a fencing mask, excepting that it is covered with thin coarse domette instead of wire gauze, and that it covers only the lower half of the face. For convenience it has a movable handle, and is otherwise made to fold up so that it may be carried in the pocket, hat, or case.

2. The drop-tube is a tube of glass about two inches long, sealed at one extremity, so that a silver wire ligature only can pass; it is then thrust through a perforated cork which is inserted into a three or four ounce phial and it is ready for use. The cork is more durable when covered with white kid leather. (Messrs. Maw and Son have greatly improved this drop-tube by making it entirely of glass.)

On inverting the bottle and drop-tube with chloroform in it, at no single inversion can more than thirty or less than ten minims escape until it is reinverted. The advantages of such an arrangement will at once suggest themselves. The principle of this simple little inversion is, that no more liquid can flow at one inversion than is sufficient to allow the atmospheric pressure to balance the elastic force of the vapour of chloroform and air within the bottle. It might be called a pneumatic hydraulic regulator of chloroform. I will just add, that this drop-tube will serve for many other equally useful purposes, namely, for dropping collyria, for the administration of medicines in the form of drops, and as "poison cork." For such purposes it is only necessary to incline the bottle until it begins to drop, when a child may almost be entrusted to drop laudanum with it. The leather covering over the cork is only requisite with chloroform.

The following illustrations may serve to give some better idea of the apparatus previous to its improvement by Messrs. Maw and Son.

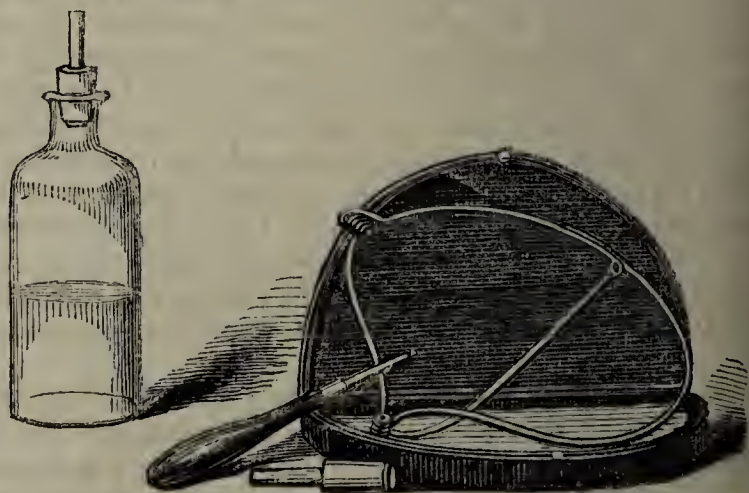


Fig. 1.—Framework of wire, etc. (greatly reduced).

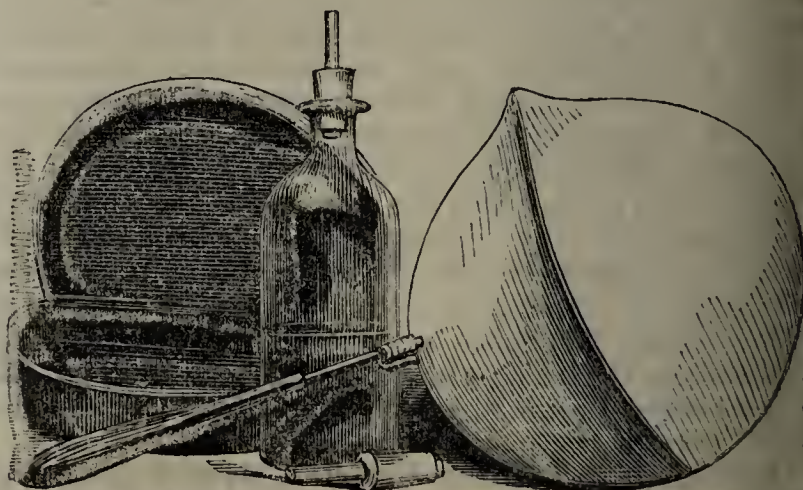


Fig. 2.—Inhaler, etc., complete.



NOTE.—Messrs. Maw and Son, of 11, Aldersgate Street, London, have engaged to supply the apparatus complete at the following prices.

1. Inhaler in case, with bottle and drop-tube, 11s.
2. Inhaler for carrying inside the hat, with bottle, 8s.

(It is due to Messrs. Maw and Son, to state that they have displayed much mechanical ingenuity in the perfecting of the latter instrument, as well as the drop-be.)

Specimens may be seen at their establishment, as also in their cases at the International Exhibition, Kensington.

P.S.—I have frequently used the above apparatus to produce the deepest state of anæsthesia during surgical operations, and it has always given me the greatest satisfaction.

T. S.

# Transactions of Branches.

## MIDLAND BRANCH.

ABSTRACT OF PRESIDENT'S ADDRESS.

By THOMAS SYMPSON, Esq., Lincoln.

[Read June 18th.]

THE President commenced by eulogising the late President, Mr. Macaulay, whose loss he, in common with others, deeply deplored. He warmly welcomed the members of the Branch to the time-honoured city in the cathedral of which they met—a city rich both in monuments of ancient grandeur and in works of present utility.

After briefly glancing at its history, and directing attention to such buildings as afforded illustrations of various styles of architecture, he proceeded to describe the situation of Lincoln, placed partly in a valley, partly on the side and summit of a steep hill rising to the height of 210 feet above the river Witham, which courses along the valley. The uppermost forty feet of the hill are made up of twenty-six layers of oolite of various thicknesses, separated from each other by marl; they rest on a bed of indurated earth, with ferruginous sand and gravel, which itself is placed on a thick bed of Oxford clay, which extends beneath the sand-bed of the river, and reappears at the base and in the ascent of the opposite hill. The river Witham forms the natural drainage of the district, but has only a very sluggish current, from its waters being kept up by locks.

In the upper part of the city, cesspools are sunk in the oolite rock. As both it and the indurated earth are porous, dissemination of the fluid occurs through them as low as to the Oxford clay, which, being almost impermeable, prevents any further percolation; and hence, the line of its cropping out, springs abound.

In the lower part of the city, and on the side of the hill, cesspools overflow either into the sandbed of the river, or into the alluvial *débris* and remains of ancient buildings, of which the surface soil is there made up; and contaminate the wells, the water in which is derived, by percolation, from the river.

Now, the drainage of Lincoln, so far as the privies and water-closets are concerned, being in great measure carried on by means of cesspools, and the drinking-water being often obtained from wells in the upper part of the city sunk through the rock, and in the lower through the alluvial *débris*, it is easy to see that, in both cases, water thus derived must be daily becoming more and more contaminated with effete and decomposing organic matter. If the strata were strongly inclined, the water would drain off in the direction of the dip; but, from the strata being almost horizontal, contamination of the wells becomes inevitable.

The sewage from many houses is conducted into the river; and that from the County Hospital and the Lunatic Asylum is received into a pool called Brayford, which is well-nigh stagnant during a great portion of the year.

The house-drainage, such as washings and scullery-waste, are usually discharged direct into the open channels of the streets, from which they mostly pass into the river. The consequences are often very unpleasant, and, it is to be feared, not likely to be obviated, as the inhabitants have refused to put themselves under the operation of the Health of Towns Act.

Some of the evils incident to defective drainage are mitigated in the case of Lincoln by an abundant supply of soft water, distributed by means of waterworks, which were completed in 1850.

After what has been said respecting the want of efficient drainage, it is not surprising to find the mortality high, nor the prevalence of zymotic diseases frequent.

Date.	No. of deaths at all ages.	Children under 1 year.	Persons above 60.
1859	541	187	120
1860	432	152	145
1861	486	161	138

The population of the city at the last census was 20,995.

In 1859, fever, scarlatina, and diphtheria were very prevalent.

In 1860, the rate of mortality was considerably below the average, owing, probably, to the channels and sewers being constantly flushed by the heavy rains.

Mr. Sympson next adduced various statistics from the Dispensary Reports to show the comparative prevalence and mortality of fever, diarrhœa, dysentery, scarlatina, and rubeola, during the last three years. Fifty cases of small-pox came under treatment in that institution last year—with, however, but one death.

He concluded his address by stating that it was unnecessary for him to refer to or epitomise such various interesting occurrences as had happened in the medical world since the preceding meeting of the Branch, these matters being so thoroughly and ably discussed in the journals, and more especially in the JOURNAL of our Association. He would, therefore, no longer detain them from the enjoyment of that intellectual repast which was in store in those papers so kindly promised to be communicated by some of the members.

## BATH AND BRISTOL BRANCH.

PRESIDENT'S ADDRESS.

By WM. J. CHURCH, Esq., Bath.

[Read at Bath, July 10th, 1861.]

GENTLEMEN,—In addressing this assembly, I do so, I will not say with reluctance, but certainly with diffidence, from my sense of incompetency to express all that I think and feel in connection with so important a cause. The objects of such an Association are deeply important, first, as tending to promote union among the members of our profession. If “union be strength” then are we, as a body thus linked together, far more influential and more able to serve our generation by this wise co-operation than by any single handed exhibition of skill or power. Experience has proved that by thus associating for the common good, the interests of science are advanced and practice improved, whilst as individuals our best and kindest sympathies are awakened, the littlenesses of professional jealousy are lost sight of, in zeal for a noble cause; and while every candid and liberal mind is ready and glad to award the due meed of praise to the superiority of more gifted intellects (whether exhibited in practice or in more elaborate theory) these leading stars are on



their part ready to encourage and draw forth the powers of such as pursue their beaten and laborious track with untiring energy, though comparatively poor returns. We cannot all be great, but we can all be useful in our generation. The head may not say to the members "we have no need of you," neither the members to the head "we can do without you;" but it is by mutual dependence and cooperation that the body acts with power and fulfils its destiny.

It is from this point of view that we look with particular pleasure on our Association, and welcome this annual return of our meeting together. We welcome it as a medium of good fellowship, and kindly interchange of thought and feeling, as well as for the greater and nobler purposes of spreading abroad the practical experience which is daily accumulated, and of bringing many minds to bear on all that is useful and interesting in modern science, in connection with the profession. No doubt much is elicited in this contact of mind with mind, that would otherwise remain dormant, or at all events be confined within a narrow range. The power of such combined strength is expansive; thought begets thought, and experience teaches; and, bringing our store to a common garner, we help to spread the useful knowledge which is to alleviate anguish, arrest disease, and modify, if it cannot cure complaint.

We meet too as a protesting Association. This is a second important feature. We declare war against charlatanism in whatever form it may appear, and whatsoever guise it may assume to deceive the unwary and impose upon the ignorance of the multitude. We live in an age in which novelties abound, and empiricism meets with every encouragement. We therefore link ourselves together for the defence of truth in principle and common sense in practice. We do not with narrow minded bigotry refuse to entertain an idea because it is new; but we do desire to bring it to the test of experience and submit it to the laws of science.

It is an age of real improvement, the march of intellect is rapid in its strides and we may expect great results; but time only can test the character and pretensions of apparent novelties, and prove their right to acceptance as profitable for the general good, as assuredly it will condemn whatsoever is fallacious.

I feel that, according to our wonted custom, I ought now to take something like a retrospective view of medical progress. In entering upon this survey I would first, in justice, note the satisfactory improvement which has taken place in our JOURNAL, because it is by its means that we best see this progress developed. The improvement must be apparent to every member of the Association. It is better conducted than we had any right to expect from the small pecuniary assistance afforded to its management, and certainly, in the amount of information which it gives weekly, is on a par with the other publications of the day.

I now proceed to speak of the progress of medical science; and under this head we have to thank Dr. William Budd, for the very clear and able exposition of his views of the contagiousness of Typhoid Fever. Mr. Simon says in his Report of this year, that, "an addition has been made to the literature of this disease, by the publication of a series of papers from Dr. W. Budd of Bristol, as regards the causation of typhoid fever. That the fever is essentially contagious; that the living body is the soil in which the specific poison breeds and multiplies; that by far the most virulent part of the specific poison is cast off by the diseased intestine of the fever patient. That the characteristic affection of the bowel in this disease, is in reality the specific eruption of a contagious fever." In short, the facts which Dr. Budd adduces from his own experience and from that of other observers, are, in Mr. Simon's opinion, "sufficient to prove that the contagion of typhoid fever is importable by persons who have the disease."

From these remarks I am led to speak briefly of the statistics of fever in Bath. It must be premised that from our city having been built on a declivity, the natural sewerage is good; and, by parity of reasoning the artificial must be good also. It must be remembered too, that our houses are well built, and from our town having paid more window tax than any other town out of London, (Manchester, Liverpool, Hull not excepted) you will readily imagine that our houses are well ventilated and that consequently we do not expect to find the spread of contagion so readily effected, from the circumstances I have now mentioned; indeed we have very little of contagious fever in Bath, and of the cases which have come under my own knowledge, I might be almost led to infer its noncontagious character. In the year 1849, we had simultaneously a number of cases. Some fell to my share in practice. Amongst them I had two well known cases of typhoid fever, in two different houses in Milson Street, two sisters in a house in Pulteney Street, and another case in Edward Street, all existing at the same time; and in no case was fever imparted to others in these respective houses. From that time to the present, many solitary cases have occurred; but in no instance do I recollect contagion communicated. In the early part of this year one of our large public schools broke up in consequence of having lost two cases in typhoid fever. One boy was sent home to Bath with fever upon him, and in this case it nearly proved fatal. He, however, recovered; and here, as in the previous cases, it was not communicated to his family, which were numerous, nor to the attendants. From these limited experiences, we cannot attempt to draw conclusions; and I have not brought these cases forward in any way to impugn the correctness of Dr. Budd's views of the cause of the spread of the typhoid contagion in crowded districts. He has shown sufficient data to form a judgment; and his history of the North Tawton fever and its offshoots, Mr. Simon says, "is more conclusive on the subject than anything previously known to him." But I cannot lose this opportunity of calling attention to the salubrity of Bath as regards fever, arising (I have presumed) from freer ventilation in our houses and an efficient natural and artificial drainage.

There are a class of cases the treatment of which has of late years been considerably improved, and which have been in one of our recent meetings ably discussed. I allude to the cases of obstinate Intestinal Obstruction, in which nutritive and purgative injections constitute for a time the means of treatment, whilst the stomach is kept completely empty; no food, either solid or liquid, or medicine of any kind, being allowed to be taken during the continuance of the obstruction. The discussion on these cases brought very forcibly to my mind one that occurred some years since, and which was treated in the above manner. It being an alarming case to the parents of my patient, an eminent practitioner was at their request called in. He, looking upon it as all but hopeless, suggested cutting down upon the bowel to the obstructed portion, which was readily traced to the ascending colon. Before I could consent to this, I wished that Dr. Davies should be called in, who coinciding with my view of the treatment, it was carried into effect and she recovered. The patient did not receive anything into her stomach for at least a fortnight.

The treatment also of Strictured Bowel from disease by opium, thereby allaying spasmodic action and allowing the contents of the upper bowel to pass the diseased portion into the lower, is a vast improvement upon the strong purgative remedies previously had recourse to in both these classes of complaint.

Another set of cases which comes under notice in private practice are Fractures of the Neck of the Thigh-bone. From the practice adopted of the short thigh splint and weight (suspended from the ankle), hanging over the rung of a chair with the view of preserving the



length of the limb—from the splint reaching almost from the arm-pit to the foot with an upright for its support—from the cradle with the hinge at the knee forming a double inclined plane—we have now arrived at the simple treatment of putting the patient to bed without any restraint upon the limb at all. Recovery takes place at the usual time with no greater amount of shortening; and this treatment, or I should rather say no treatment, has arisen from the knowledge that a doubtful union takes place, and that the shortening ultimately depends upon absorption of the head of the bone. I have at this moment a lady recovered from this accident, who never left her bed a day during the treatment, care being only taken that the thigh should be rested at its full length in the chair in which she sat, thus doing away with any effect that confinement to bed may produce.

Another class of surgical cases which comes frequently under the eye of private practice are Tumours of the breast, and the conclusion comes to by those who have seen most of these cases is, that early removal should always be had recourse to where there is the least suspicion of malignity. The protracted dreadful agony which terminates life in some of these cases, when the disease is allowed to run its course, is surely sufficient reason that early removal should be adopted—and from recent experience, I think it is now universally acknowledged that the knife is preferable to caustics.

I have selected these few subjects from my own experience, as calculated to illustrate the progress of improvement now generally admitted in these cases.

We have much business to occupy us to-day, with but short time to get through it, or it would be easy to dilate on the improvements in medical and surgical practice as developed under the creative or fostering influence of science; how chemistry has given us new and valuable combinations; how the microscope has made marvellous disclosures, and photography lent its aid as a wonderful and correct exponent of disease. Time would fail me to enlarge on these points. Suffice it to say, that they have not only thrown light on the path of the student and practitioner, but have given a new and refreshing impulse to the monotony of daily work.

We are greatly indebted to the members of our profession for inventions which assist us materially in obtaining correct information of complaint. We have our specula for the different outlets of the body, whereby we obtain a regular demonstration of the nature of disease. We have our stethoscope with its attendant percussors, returning to our senses a correct account of natural structure, as well as its deviations of morbid growth and accurately defining the limits of its mischief. We have our ophthalmoscope; and I do not think it would be fair to Professor Czermak of Prague, to pass over unnoticed his attempts to throw some light upon certain obscure diseases of the larynx, and of the posterior nares, by the aid of his instrument the laryngoscope. The new Sydenham Society has put its members in possession of Dr. Czermak's work on the *Laryngoscope*, in Dr. George Gibb's excellent translation from the French edition. Since that time, Professor Czermak has paid a prolonged visit to this country, and has given the members of the Royal Medical and Surgical Society, and many of our professional friends

in London, the opportunity of observing the operation of this instrument upon himself, and upon persons sent to him for inspection. Time alone will show whether we can, by manipulatory measures, remove polypoid and other growths from the vocal cord, etc.; but this we do know, that by the use of this instrument, we can discover the cause of morbid conditions of the larynx and its appendages, about which we are often in doubt. Dr. Czermak, it is true, has no claim to originality in his discovery, for our own distinguished surgeon, Liston, in his *Practical Surgery*, published in 1840, proposed an instrument of the kind to illustrate certain pathological conditions of the larynx. Dr. Türk, also, of the General Hospital of Vienna,

invented an instrument for the same purpose, but abandoned its use until Professor Czermak published his papers, and applied the instrument to some practical purpose. These two gentlemen are now, I believe, contending to whom the profession should award the credit of originality in this invention.

I have not much to say on medical ethics. There is one point, however, connected with our profession, in which I desire to make one or two observations with respect to medical evidence in courts of justice. Surely, it is an equivocal position, when, as in the recent case of *Windham versus Windham*, high medical authorities were ranged on each side in adverse judgment. Well might the world exclaim, "who shall decide when doctors disagree?" I feel that with such an illustration of the uncertain and various media through which these cases are contemplated, it will be to the credit and honour of the profession, that the law should exclude them from exercising a judgment which may be perverted, and which at any rate is open to suspicion of external influence, when we see such discrepancy of opinion in learned men, who should base their views on one broad foundation. Indeed it is a pity that we cannot frame some definition of insanity which would satisfy the law in these cases.

The amendments to our Reform Bill and our new *Pharmacopœia*, the production of which has been delayed for so long a time, will, we are assured, shortly make their appearance. The one, no doubt, will then give us ample protection, and from the careful manner in which the latter has been revised by men most competent for the work, it will come out in such a comprehensive form, and give to the profession such an extended *Materia Medica*, as will enable us to trust to our own combinations, and to discontinue the general, but rather questionable practice of prescribing medicines the combinations of which we are unacquainted with. Death, I am sorry to say, gentlemen, has again been busy with us this year, and we have to regret the loss of Mr. Godfrey, so feelingly introduced to us at the time of its occurrence by our late president Dr. Swayne. Another early member, Mr. Vicary of Warminster, who was constantly present at our meetings, has likewise passed away—also Mr. Martin of Bristol. Happily, we can turn from the loss of these individuals to the general prosperity of the society, which no doubt, from its present flourishing condition, will long retain its vigour. This year has witnessed a large accession to our strength, nine new members being added to it.

And now, gentlemen, it only remains to thank you for the honour you have done me in electing me to fill the office of president, and to express my regret that I cannot, as efficiently as I could wish, carry out the duties it entails. If zeal for so good a cause could achieve success, I should not be behind-hand with any of my predecessors, but though it may, and does surmount many difficulties, it cannot supply the flow of thought and expression, with which some are by nature gifted; but I can at any rate rejoice to think I have to do with kindly critics, and with those who will allow much for natural deficiencies and accept the will for the deed.

A REAL GHOST. There are many houses in Great Britain which have inherited evil reputations; there is a "ghost's room," or "a ghost's corridor," or "a ghost's tower," or "a ghost's terrace." The true ghost's walk is, however, in the basement; amongst and through fetid drains and foul sewers, the ghost's reception-chambers are ancient cesspools, and the ghost's nectar is drawn from tainted wells and neglected water cisterns. There are British ghosts; but there are also continental ghosts, if possible, more terrible; the chilling palaces of Italy, the gilded splendours of Paris, are alike ghost-haunted. Your only exorcist is the sanitary engineer.



## Progress of Medical Science.

**DIFFICULTIES AND DANGERS ATTENDING CATHETERISM OF THE EUSTACHIAN TUBE.** In a recent article, M. Triquet describes the principal difficulties attending catheterism of the Eustachian tube, and the accidents to which it may give rise.

Difficulty may arise on the part of the patient from extreme timidity, or from indocility in children; and both these may necessitate the use of chloroform. Excessive narrowness of the nasal fossa sometimes requires the use of a sound of small calibre and but slightly curved, which in such cases must be introduced gently under the lower turbinated bone, with the point directed towards the external wall of the fossa. Sometimes the narrowness is so great that the catheter, on reaching the middle of the nasal fossa, is arrested, and as it were grasped between the septum and the turbinate bone, or between the turbinate bone and the upper jaw. If this be found to occur, and the point of the instrument, being in the proper direction, cannot advance, it must be withdrawn, and again introduced after the patient has been allowed a few minutes rest.

Difficulties may also arise from the configuration of the inferior nasal fossa. Extreme narrowness may be caused by chronic inflammatory thickening of the mucous membrane; by polypi or fleshy vegetations; by hypertrophy of the lower turbinate bone, or by greater or less unnatural elongation of the bone, with a faulty direction of the curve; by deviation of the septum of the nasal fossæ; by exostosis from the ascending process of the superior maxillary bone, or from the lower turbinate bone. Extreme sensibility of the pituitary membrane, and the pain produced by the least touch, also constitute a serious difficulty.

Difficulties may also arise in the introduction of the catheter, from not choosing a proper mode of operating, from using a too large or too curved instrument, or from giving it a wrong direction. M. Triquet introduces the instrument directly into the inferior meatus, with the end resting against the external wall. If it is gently carried on in this direction, the point of the instrument must infallibly reach the orifice of the Eustachian tube, which lies immediately behind the inferior meatus.

The accidents arising from the operation may be local or general.

The local accidents are: 1. Laceration of the inferior part of the nasal canal. This is not of much importance; it causes only slight pain and one or two drops of blood. 2. Extraordinary sensibility of the pituitary membrane may render the contact of the catheter so painful as to cause even the most courageous patient to cry out. In some persons, the contact of the sound with the pituitary membrane produces sneezing. 3. Another result is excessive lacrymation. More or less lacrymation very often follows the first introduction of a sound into the nasal fossæ. Sometimes the tears appear only at the inner angle of the eye; but in lymphatic children, in nervous females, and even in impressionable men, the catheter scarcely touches the mucous membrane, before the conjunctiva of the same side becomes rapidly ingested, the eye becomes moist and is turned upwards, and tears flow in abundance. These phenomena are not attended with pain, and generally pass off in a few seconds. Nevertheless, the possibility of their occurrence should suggest great caution in employing catheterism of the Eustachian tube in persons subject to disease of the eye. 4. A few drops of blood often flow during the operation, probably from the Schneiderian membrane being grazed or lacerated by the end of the instrument. But in subjects in whom, as the result of repeated attacks of coryza, the mucous membrane is red and inflated, and, as it

were studded with papillæ full of blood, the simple contact of the instrument may give rise to a true epistaxis; which may always be promptly arrested by the inspiration of a little cold water. 5. The operation may be disturbed by a nervous cough; but this is not of much importance. 6. As a result of simple or granular chronic pharyngitis, or of repeated quinsy, the tonsils may have remained hypertrophied, and it is not uncommon to meet with a spasmodic contraction of the pavilion of the Eustachian tube, when the catheter is about to enter the orifice. In nervous subjects, as soon as the catheter touches the pituitary membrane, the velum palati is convulsively drawn upwards. During these violent contractions, whatever be their cause, the peristaphyline muscles, inserted near the mouth of the Eustachian tube, completely effuse the opening, so that an instrument cannot pass it without effort. If this spasmodic contraction occurs only at the moment when the catheter enters the tube, the point is expelled and falls into the pharynx, and the operation must be repeated. 7. If the surgeon employ too much force to overcome the contraction of the muscles, the mucous membrane may be torn, so as to give rise to the production of emphysema at the first attempt at deglutition or at inspiration. If the patient make a sudden movement of deglutition, or if the surgeon wish to blow in a little air for the purpose of exploring the tube, the patient falls as if struck by lightning; he raises his hand to his neck; the eye is haggard, the face congested, the mouth open, and the voice lost. The symptoms resemble those of œdema of the glottis in its last stage. On forcibly drawing down the tongue with the finger, there is perceived to be considerable emphysema, raising the whole of the mucous membrane of the pharynx and even invading the larynx, especially the arytaeno-epiglottic folds. It is requisite only to tear with the nail of the finger which holds down the tongue, one of the emphysematous projections of the mucous membrane; the air escapes and the patient recovers. M. Triquet states that death has sometimes occurred from this cause in the practice of London surgeons. 8. Rupture of the membrana tympani, according to M. Triquet, is liable to be produced when air is pumped into the Eustachian tube by means of Kramer's apparatus; and it may occur even when simple insufflation with an India-rubber bag is employed. Chronic inflammation of the membrane may predispose to this accident. 9. If too frequently repeated, catheterism of the Eustachian tube irritates the mucous membrane, and may give rise to traumatic inflammation. But, sometimes even the introduction of a small catheter may give rise to a painful inflammation which may extend to the cavity of the tympanum.

The general accidents that may follow catheterism of the Eustachian tube are: rigors and fever; facial neuralgia; obstinate headache; and an increase of the deafness, or of the noises in the ears, for the relief of which the operation has been undertaken. Suspension of the treatment is generally sufficient to arrest these accidents (*Gazette des Hôpitaux*, Mai 20th, 1862.)

**RECURRENCE OF LIPOMATOUS TUMOURS.** M. Broca related the following case to the Surgical Society of Paris on May 14th. A man was admitted fourteen years ago into the Bicêtre at the age of 56, and died a short time since. In 1817, he had a large lipomatous tumour on the hip, which was removed in 1823; it weighed 2500 grammes. Healthy cicatrization followed. Five months afterwards, the patient observed the appearance of innumerable lipomatous tumours on the whole surface of his body. When he was admitted into hospital, there were found to be in all 2080; viz., on the head and neck, 480; on the trunk, 965; on the upper limbs, 370; on the lower limbs, 265. There were more on the anterior than on the posterior aspect of the body. Some of the tumours were subcutaneous, and the rest cutaneous. The subcutaneous tumours had the ordinary consistence



lipoma. They were about forty in number, and their size varied from that of a haricot bean to that of a hen's egg. The cutaneous tumours varied in size from a hemp-seed upwards. Fifteen of them were pedunculated, and some of them lay above the subcutaneous tumours. The man was admitted on account of dysphagia, and died in a few days. On *post mortem* examination, there was found to be ulcerative inflammation of the entire mucous membrane of the larynx, and a fatty mass at the sheath of the sterno-mastoid muscle and of the carotid artery. Within the sterno-mastoid muscle there was a collection resembling an abscess, but which was found to consist merely of fatty granulations. There was also a collection of similar granulations around the larynx. The muscles were pale and atrophied; the epiploon was not fatty, but was very transparent. Fat was deposited in the thickness of the valves of the heart on both sides, especially in the mitral valve. The dysphagia had been caused by the degeneration of the muscular walls of the oesophagus, in which there was fatty infiltration. There was also a similar infiltration in the pylorus. The lipomata, properly so called, had diminished in size by more than one-half. Some of them were yellow, others rose-coloured. On examination with the microscope, they presented a network of connective and fibrous tissue, interspersed with a greater or less quantity of fatty granulations. (*Gazette des Hôpitaux*, 24 Mai 1862.)

LEPROSY REMOVED BY CHANGE OF CLIMATE. In a communication made to the Academy of Sciences, M. Guyon states that, when he was in the tropics, a family consisting of a father, mother, and three children, lost the eldest of the children (aged 10 or 12 years) from tuberculous lepra. On examining one day the bodies of the two remaining children, the youngest of whom was still at the breast, he found that both presented symptoms of the disease. He thereon suggested to the parents that they should try the effect of removing their children as soon as possible to France. In accordance with this suggestion, the family came to France in 1826. The result was, that the progress of the disease was arrested; the sign of its presence—insensibility of portions of the integument, without apparent change in the tissue—remained, but did not spread. On arriving at adult age, the two children, of whom one was male and the other female, married in France; both had male and female children, of remarkably good and sound constitution. The disease in the parents had been developed spontaneously: neither their father (an European) nor their mother (a Creole) had ever presented signs of lepra. After their arrival in France, they had two other children (one male and one female), who have grown up without presenting any signs of lepra, and have married and borne healthy children. M. Guyon observed that, in order to obtain benefit from change of climate, recourse must be had to it when the disease first appears; or, when it is once developed, there is every probability that its progress cannot be restrained. (*Bulletin G n ral de Th rap.*, 30 Mai 1862.)

TREATMENT OF NASAL POLYPI BY BICHROMATE OF POTASH. Dr. Fr d ricq states, in a communication to the Society of Medicine in Ghent, that he has successfully treated twenty cases of nasal polypus by means of bichromate of potash. A saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus within reach, care being taken to avoid the neighbouring tissues. The operation may be repeated several times. It does not generally produce distress or pain; but, at the end of about three or four days, the polypus becomes the seat of a kind of inflammation which extends sometimes to the nose. It swells up, and a watery and slightly acrid fluid often flows from the nose. This inflammation, however, need not give rise to alarm; it never lasts above two days. When the

irritation has gone off, the polypus will be found to have partially or entirely disappeared. When the first signs of inflammation appear, the application is suspended, and is repeated when the irritation has ceased. It is not uncommon to find polypi cured in five or six days, after a single application. Relapses are rare after treatment by bichromate of potash, in polypi as well as in syphilitic vegetations. The cases treated occurred in females, most of whom had passed their fiftieth year. The tumours varied in number, size, and shape; all were mucous except one, which was fibrous, and which did not appear to be radically cured. (*Annales de la Soci t  de M d. de Gand*, Mars et Avril 1862; and *Gaz. M d. de Paris*, 14 Juin 1862.)

DATURINE AS A MYDRIATIC. For some time, M. Jobert de Lamballe has substituted a simple solution of daturine for the preparations of belladonna in procuring dilatation of the pupil. He gives the following reasons for the preference. 1. Daturine is three times as active as atropine and its salts; consequently the quantity of daturine used must be one-third of that of a preparation of atropine. 2. When introduced within the eyelids, daturine does not produce pain nor confusion of vision. 3. The effects of daturine are more constant than those of belladonna, and its action continues longer. (*Annales d'Oculistique*, and *R pert. de Pharm.*, Juin 1862.)

## Reviews and Notices.

THE SCIENCE OF HOME LIFE. Based on the Third Edition of "Household Chemistry". By A. J. BERNAYS, Professor of Chemistry and Natural Philosophy at St. Thomas's Hospital Medical School. Pp. 396. London: 1862.

DR. BERNAYS, in publishing a *Household Chemistry*, found by the best of experience—the demand for his work—that he thereby supplied thinking people with the sort of chemical information which they needed. He has been led by his success to expand his original idea, and in the volume before us adds a large amount of information to his former work.

That this volume will be as successful as the other we cannot doubt. Dr. Bernays, as all the world knows, is master of the chemical and natural philosophy matters about which he treats; and he has, in addition, the good and not common faculty of making his scientific knowledge plain to the comprehension of ordinary mortals, and of writing in an attractive style.

The volume contains fourteen chapters, and these chapters embrace a very extensive field of natural objects. In fact, most of the material and inanimate matters around us are dealt with by him. The Atmosphere, Coal and its Gases, Flame, Water, Soap, Glass, etc., the Noble Metals and the Base Metals, Fermentation and Fermented Drinks, the Dinner-table and the Breakfast, and Ourselves in Relation to the External World, are the headings of his chapters—his bill of fare.

The book contains just the kind and amount of information which all medical students, and, we may add, every intelligent member of society, ought to be master of. The chapters on Fermentation and on Food are capital, and full of information. We might perhaps, however, if we were inclined to be critical, suggest to Dr. Bernays that he would do well in a future edition to reconsider the doctrines



of Liebig as applied to food, and to point out in what particulars those doctrines have been pushed too far. Our author, we think, would also do well in more fully developing the *scientific* side of the alcohol question. We apprehend that observers are perfectly justified in doubting whether or not alcohol, *regarded from a scientific point of view*, is food, until such time as science has proved it to be so. Why should not alcohol be dealt with in this respect as we deal with other articles of food? Let us by all means believe it to be food, and use it and enjoy it, if we like it; but don't let us call it a food until we can fairly put it in the category of foods. If alcohol be a food, this much, at all events, is certain: it differs essentially from all other kinds of food. We know whither they go in the body, what becomes of them, what they do, and what their especial uses are. But as for alcoholic drinks, we take them, we like them, and we feel they do us good; and there ends our knowledge.

Be this as it may, Dr. Bernays has given us a capital little volume, and we thank him for it.

## British Medical Journal.

SATURDAY, AUGUST 2ND, 1862.

[WE would call the especial attention of the members of the Association to the fact that the President's Address will be delivered on the 5th instant at an earlier hour than usual; namely, at *three o'clock*. We are sure that those who attend the meeting would much regret if, through any misconception on this point, they should be deprived of the pleasure of welcoming their President-elect, who has done so much towards rendering our London meeting a great success.]

### THE LONDON MEETING OF THE ASSOCIATION.

THE British Medical Association will in a few days hold its Thirtieth Annual Meeting, under circumstances which, novel as they are in its history, call for a few remarks.

Ostensibly, the projected holding of the International Exhibition was the pretext which two years ago led to the expression of a wish on the part of the London members, that the Association should meet in the metropolis in the present year; but, even if such an occasion had not arisen, there can be little doubt that the delay would have been one of a few years only.

The cordiality with which the invitation was given by the London members, and the cheerful readiness with which it was accepted, are significant facts. Let us, in proof of this, glance briefly at some points in the history of our Society.

When Sir Charles Hastings founded the Provincial Medical and Surgical Association in 1832, the country practitioners laboured under disadvantages which those alone can appreciate who are able by

personal experience to compare the past with the present. Without organisation among themselves, receiving little or no sympathy or aid from the corporate powers to which they had sworn allegiance, their voice in the profession was but the voice of individuals—isolated, and therefore powerless.

Out of this chaotic mass of the profession, which may not inaptly be described as a

“*pondus iners, congestaque eodem*

*Non bene junctarum discordia semina rerum*”,

one man, thirty years ago, conceived the design of forming an organised and effective body. Beginning with a small body of supporters, he has laboured at and encouraged his design, until it has arrived at a degree of development which, perhaps, even the founder himself did not at first expect.

The Association was originally provincial in name and in object. Founded by a provincial physician, it aimed at furthering the welfare of the medical profession, “especially in the provinces”. In the performance of this task it pursued its course for many years—long enough to shew how great were its benefits, even in the restricted and *quasi*-antagonistic position which it held, and to give a foretaste of what might be expected from it, should it ever become more catholic in name and in purpose. For, while it pursued its labours, and necessarily came into contact with those who were at first regarded as beyond its pale, the fact gradually became evident—that its functions and its name were too restricted; and that, to do the greatest amount of good, it must recognise no distinction of place, but must seek to embrace the whole body of practitioners of medicine in the United Kingdom. The cause of one part of the profession was the cause of the whole.

How the practical recognition of this fact was brought about, the history of the Association for the last ten years gives evidence. Up to the end of 1852, the JOURNAL—then as now the organ of the Association—was provincial in name and in place of publication; and in the Association there were but few London members of the profession. The January of 1853, however, saw the establishment of the JOURNAL in London, and the influx into the Association of a large number of metropolitan practitioners, leading to the formation of a Metropolitan Counties Branch on the model of, and for the same purposes as, those sections of the Association which had so long and so usefully aided the efforts of the parent society in country districts.

From this time the Association, although it retained its old title, was no longer exclusively “provincial” in its aims. Whatever great questions—medical reform especially—it took in hand, it dealt with them as affecting the whole profession in the United Kingdom. The name, however, still clung to it; and, we must believe, somewhat marred its effectiveness. Whether this supposition be correct or



it, it is certain that the feeling that the name of "provincial" was incompatible with the extended action of the Association became gradually very strong, and at last broke forth in a demonstration which, commencing in 1854, succeeded in 1856 in causing the appellation of the Society to become that of the "British Medical Association."

From that time the Association gained a position and exercised an influence which it did not previously possess. One great object of its ambition—the passing of a Medical Reform Bill, which it had for years unsuccessfully though perseveringly and energetically attempted—was soon fulfilled; and its name was placed on the first Council chosen under the new Act for the regulation of the medical profession in Great Britain. This, we believe, could not have been done, had the Association continued to represent but a section—however important—of the profession.

The British Medical Association has, doubtless, other great and prominent works in store to be carried out; but it is not only in these that is manifested the benefit derivable from it. Its silent influence is great. Professional rectitude is at once assisted on and encouraged; and men who would otherwise be unknown to each other are brought into contact, and part only after having become mutual gainers, morally and professionally, by their intercourse. And through what other means than through the calm steady influence of such an Association as ours, could we expect to see such a fraternisation of the profession as we are likely to see in London next week?

The meeting of the Association in London is indeed a great fact. It is the act which confirms to the Association its title of British. It removes the last traces of the distinctions in our body between provincial and metropolitan members. The London members, recognising the Association but as one great brotherhood, now offer to their country friends the return of that welcome which they have always received at former meetings, and seek to renew old and to develop new friendships. If any one be sceptical enough to ask concerning the Association, *Cui bono?* let him regard the meetings of next week. Let him ask himself whether it is a small thing to have led the ancient and aristocratic College of Physicians to cheerfully and gracefully open its doors to an assemblage where all ranks of the profession are received on equal terms. Let him consider, too, under what other circumstances the College of Surgeons would have been likely to offer the hand of social friendship in so kindly and liberal a manner as will be manifested on Tuesday evening.

There is truly a great meaning in this London meeting, and a great lesson to be learned from it. It points to increased powers, increased duties, and increased responsibilities, on the part of the Associa-

tion. May our gathering, while it unites us more closely in professional brotherhood with each other and with the whole profession, render the Association invigorated for the performance of its duties, and alive to all the responsibilities which must be attached to the position it has taken and the objects which it professes to follow!

The political functions of the Association may have been, in great part, abrogated by the establishment of a Medical Council. But what public body is there but this to exercise a powerful and effective action over the morals and ethics of our profession. What body, by conjoint action, is more capable of concentrating medical information for the advancement of medical science?

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## THE WEEK.

WE are sure that the members of the Association who visit London during the ensuing week will excuse us if we venture to make one suggestion to them. It is this. The hours of the meetings of the Association have been arranged for the purpose of allowing time for the visiting of the wonders, ordinary and special, to be seen in London during this year. We would, therefore, seriously ask our members to be contented with the time so allotted, and not allow the attractions of this vast metropolis to take them away from the business laid down on the programme. Most important papers have been promised us, as reference to the list will show; and the names of the gentlemen who are to deliver the three addresses—viz., Dr. Walshe, Dr. Sharpey, and Mr. Paget—are a sufficient guarantee of the excellence of the matter which their addresses will contain. We would therefore venture to impress upon all our members that it is a duty, as we are sure it will be a pleasure, to assist at this intellectual and scientific feast. Our orators have most assuredly the best of right to ask of us that we should at least "lend them our ears".

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OUR readers may remember that we thought it our duty to call special attention at the time to the matter referred to in the appended paragraph, and chiefly on account of the immoral defence set up by one of our contemporaries. The proceedings of the Commissioner of Lunacy show how correct was the view which we then took of the subject:—

"THE ASYLUM AND THE HOUSE OF COMMONS. The Commissioners in Lunacy mention in their report just issued that an incident occurred in the past year in one of the metropolitan licensed houses which called for serious inquiry. A patient, a member of the House of Commons, attended in his place in Parliament and took part in a division on an important public question. From the certificates, it appeared that this gentleman was subject to delusions impelling him to violence and rendering him dangerous to others. On his name being observed



in the division list, the commissioners wrote to the resident medical superintendent to inquire whether he was still an inmate of the asylum, and in reply were informed that he was, and that, although very much better, he was not considered well enough to be discharged. They found that on the morning of the day of the division the resident medical superintendent, accompanied by the patient, consulted the proprietor (himself a medical man) on the propriety of permitting the patient to take part in the vote that night, and that at this interview the proprietor impressively warned the patient, in the presence of the medical superintendent, of the serious danger that he might incur in the event of such an act. The medical superintendent, however, on his sole responsibility, and in the absence of the proprietor, allowed the patient to go to the House of Commons, at eight o'clock in the evening, unattended, and to remain absent until nearly two o'clock the following morning. The commissioners considered that the proprietor had been guilty of neglect; and they felt that, although the medical superintendent was in their opinion kind in his treatment of the patients, he had, in the exercise of duties confided to him by the proprietor, been guilty of a grave breach of professional trust, and that they had no alternative but to require him to resign his post."

HUNDREDS of workmen are busy at the Surrey Gardens, converting the Music Hall into hospital wards. St. Thomas's Hospital has been evacuated. The patients, seventy or eighty, last remaining in it, have been draughted off into Guy's. About three hundred beds will be provided in the Surrey Gardens. In the meantime, Guy's Hospital is, of course, crowded to overflowing.

THE coronership of the Southern Division of the county of Devon is vacant, by the death of Mr. Cockey. We hope the medical profession in the district will not lose the opportunity, which thus falls in their way, of endeavouring to follow the example of the freeholders of Central Middlesex.

THE Council of the London College of Physicians have reported to the College, that the Committee appointed for framing a draft of new bye-laws and regulations have at last completed their labours. The Committee have been engaged at the work for more than three years. These laws are now laid before the College for their final approval, which will doubtless be at once accorded.

At a trial which last week took place at York, the meaning of the Anatomy Act respecting the disposition of the dissected fragments of humanity, as they pass from the schools to the burial-ground, was interpreted by the learned judge. It was clear, he said, that the intention of the legislature was that "the bodies of dissected persons, who were directed to be 'decently interred in consecrated ground' should have the burial service read over them." The counsel for the prisoner suggested that, "inasmuch as the burial service was intended as a solemn rite for the consolation and benefit of the living, its

performance in the absence of all witnesses over the decayed fragments of a dissected body was improper and unbecoming." His views, however, were overruled, and the Rev. J. Livesey was found guilty by the jury of having made a wrong entry in the Registry but the judge was of opinion that he did not do so intentionally or to deceive, and evidently considered his offence as of a very venial character. We refer to the case, because it is evident, from the decision of the judge, that all teachers of anatomy would do well to take especial care in rightly carrying out the intentions of the Act. In fact, it is very clear that the smallest infringement of it might bring the teachers aforesaid into trouble. There can be no doubt that it is very advisable that in all respects as far as possible at least, the purport of the Act should be faithfully complied with.

LAST week, in the House of Commons, Mr. Lowe was asked :

"Whether it was the intention of the Lords of Privy Council to permit gentlemen who have the diploma of the Royal College of Surgeons, and who have also undergone an examination in vaccination, and have obtained a certificate of competency in vaccination, to receive the appointment of public vaccinator wherever Boards of Guardians are disposed to make the appointment under such qualifications."

To this question, Mr. Lowe replied :

"That when Parliament established the system of compulsory vaccination, it became the duty of the council to see that the system of vaccination was as good as possible; and regulations were established under which persons properly qualified were enabled to contract with Boards of Guardians to perform the duty of public vaccinators. Inquiry was made into the state of instruction in vaccination, and it was found that of the bodies which gave medical and surgical degrees, none took any care at all about the instruction of their pupils in vaccination. The Committee of Council established fifteen stations in England, presided over by persons whom they knew to be skilful vaccinators; and they required that every person who took his medical degree after 1860 who wished to contract with Poor-law guardians, should produce a certificate of qualification in vaccination from one of these fifteen stations. Care was taken that there should be a station near every place of medical education in England. These were the precautions which were taken. He was now asked whether it was not considered right to relax these precautions in favour of gentlemen who have the diploma of the Royal College of Surgeons. He did not think it would be right to do so, and for this reason: the Royal College of Surgeons did not give instruction in vaccination to their pupils; nor did they examine them to ascertain that they were vaccinators. They only required that some certificate should be had from a medical practitioner that the candidate could vaccinate. He did not think that was a sufficient security; and it was, therefore, proposed to adhere to the present system of requiring a certificate from some person who was known to be well qualified as a vaccinator for these appointments."

M. J. Béchard has been appointed Annual Secretary of the French Academy of Medicine, in the place of M. C. Robin. M. Dubois reminded the Academy on the occasion, that, forty years ago, it



22, the illustrious father of M. Béchard was the 11th Annual Secretary elected by the Academy.

Dr. Lodewyckx, the Dean of the Brussels doctors, lately died there, at the age of eighty-one.

M. Colin asserts, contrary to the ordinary received opinion, that the lymphatic vessels absorb in the same manner as the veins; and that although, under ordinary circumstances, they perform no other action than that of collecting the plasma, they will take up soluble substances, and take them up rapidly and in large quantity. By the aid of small tubes inserted into the thoracic duct and into the lymphatics, M. Colin has been able to collect chyle and lymph, and has thus demonstrated the direct absorption by these vessels of a large number of soluble substances.

The memory of Amédée Bonnet has been solemnly honoured at Lyons. On July 2nd, the inauguration of his statue was celebrated amidst a crowd of notabilities, administrative, scientific, and literary. All that could be said of his virtues and excellences was said, as our readers will believe when we tell them that "discourses" were delivered on the occasion by M. Bouillier, Nélaton, Marjolin, Teissier, Barrier, Day, Ollier, and Chauveau! "At three o'clock," we read, "the veil which covered the statue was removed, and the likeness, almost living, of Bonnet was revealed to the eyes of the crowd, amongst whom he counted as many friends as admirers. Erect, his head bent forwards, with an aspect of meditation and serenity—in that persuasive attitude of instruction which was his glory—the professor lives again. He is not speaking; but, better, we feel that he has just been speaking; and an expressive gesture marks the effect of his language. Here there is neither the passive immobility of a person who *poses*, nor the excited expression of the painter who would take him in the midst of his discourse. What we note is the familiar movement, energetic and sustained, through which is revealed the abounding thought and the abounding conviction so forcibly imprinted in the works and in the teaching and in the life of our colleague."

In September next, a meeting is to take place in Milan, for the purpose of establishing a Medical Association in Italy.

The Austrian Emperor has bestowed upon Rokitsky the title and office of Councillor (*Hofrath*), to which a good salary is appended. Thus an old debt, says *Wien. Med. Zeit.*, has been in part paid. Rokitsky had not hitherto obtained that unembarrassed position which a person of his merit deserves, and which would enable him to devote his whole attention to science.

Do the increasing deaths from chloroform, asks the *Gazette Médicale de Lyon*, excite more attention in England than in France? No. We alone of all

the medical journals point out these deaths and lament them. As to the English journals, whilst inviting surgeons to be careful, they coldly admit that a certain proportion of deaths is the natural penalty attached to the immense benefits which result from the induction of anæsthesia.

At a late meeting of the Société Med. Prat. at Paris, M. Sichel presented a young girl who, having been affected in both eyes with adherent capsulolenticular cataract complicated with iritis, had been subjected to the operation of double iridectomy with linear extraction, and, thanks to the operation, had recovered her sight. The left globe is in a state of atrophy, and is covered with a slight exudation, the result of the inflammation caused by the operation—another proof of the fact that iridectomy is not a certain means of either curing or removing chronic iritis. M. Sichel explains the benefits which have been obtained from iridectomy in certain pretended cases of glaucoma to an error in the diagnosis. He, however, reserves his final opinion of the operation, not having hitherto had occasion to resort to it except in cases in which the perception of light was more or less completely abolished. With regard to the extirpation of a diseased eye, practised for the purpose of preserving the sound one, M. Sichel says that it is an operation which has been greatly abused of late. It is undoubtedly true that a disease in one eye may at last affect the healthy eye; but affections of this nature very often depend upon constitutional causes; and, when this is the case, it happens that the healthy eye becomes at last affected as the result of the diseased constitutional conditions. The extirpation of the eye primitively affected cannot in any way cut short the influence of these constitutional causes upon the healthy eye. The general affection of the body was the original cause of the ocular disease, and is also the cause which keeps up the disease; and the right treatment, therefore, for the preservation of the healthy eye, is to attack by therapeutics the general affection. M. Sichel also remarked, that his observations of the good effects of general treatment in diseases of the eye had often led him to combat the too frequent tendency to surgical operations in these diseases.

Dr. Leopold Kohn, an Austrian military surgeon, shot himself in Temesvar, on account of an insult received from an officer. The officer refused to fight him because he was a Jew. He shot himself outside the town; and his body was found naked, his clothes having been all stolen.

A fratricidal war between physicians and surgeons is going on in Spain. The surgeons petition Congress to give them the right of practising medicine in villages containing less than two hundred souls. This seems modest enough; but the physicians oppose it tooth and nail, as an infringement of their interests.



M. Boudin concludes, from his statistics relative to marriages of consanguinity, "that these marriages in France are about 2 per cent. of the whole of the marriages of the country; that the proportion of the born deaf and dumb issuing from marriages of consanguinity is, in relation to the whole number of born deaf and dumb, at least 25 per cent. at Lyons, 28 per cent. in Paris, and 30 per cent. in Bordeaux; that the proportion of born deaf and dumb increases with the degree of consanguinity of the parents. If 1 represents the danger of producing a deaf and dumb child in an ordinary marriage, the danger is 18 in the marriages of cousin-germans, 37 in the marriages of uncles and nieces, and 70 in those of nephews and aunts. At Berlin, 1 deaf and dumb is found amongst every 10,000 Catholics, 6 in every 10,000 Protestants, and 27 in every 10,000 Jews. In other words, the proportion of deaf and dumb increases with the facility accorded by different forms of worship to unions of consanguinity. In one of the United States, in 1840, 2.3 deaf and dumb were counted amongst every 10,000 whites, and 212 amongst every 10,000 slaves; that is to say, in the coloured population, amongst whom consanguineous and even incestuous unions are common, the proportion of deaf and dumb is ninety-one times greater than amongst the white population. The deaf and dumb are not always the *direct* production of consanguineous parentage; for they sometimes arise indirectly from marriages in which one of the parents was issue of a consanguineous marriage. The most healthy consanguineous parents may produce deaf and dumb; on the other hand, the deaf and dumb parents, non-sanguineous, very rarely produce deaf and dumb children. Consequently, the frequency of deaf-dumbness in children, issue of consanguineous parents, is entirely independent of hereditary disease. The number of deaf and dumb often increases in a very marked manner in localities in which natural obstacles to cross marriages exist. Thus the proportion of deaf and dumb, which in France is 6 per 10,000, rises in Corsica to 14 per 10,000; in the Hautes Alpes, to 23; in Iceland, to 11, and in the Canton of Berne to 28, per 10,000. The number in all Europe is about 250,000. Marriages of consanguinity are also accused of producing in the parents infecundity and abortion; in the offspring, albinism, lunacy, idiocy, pigmental retinitis, and other diseases." It is only right to add, that M. Boudin does not give the sources whence he has derived the statistical details on which these conclusions are based.

Dr. Lautner-Bey has brought twelve young men from Egypt to Munich, to study medicine there under his superintendence.

The death of one of the most illustrious of the members of the French Academy of Sciences is announced—of M. de Sénarmont.

An epidemic of typhoid fever has been during the past winter raging at Besançon. In five months between 1,100 and 1,200 persons were attacked, of whom 160 died. The garrison suffers most; but the cause of the epidemic eludes discovery.

## HISTORICAL PICTURE PAINTING.

IN the French Academy there was some time since displayed an historical picture of Harvey. This picture was from the pencil of M. Fischel, and earned for him great applause. "It was a *chef d'œuvre d'art*, splendid in its conception, remarkable for its boldness of design and the brilliancy of its colouring." The art in it was grand, but the history was very defective; and at last M. Deschamps has said so in the *Gazette Médicale*.

M. Assolant's wit may have prepared Englishmen not to be surprised at whatever is said or thought of us in France; but we fancy our readers will open their eyes when we tell them that, in the aforesaid *historical* tableau, displayed at this illustrious Academy, the painter has represented Harvey in the act of *ripping open* the præcordial region of a young man, for the purpose of satisfying the curiosity of his royal master with the sight of a human living heart in motion! M. Deschamps points out the extraordinary ignorance or disregard of historical truth exhibited by the painter, and which has apparently been hitherto submitted to, or not objected to, by the Royal Academicians. He also points out a way to remedy the error. After giving a true account of the well-known incident referred to in Harvey's life, M. Deschamps says:

"Such is the history of a fact so unfortunately travestied in the picture of M. Fischel. But we need not ask him to sacrifice his work as an expiation of this sad mistake. With the suppleness of his talent, it is possible for him to remove the error. Let him convert the wound made in the thorax into an ulcerated opening and the bistoury in Harvey's hand into a spatula; let him free the unfortunate patient from the ligatures with which he is bound down, and, instead of an expression of torture, give him a calm and peaceful physiognomy befitting the situation."

M. Deschamps, who reads this lesson to the Academy, could not, however, conclude without himself exhibiting the most remarkable ignorance of two English historical personages! He says:

"The illustrious physiologist neither ordered nor could have ordered a man to be tied on a table, that he might leisurely cut open his chest. The King of England never desired such a monstrous immolation for the small satisfaction of touching the living heart of a man with his finger. To transform the immortal Harvey into a scientific fanatic, and to represent Charles I—a noble, benevolent, and generous monarch—as an inquisitive and cruel tyrant, is to outrage truth and justice. One person alone, Cromwell—one assembly alone, the Rump Parliament—could have (perhaps) been capable of witnessing without blinking the martyrdom of a man for the amusement of a king, and of assisting at the outrageous spectacle of such a crime."

We will only add that the Academy, for its own credit is bound to remove the infamous libel which has thus been scored upon canvas to the memory of Harvey.



# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

OUR readers will perhaps remember that last year I reported several cases of adulteration, practised by milk vendors in Liverpool. Since that period, the fraudulent dealers appear to have advanced a stage in their operations; for, within the last few months, instances of the adulteration of butter have been brought to light through the medium of the Health Committee. Two samples, analysed by Dr. Edwards, gave the following results. The first "contained about 20 per cent. of beef dripping." Of the second, he says:

"I have analysed a sample of fresh butter, sold at 5d. per pound, and I find it to contain about 60 per cent. of mutton dripping, and about 10 per cent. of salt and water, a fugitive yellow colouring matter, probably palm oil, and not more than from 20 to 25 per cent. of real butter. *It is quite unfit for food.*"

The law clerk said that, out of a feeling of commiseration for the shopkeeper, a widow, who sold the last specimen of butter, the purchaser did not wish to press proceedings. Some members of the Committee thought the parties ought to be exposed; others were against any steps being taken; and one learned councillor thought "palm oil was healthy enough." It was ultimately agreed that the law clerk should take proceedings according to law, against the parties who sold the butter; but this very proper intention of the authorities was frustrated, in consequence of the refusal on the part of the purchasers of the sophisticated butter to give the necessary information and assistance. This clearly indicates a necessity for some efficient mode of protecting the public against the evils of adulteration; and the more the question of introducing the Adulteration of Food Bill into this town has been agitated in the Town Council. It is very doubtful, however, as I endeavoured to show in my remarks in a former letter, whether the Act in its present form would be of any practical benefit.

In the cases just cited, a prosecution would, in all probability, have failed; for, in the first place, the vendors might plead ignorance of the fraudulent admixture; and, secondly, even if the existence of dripping and palm oil were satisfactorily proved, it might be fairly enough alleged that neither of those ingredients was prejudicial to health. As a matter of taste, we can readily imagine that palm oil would not improve the flavour of pie-crust, or buttered toast; but it is not so clear that it is actually injurious. The essence of the wrong in this, as in many other examples of adulteration, appears to be the substitution of an article inferior in value to that purported to be sold, constituting, in point of fact, a breach of contract on the part of the vendor.

The principle upon which the law can be most successfully brought to bear upon such cases, is by regarding the adulteration as a question of fraud, rather than injury to health or life; and if this view be correct,

the difficulty might be met without having recourse to any new act of Parliament, but simply by a modification of the existing law as regards fraud. At present there is no remedy against a breach of contract in buying and selling, unless it can be shown that specific damage has been sustained. Now, to meet the difficulty, it would only be necessary to extend the operation of the statute so as to constitute it an offence *ipso facto*, to substitute any other article for that which is purported to be sold; making the substitution or adulteration in itself penal, irrespective of the question as to whether it be injurious or not. I must not, however, pursue this subject further, or I shall lay myself open to the rebuke, "*ne sutor ultra crepidam.*" As the lawyers tell us that "wherever there is a wrong there is a remedy," we must, I suppose, be content to "eat our peck of dirt" uncomplainingly, until some Solon can point out the specific legal cure for this acknowledged and but too prevalent social disease.

The following curious episode occurred the other day in our Coroner's court. An inquest was held upon the body of a girl, aged seven years, who, it appeared, was taken ill a fortnight previously with jaundice. Her mother took her to the homœopathic dispensary on the Thursday, and procured some medicine, with directions how it was to be administered. On the following Monday, she took the child again to the dispensary, and obtained six powders. On her return home, she gave the child one of the powders, putting it upon the tongue, as the doctor had ordered. In about five minutes after taking the powder, the child became "quite silly," taking up the things from the breakfast table, and throwing them at the persons about. She then became raving, and continued so until three o'clock in the afternoon, when the homœopathic doctor came. He took away one of the powders, and returned in company with another doctor. They ordered injections, which were given as directed. The child continued very ill, and died on the Tuesday morning. Dr. Ayrton, who made a *post mortem* examination of the body, stated the cause of death to have been from convulsions from jaundice from natural causes. The Coroner asked Dr. Ayrton to look at the prescription. Dr. Ayrton said he was not sufficiently learned in homœopathic medicine to say what it was, as the homœopaths used ciphers and hieroglyphics of their own. The Coroner said he had been told by a medical man that most of the globules used were poison. Dr. Ayrton said he could not say anything about their globules being poison, but he believed that many wholesale houses made them of nothing but sugar. The body exhibited none of the evidences of poison. The jury returned a verdict in accordance with the medical testimony.

In the newspaper of the following day, a letter appeared from the house-surgeon of the Homœopathic Dispensary, in which he deplores "the lamentable ignorance of homœopathic medicine" displayed by the Coroner and the medical witness, but which is chiefly remarkable for the statement that "the dose in question was a tenth of [a grain of podophyllin]"—confirming upon homœopathic evidence that which has so often been demonstrated before, namely, that the professed



followers of Hahnemann have lost faith in and cease to practise the principles of their great master.

The candid statement of this apologist for the globulists has called forth a reply from another of the homœoquacks, who says: "From my experience during the last twenty years in treating the sick with homœopathic globules, from the twelfth up to the two-thousandth dilution, I have no hesitation in saying, it was the large dose, one-tenth of a grain of *podophylum* (*sic*) that caused the death of the child." It is satisfactory to be able to add that neither of these upholders of quackery appears to possess a medical qualification, as their names are not found in the *Medical Register*.

Since I last wrote, the Lancashire and Cheshire Branch has had its annual gathering at Manchester, under the presidency of our earnest and indefatigable associate, Mr. Southam. The able and interesting address which he delivered to an applauding audience has already been published, and therefore needs no further remark from me, beyond this, that the high professional tone and good feeling which characterised his allusions to certain subjects of some difficulty and delicacy were much commended by those present.

Passing over proceedings which have only a local interest, I may notice one or two matters which are, I conceive, not unimportant to the Association at large. The suggestion of Dr. Waters, the Secretary of the Branch, to institute an annual course of lectures at Liverpool and Manchester alternately, was favourably received, and referred to the Council to be carried into effect. This will, no doubt, be generally considered a move in the right direction; for, as Dr. Waters observed, considering the facilities afforded by the large medical population of the district—from 1,200 to 1,300—and the high position which they enjoy as medical men, it might be fairly expected that this Branch of the Association should do more for the encouragement of medical science, and that they should take up a leading position in that respect. How far this laudable project will succeed can, of course, only be known when it comes to be put into action. There can be no reason to apprehend any difficulty in finding lecturers competent and willing to do their part, but to provide good audiences may not prove so easy. The scheme certainly deserves, if it cannot command, success.

At the Branch meeting at Liverpool in 1861, the mode of electing the Council was discussed, and a pretty general expression of opinion was then elicited in favour of such a modification of the plan hitherto pursued as would render the Council a more thoroughly representative body. The change recommended by the Council this year at Manchester, was that five members should retire in rotation every year, to be reeligible for election, so that for the future the annual meeting, instead of electing the whole Council each year as heretofore, will have the power of appointing five members only. It was not explained how this curtailment of the elective power of the general body would tend to increase the representative character of the Council; but, as the proposal was adopted by the meeting, we must presume that the wishes of the members on this question have been complied with.

I should certainly pass over a most important and attractive portion of the day's proceedings were I to omit to mention the dinner, which was numerously attended, and apparently enjoyed and appreciated with all the usual zest and good humour. One portion of the after dinner speeches may possibly interest your metropolitan readers. The Dean of Manchester, who was present as a guest, in responding on behalf of the Bishop and clergy, alluded to his former connection with the metropolis, and especially with the Charing Cross Hospital as treasurer for a quarter of a century. He drew particular attention to the excellent management of that institution, commending it to the notice of the profession as a model hospital, particularly as regarded the admirable manner in which the accounts were kept, so as to prevent a single shilling of the funds from being wasted or appropriated to any other than the purpose for which they were given.

Although the meeting, on the whole, was considered a successful one, some little disappointment was felt at the comparatively thin attendance of our Manchester associates. The Liverpool and country members mustered pretty well; and we must hope that next year our Manchester friends will come over in a body to Liverpool, and prove that, although conspicuous for the absence on this occasion, it must be attributed to accidental circumstances, and not to their diminished interest in the welfare of the Branch.

I feel that some apology is due for sending you a letter which contains so little intelligence of a strictly medical character. Although there has been of late an unusual absence of medical or surgical events worthy of note, might have alluded to one or two cases of interest, but want of space obliges me to defer them to some future occasion.

THE IGNITING POINT OF COAL GAS. Dr. Frankland concludes:—1. Coal-gas cannot, even under the most favourable circumstances, be inflamed at a temperature below that necessary to render iron very perceptibly red-hot by day-light in a well lighted room. But this temperature is considerably below a red heat visible in the open air on a dull day. 2. This high igniting point of coal-gas, even under circumstances favourable to ignition at a low temperature, is due in a great measure to the presence of olefiant gas and luminiferous hydrocarbon which prevent any depression of the igniting point by the presence even of comparatively large quantities of bisulphide of carbon vapour. 3. The igniting point of explosive mixtures of the gas of coal mines is far higher than that of similar mixtures of coal-gas; consequently, degrees of heat which are perfectly safe in coal mines may ignite coal-gas; hence, also, the safety lamp is much less safe in explosive mixtures of coal-gas than in those of fire-damp. 4. Explosive mixtures of coal-gas and air may be inflamed by sparks struck from metal or stone. Thus an explosion may arise from the blow of the tool of a workman against iron or stone, from the tramp of a horse upon pavement, etc. 5. Explosive mixtures of coal-gas may also be ignited by a body of a comparatively low temperature through the medium of a second body whose igniting point is lower than that of coal-gas. Thus sulphur, or substances containing sulphur, may be inflamed at a temperature far below visible redness; and the contact of iron below a red heat with very inflammable substances, such as cotton waste, may give rise to flame which will then, of course, ignite the gaseous mixture. (*Chemical News.*)



# Association Intelligence.

## ANNUAL DINNER OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS who intend to be present at the Annual Dinner of the British Medical Association, on Friday, August 2, and who have not notified the same to the Secretaries, are earnestly requested to do so at their earliest convenience, in order that the requisite arrangements may be made.

A. P. STEWART, M.D.,  
74, Grosvenor Street, W.;

ALEXANDER HENRY, M.D.,  
15, George Street, Portman Square, W.,  
*Honorary Secretaries.*

London, 31st July, 1862.

## YORKSHIRE BRANCH: ANNUAL MEETING.

THE Annual Meeting of the Yorkshire Branch was held at the Museum, York, on Thursday, the 17th July, Dr. SHANN, M.D., President, in the chair.

The President, on taking the chair, delivered a valuable address, which the meeting requested he would allow to be published in the JOURNAL.

*Report of Council.* The Secretary read the following report.

"In presenting their annual report, the Council of the Yorkshire Branch of the British Medical Association have great pleasure in announcing that the numerical strength of the Branch continues satisfactory.

"The past year has been unmarked by any important movement in medical politics; and, with the exception of the College of Surgeons having thus far not complied with the regulations of the Medical Council respecting the preliminary educational test for the registration of students, no event has engaged the attention of your Council demanding special notice. Your Council, however, are glad to find the College of Surgeons have arranged to carry out, in October next, the requirements of the Medical Council.

"Your Council have great pleasure in expressing their continued satisfaction with the manner in which the JOURNAL of the Association is conducted. They would bear their testimony to the value of the many contributions to medical science which have appeared in its pages; and they feel that the thanks of the Association are due to the Editor for his unceasing efforts in improving its scientific character, and for the high professional tone which has pervaded his articles. They consider the JOURNAL in its present improved condition holds out a powerful inducement for new members to join the ranks of the Association.

"Your Council would congratulate you on the election of our valued associate, Dr. Lankester, to the office of coroner for Central Middlesex. They hope the time is not far distant when it will be generally acknowledged that a medical education is desirable for the proper discharge of the office of coroner.

"Your Council are glad to find that one uniform *Pharmacopæia* for the three kingdoms, as provided for by the Medical Act, will soon be published by the Medical Council; but they think that your attention may be well directed to the important change proposed in the standard weights of such *Pharmacopæia*.

"Your Council anticipate much benefit to the Association from its approaching meeting in London. They watch with pleasing interest the liberal arrangements which are now in progress, both on the part of the members of the Association and the Colleges of Physicians

and Surgeons, to ensure its success. They hope a new era in the prosperity of the Association will date from this great metropolitan gathering."

Mr. NORTH proposed, Mr. PALEY seconded, and it was unanimously resolved—

"That the report be received and adopted."

*Branch Council for 1862-3.* Mr. MATTERSON moved, Mr. PALEY seconded, and it was resolved—

"That the members of the Council for the past year be re-elected."

*Representatives in the General Council.* Mr. NORTH proposed, Mr. GARLICK seconded, and it was resolved—

"That the following members be nominated to represent this Branch in the General Council of the Association during the ensuing year: F. Branson, M.D.; C. Chadwick, M.D.; W. D. Husband, Esq.; Henry Jackson, Esq.; W. Hey, Esq.; T. Nunneley, Esq.; and H. Y. Whytehead, M.D."

*Place of Meeting next Year: President-elect.* Mr. TEALE moved, Mr. HUSBAND seconded, and it was unanimously resolved—

"That the next place of meeting be Sheffield, and that J. Haxworth, Esq., be the President-elect."

*The New Pharmacopæia.* Mr. HUSBAND proposed, Mr. DODSWORTH seconded, and it was unanimously resolved—

"That this meeting express its strong desire that the alteration of the value of the grain weight, proposed by the *Pharmacopæia* Committee of the Medical Council, may not be finally adopted, without being re-considered by the Committee, more especially as this meeting entertains grave doubts as to the propriety of such change; and that a copy of this resolution be forwarded to the President of the Executive Committee and the President of the *Pharmacopæia* Committee of the Medical Council."

*Homœopathy.* Mr. HUSBAND moved, Mr. NORTH seconded, and it was resolved—

"That this Branch, having learnt that Dr. Deas and Mr. Williams are connected at the Coatham Convalescent Home with a homœopathic practitioner, feels it to be its duty to express a strong opinion of the impropriety and inconsistency of medical men by so doing sanctioning a gross medical heresy."

*Votes of Thanks.* A cordial vote of thanks was accorded to the President for his valuable address, and for his conduct in the chair.

The Secretary was requested to continue his duties, and received a vote of thanks for his past services.

*Dinner.* The members and visitors dined together at the Royal Station Hotel; Dr. Shann in the chair.

## Correspondence.

### MR. PUCKETT'S CASE.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Your kind insertion of my letter relative to the terrible death of poor Puckett, together with your leading article on the subject, have, I am happy to say, induced about 150 medical men and 100 of the nobility, members of Parliament, gentry, and others, to forward nearly £400 in aid of the fund for the support of the widow and family of the deceased; but as the interest from this sum, when invested, will be quite inadequate for their support, I am reluctantly compelled still further to urge their claims on the sympathy of the profession and public at large, and trust that a larger sum may yet be forthcoming; as, after the debts of the deceased are paid out of his property, there will only be left from that source a very few pounds. The family, in fact, are literally dependent on what we may raise for



their support, as the widow's state of health precludes her doing anything.

Subscriptions by cheque, P.O. order, or stamps, may be forwarded to me, or to the Wilts and Dorset Bank, Weymouth. Col. Gilpin and other gentlemen have kindly consented to act as trustees, and, therefore, no fear need arise as to the proper application of the money.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July, 1862.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** The following gentlemen passed the preliminary examination in the subjects of general education, on July 26th:—

Allen, Charles Bracebridge, 35, Dartmouth Street, Westminster  
Beckingsale, Edgar William, Newport, Isle of Wight  
Fairbank, Frederick Royston, Rugby  
Hatherly, Henry Reginald, Westminster Hospital  
Lay, Thomas Richardson, Havering, near Romford  
Sharp, David, 13, Londoun Road, St. John's Wood  
Wadsworth, Godfrey Bingley, University College

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen passed their primary examinations in Anatomy and Physiology, at meetings of the Court of Examiners, on July 22nd, 23rd, and 24th; and, when eligible, will be admitted to the pass examination.

### *St. Bartholomew's Hospital.*

Moon, Robert Charles Wills, Charles James  
Nash, Walter Llewellyn

### *Grosvenor Place School.*

Dermott, Fitzherbert Pettinger, William Murr  
Gregson, George

### *Guy's Hospital.*

Beeby, Walter Thomas Pooley, John  
Carver, Charles Handasyde Starling, George

### *King's College.*

Anderson, Edward Charles Fawcett, Francis Molineaux

### *London Hospital.*

McKenzie, John Watson, Thomas Wm. W.

### *University College.*

Arnott, Henry Rogers, William Moon  
Fuller, James Mortimer Sharp, George Wyatt

### *Cork School of Medicine.*

Barter, Richard Meyrick, Edward W. W.

### *Dublin School of Medicine.*

Baird, John Fennelly, Richard  
Denny, Charles John Ready, William John  
Edwards, John Henry Wynne, John Kendrick  
Evans, David

### *Edinburgh School of Medicine.*

Cameron, Archibald H. F. Rutherford, Edward  
Cornish, George Bishop Thyne, Thomas  
Dale, Frederick Whiteley, John  
Grosvenor, George Fox Williamson, Ninian A.  
Lowe, Robert Whittington Wood, Thomas Arthur  
Pratt, John Wright, Joseph Brampton  
Renton, George

### *Glasgow School of Medicine.*

Jones, John Thomas Wilson, Henry

### *Charing Cross Hospital.*

Langston, Thomas Birmingham School of Medicine.

### *St. George's Hospital.*

Whiting, James David C. Calcutta School of Medicine.

### *Middlesex Hospital.*

Wey, William John Hull School of Medicine.

### *Aberdeen School of Medicine.*

Drummond, Edward Leeds School of Medicine.

### *Belfast School of Medicine.*

Murray, James Liverpool School of Medicine.

Gill, George

## APPOINTMENTS.

\*MURRAY, G. C. P., M.D., appointed Physician-Accoucheur to the St. George's and St. James's Dispensary.

TEEVAN, W. F., Esq., appointed Surgeon to the St. George's and St. James's Dispensary.

WORDSWORTH, John C., Esq., appointed Surgeon to the Royal London Ophthalmic Hospital.

## ARMY.

BACOT, Staff-Surg. J. T. W., to be Surg. 89th Foot, vice J. H. Porter.  
BAXTER, Staff-Assistant-Surgeon P. C., M.B., to be Assistant-Surgeon 89th Foot, vice Sinclair.

BIRINE, Staff-Surg. T. K., to be Surg. 12th Foot, vice H. M. Webb, M.  
EVANS, Staff-Surgeon O. W., M.D., to be Surgeon 61st Foot, vice T. Ligertwood, M.B.

LIGERTWOOD, Surgeon T., M.B., 61st Foot, to be Surg. 4th Hussar  
LODGE, Staff-Assistant-Surgeon H. S., M.B., to be Assistant-Surgeon 2nd Foot, vice Sinclair.

McTAVISH, Assistant-Surgeon A. C., 72nd Foot, to be Assistant-Surgeon 60th Foot, vice Macarthey.

POPE, Staff-Assistant-Surgeon J. J., to be Assistant-Surgeon 72nd Foot, vice A. C. McTavish.

PORTER, Surgeon J. H., 89th Foot, to be Surgeon 97th Foot, vice A. Macrae, M.D.

ROBERTSON, Staff-Assistant-Surgeon A. C., M.D., to be Assistant-Surgeon Royal Artillery, vice W. T. Morgan, M.D.

STAPLES, Staff-Assistant-Surgeon F. P., to be Assistant-Surgeon 19th Foot, vice Hewlett.

TURNER, Staff-Assistant-Surgeon J. A., to be Assistant-Surgeon Royal Artillery, vice J. J. C. Rogers.

### To be Staff-Surgeons:—

BRADSHAW, Staff-Assistant-Surgeon J.

FITZGERALD, Staff-Assistant-Surgeon F. L.

SINCLAIR, Assistant-Surgeon J., M.D., 2nd Foot.

SINCLAIR, Assistant-Surgeon W., 93rd Foot.

### To be Staff-Assistant-Surgeons:—

ANDREWS, Assistant-Surgeon R. F., 2nd Dragoon Guards.

LAND, Staff-Assistant-Surgeon J., M.D., from half-pay.

MACARTNEY, Assistant-Surgeon J., 60th Foot.

## ROYAL NAVY.

BURKE, John R., M.D., Acting Assistant-Surgeon, to the *Severn*.

HILSTON, Duncan, M.D., Assistant-Surgeon, to the *Harrier*.

McCARTHY, Charles D., Esq., Assistant-Surgeon to the *Victory*, Haslar Hospital.

ROSS, William, M.D., Surgeon, to the *Melpomene*.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Riflemen's Volunteers):—

HOLMAN, H. M., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Sussex R.V.

MATHEWS, H. J. D., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Sussex R.V.

## DEATHS.

KANE. On July 21, at Bath, Caroline Anne, wife of W. Kane, M.D.

MACKLIN. On July 26th, aged 73, Charlotte S., widow of Charles Macklin, Esq., Surgeon, Buntingford.

SMITH, Thomas Johnson, M.D., son of \*Thomas Smith, M.D., Cheltenham, aged 23, on July 25.

WATERLAND, Henry J., Esq., Surgeon, at Burton-upon-Slather, aged 38, on July 23.

**THE MURDER OF MR. PUCKETT.** John Cox, the murderer of Mr. Puckett, was tried on Saturday last, and acquitted on the ground of insanity.

**THE FRENCH ARMY IN MEXICO.** M. Rideau, the principal medical officer, and Surgeon Gaynard, were decimated by yellow fever, having fallen victims to their devotion.

**EXEMPTIONS FOR DRUGGISTS.** It is probable that an act will be passed exempting chemists and druggists from serving on juries. At present members of the Pharmaceutical Society have not been exempted from the juror's duty. (*Soc. Science Rev.*)

**LUNATICS.** On the 1st of January, 1861, there were 24,845 insane persons in the asylums, hospitals, and licensed houses in England and Wales; on the 1st of January, 1862, 26,200, of whom 3,244 were deemed curable. 3,138 were discharged cured in the course of the year; 2,648 were discharged by death.

**THE PETROLEUM BILL.** A bill for the safe keeping of petroleum has passed a Committee of the House of Commons. The bill is not very definite in its wording; the preamble states that for the purposes of the act the word petroleum "shall include every product therefrom that gives off an inflammable vapour at a temperature less than 100° of Fahrenheit's thermometer." (*Science Rev.*)

**VACANCIES.** The following appointments are vacant: House-surgeon at the county lunatic asylum, Lancaster; assistant medical officer for the North Wales county lunatic asylum; junior house-surgeon and apothecary at the Liverpool Southern Hospital; medical officer for the West Monkton district of the Taunton Union; and dispenser to the Leeds General Dispensary.



**THE LATE MR. PITTARD.** Mr. Stone, of the College Surgeons, requests us to announce the receipt by him the following additional subscriptions in aid of the funds now collecting for the benefit of the widow and orphan children of the late Mr. Pittard, of the University of Sydney; viz., Dr. Bisset Hawkins, Lewell Lodge, Manchester, £5; and Professor G. B. Halford, of the University of Melbourne, £3:3.

**CRIMINAL LUNATICS.** Last year there were 970 criminal lunatics—750 males, and 220 females. In the year, 49 died, and 40 were discharged on becoming sane. At the end of the year, 799 were under detention, being an increase of 23, or 2.9 per cent., compared with the preceding year. The total charges for the criminal lunatics in the year were £26,701:6:11. In Bethlehem Hospital, where the whole of the expenses are paid from the public revenues, the cost per head is £43:10:8.

**TESTIMONIAL TO J. TOMES, ESQ., F.R.S.** On July 16th, at a dinner, presided over by S. Cartwright, jun., Esq., Mr. Tomes was presented with a service of plate, consisting of a massive silver tea and coffee service, with a centre piece, by Garrard, mounted on a stand, which bore on a shield the following inscription:—"Presented to John Tomes, Esq., F.R.S., by several of his brother-physicians, in acknowledgment of the many valuable services he has rendered to his profession. July 16, 1862."

**LUNATIC ASYLUM FOR THE CITY OF LONDON.** On July 16th, in the presence of some of the Lunacy Commissioners, and of the magistrates of Middlesex, the foundation-stone of a pauper lunatic asylum for the City of London, intended to accommodate 250 patients, and estimated to cost nearly £50,000, was laid at Stone, near Dartford. The site chosen for the intended asylum consists of upwards of thirty acres of ground in a commanding and healthy locality between Dartford and Greenhithe. The building will be erected from designs prepared by Mr. Bunning, the city architect, and approved by the Commissioners in Lunacy.

**PHYSIOLOGICAL STATE MINISTERS.** "It certainly would be prudent to have at least a physiological adviser in or for the Cabinet. Physiological abnormality suspected in a Minister of State, may precipitate needs calamities upon millions of citizens. But the *mens sana in corpore sano* is almost indispensable to a wise administration of national affairs. We know that President Lincoln is a wonderful example of sound physiological health. Happy will it be for our country and the world if his Ministers of War, of State, and of Finance were in an equally normal physiological condition. We thank God for the sound health of our best generals." (*Am. Med. Times.*)

**BRITISH MEDICAL ASSOCIATION.** The British Medical Association, like other societies on which the International Exhibition has exercised an attraction, will hold its annual meeting this year in London. This Association, founded in 1832 by Sir Charles Hastings of Worcester, now numbers in its ranks more than two thousand members of the medical profession, resident in all parts of the United Kingdom. In the twenty-nine annual meetings already past, the Association has visited Manchester, Liverpool, Edinburgh, Birmingham, York, Hull, Leicester, Brighton, Canterbury, Norwich, and several others of the more important towns and cities. On the present occasion, if a judgment may be formed from the programme which has been issued, the gathering will be numerous, and the proceedings interesting to the members. The society has done much good, we understand, in propagating a healthy tone of professional morality: and especially by the decided stand it has made, both in its meetings and through its journal, against the encouragement sometimes heedlessly given by practitioners even of high standing to homœopathy and other kindred abominations. (*Soc. Science Rev.*)

**THE FLINT DRIFT.** Dr. Montucci has written to the French Academy of Science to propose a new solution of the difficulty arising from the fact that no human bones have anywhere been found in conjunction with the flint implements discovered near Amiens, as also near Baggy Point, North Devon, in the gravel near Bedford, also near Wells, in Somersetshire, etc. It being undeniable that those flints have really been worked by human hands, the only way of accounting for the absence of human bones in the drift belonging to the quaternary period appears to be that the primæval men of that period were in the habit of destroying their dead by fire; a custom which is to be met with at the very earliest dawn of our historical period. That no ashes or fragments of calcined bones have been left to corroborate this view of the case may, Dr. Montucci thinks, be explained by the evanescent nature of such remains, which may have been either dispersed by the winds or washed away by the rains, it being highly improbable that the men of the quaternary period should have been civilised enough to be acquainted with incombustible tissues or the art of pottery, whereby the remains alluded to might have been saved from destruction.

**AN ACTION AGAINST A SURGEON FOR IMPROPER TREATMENT.** In the Liverpool County Court, Mr. R. Storey sought to recover the sum of £5:1:6 from Mr. R. J. Campion, surgeon. The action had been brought to recover £5:1:6 for expenses that had been incurred in consequence of Mr. Campion having, as it was alleged, improperly treated a child of the plaintiff's. On the 2nd of June a stone was thrown by some party, and the child was struck on the ankle. The child was taken to Mr. Campion, and he examined the ankle. The ankle being much swollen at the time, he gave it as his opinion that it was broken, and treated it accordingly, applying bandages and putting splinters round it. On the 5th, Mr. Hughes, another surgeon, was called in; and he was of opinion that the bone was not broken. Mr. Irvine, another surgeon, also saw the child's leg; and he, too, was of opinion that the bone had not been broken. Mr. Hughes and Mr. Irvine were called, and the latter stated that when he saw the child it was five days after the accident; and there being then no swelling, it could be easily ascertained whether the child's ankle was broken or not; but there would be greater difficulty in ascertaining that fact when the accident took place, the ankle being then no doubt much swollen; and he thought Mr. Campion would be justified in taking the course he did under the circumstances. His Honour said that, after this answer, there was no evidence of want of skill or attention on the part of Mr. Campion, and he would accordingly give a verdict for the defendant.

**A SENSIBLE HOUSE-SURGEON.** At a coroner's court, held last week at the London Hospital, Mr. Dyte, the house-surgeon, having taken the oath on an English Bible with his hat off, was proceeding to give his evidence, when several of the jury said, "You are a gentleman of the Jewish persuasion?" Mr. Dyte: "Yes." A juror: "And yet you take the oath with your hat not on, and from an English Bible bound up with the New Testament, although there is a Hebrew Bible here?" Several jurors: "It is no oath. We don't believe you." The coroner: "Is the oath you have taken binding on your conscience?" Mr. Dyte: "Certainly, sir." The jury: "It is no oath. We don't want to hear him." The coroner: "The Act of Parliament is clear upon that point, gentlemen, that a witness is to be sworn in the form that is binding on his conscience. Pray go on with your evidence, Mr. Dyte." Mr. Dyte resumed his evidence, when the jury, with great animation, called out, "We don't want your evidence. We don't believe you. You are not sworn." The coroner: "The gentleman has stated that the oath is binding on him, and I, for my part, believe his evidence." Mr. Dyte: "Allow me



to explain. I do not believe that a solemn oath is less sacred in its obligations because a man has not a hat upon his head when he takes it. I do not see what difference it makes whether the Bible is in English or in Hebrew, for the truth is as much the truth in one language as the other; nor is the Old Testament of less authority or value because a New Testament happens to be bound up with it. The oath I have taken is, I repeat, perfectly binding on me." The jury, being doubtless conciliated by the witness's manner, and silenced by the clearness of his explanation, then allowed his evidence to be taken.

**ACTION OF CHLOROFORM ON THE BLOOD.** In the *Boston Medical and Surgical Journal* for March 28th, Dr. C. T. Jackson says, "When chloroform is inhaled into the lungs, the oxygen is abstracted from the blood, and, combining with the formyle, makes formic acid, while chlorine combines with the blood as a substitute for oxygen. Thus a portion of the blood becomes chemically changed, disorganised, and rendered unfit for its vital functions. I have now a phial of blood taken from a young lady killed by the inhalation of pure chloroform before me, it having been kept in my office, exposed to temperatures from the freezing point to above 80 deg. for more than six years, and yet it has not decomposed, nor has a single blood-globule settled to the bottom of the phial, nor has the colour changed in the least."

**CHARING CROSS HOSPITAL.** The annual distribution of the prizes took place on Tuesday, July 22d. The following gentlemen were the successful candidates:—*Anatomy*: Silver medal, Mr. William Carter; first certificate, Mr. Churchill; second ditto, Mr. W. Haydn; third ditto, Mr. T. C. Wigg; fourth ditto, Mr. W. H. Cope; bronze medal, Mr. W. B. Shorto; certificate, Mr. H. Willson. *Chemistry*: Silver medal, Mr. W. B. Shorto; certificate, Mr. C. Knight. *Surgery*: Silver medal, Mr. J. H. Simpson; certificates and books, Messrs. Fisher and Badcock; bronze medal, Mr. H. Willson. *Physiology*: Silver medal, Mr. William Carter; bronze medal, Mr. W. B. Shorto. *Medicine*: Silver medal, Mr. J. H. Simpson; certificate, Mr. T. C. Wigg. *Materia Medica*: Silver medal, Mr. J. H. Simpson; certificate, Mr. Churchill. *Botany*: Silver medal, Mr. William Carter; certificate, Mr. Churchill. *Midwifery*: Silver medal, Mr. Luke Fisher; first certificate, Mr. T. C. Skegg; second ditto, Mr. Badcock. *Forensic Medicine*: Silver medal, Mr. L. C. Badcock. *Practical Chemistry*: Certificates, Mr. Simpson and Mr. Churchill.

**DEATH FROM A CHERRY-STONE IN THE APPENDIX VERMIFORMIS.** An inquest was held last week, on Alfred John Scott, aged 17 years. Mr. Duckworth Nelson deposed that he was first called to attend deceased on Saturday evening, and found him suffering from bilious diarrhoea. On Sunday he improved, and on Monday he was decidedly better, and able to fetch his medicine. On Wednesday morning, at six o'clock, he was again called, and found deceased in his bedroom, sitting in a chair, leaning against a chest of drawers, dead. He made a *post mortem* examination of the body, and discovered, upon opening the abdominal cavity, that there was extensive extravasation of an opaque fluid, and on proceeding to investigate the cause thereof he found in the apex of the appendix vermiformis, a minute perforation, occasioned by a small cherry-stone, which had ulcerated its way partially through, and remained adherent to its aperture. Dr. Lankester, in summing up, remarked that it was well for the public to know what they were liable to in swallowing hard substances. He had known of instances where a small piece of a lobster claw, a piece of tobacco-pipe stem, and other hard foreign bodies, minute in size, had passed into the cœcum in the same way and caused death.

**AMERICAN MILITARY MEDICAL NEWS.** At Savage's Station, near where the railroad crosses the Chickahominy, it is reported that many thousand wounded men had been gathered on Saturday succeeding the ter-

rible battle at Gaines's Hill. Quickly the army was in motion at night towards the James river. The ambulances were insufficient for the transportation of all the wounded who had escaped from the field of carnage, where thousands still remained, and at once a large number of the surgeons volunteered to remain at the Station, and, under the direction of Dr. Swinburne, gave themselves to the duty of attending the wounded who must be left on the field with the enemy. Besides these surgeons, fifty nurses were also detailed and left.—The enormous amount of killed and wounded in this terrible week of battles in the army before Richmond fearfully demonstrates the fatality of the modern improvements and projectiles of warfare. Until we can know more definitely the actual fate of *twenty thousand* of our brave soldiers, and can also know the actual numbers of the enemy's forces, we are forced to the horrifying conclusion that full *forty per cent.* of all who engaged in the first two days conflict on either side are to be numbered among the killed and wounded; and that, after the loss of forces gained a more advantageous position, the massed legions of the rebels were mowed down at the rate of *sixty per cent.* of their entire strength. Never, since the days of Austerlitz and Waterloo, has surgery fought such a bloody field.—Endurance of physical effort is a well proved quality of our northern soldiers. After a week of successive and terrible battles, and a continuous movement of the Federal forces around to a new base of operations, the massed columns of the enemy were in their first onsets nearly annihilated by the steady and augmented energy of loyal arms; and finally, upon the concluding repulse of the enemy, went up a cheer that told with unconquerable strength was remaining.—Surgeon-General Hammond has spent the past week in visiting the medical corps and the hospitals of the army on the peninsula. To be in the medical service of the army is now a patriot's privilege; and we predict that it will soon become a higher honour than ever before to be a member of the medical staff of the American army. The Government has taken possession of the churches at Washington and Alexandria for the purpose of converting them into hospitals. It is stated that they are to be used only for convalescents, to relieve the crowded condition of the regular hospitals, and also provide for an emergency following a great battle.

**MANCHESTER MEDICO-ETHICAL ASSOCIATION.** The following petition was presented to the House of Commons on Monday, July 21st, 1862, by Thomas Bazley Esq., M.P.:—"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled. The petition of the undersigned on behalf of the Manchester Medico-Ethical Association humbly sheweth,—That the Act passed in the year 1858 and xxii Vict., cap. xc, entitled 'An Act to regulate the Qualifications of Practitioners in Medicine and Surgery' and generally cited as 'The Medical Act,' has, after fifteen years experience, been found inadequate to the requirements of the medical profession and the welfare of the public. That whereas the preamble to the said Act states that 'it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners,' the Act itself fails to define the titles and qualifications of such practitioners. That one great feature of the 'Medical Act' having been the formation of a 'General Council of Medical Education and Registration,' yet a recent instance seems to show that there are no satisfactory powers to compel the various licensing bodies to conform to the requirements of such Council. That whereas the Act forbids the assumption of medical titles by unqualified and registered persons, the fortieth clause has been decided by the judges of the higher courts to have failed in its intentions, and to be inoperative. That whereas the thirty-sixth clause forbids the appointment of unre-



ed persons to public services, hospitals, clubs, emi-  
ant vessels, and in other ways, no provision has been  
ade whereby this clause can be enforced. That al-  
ough the said Act professes to protect 'persons re-  
iring medical aid' from incompetent and unqualified  
rsons, yet it nowhere attempts to prevent or *prohibit*  
e practice of medicine or surgery by such incompetent  
unqualified persons. That a competent knowledge  
both medicine and surgery is indispensable to the  
actice of the medical profession, and yet the Act  
ows persons to register who may have under-  
ne the test of fitness by examination in one of the  
anches of the profession only. That the word '*sur-*  
*ry*' is very commonly used by unqualified and unregis-  
ed persons as a public inscription or sign on or about  
eir dwellings or places of business, thereby misleading  
e public, whom it is the intention of the Medical Act  
defend; and the said Act contains no provisions to  
et this evil. That offences under the penal clauses  
the said Act are proveable by 'implication' only,  
ich is generally deemed unsatisfactory by the judges.  
ur petitioners therefore humbly pray that, in conse-  
ence of the above-cited and other deficiencies in the  
id Medical Act, and its admitted failure after four  
ars of patient trial and experience of its workings,  
ur honourable House will give its attention to the  
bject, and devise such measures to prevent existing  
uses as shall, in its wisdom, seem most fit. And your  
titioners will ever pray, etc. JAMES LOMAX BARDSLEY,  
t., M.D., *President*; JOSEPH STONE, M.D., JONATHAN  
ELSON, F.R.C.S., *Honorary Secretaries*.

OPERATION DAYS AT THE HOSPITALS.

NDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.— St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.
ESDAY. ....	Guy's, 1½ P.M.—Westminster, 2 P.M.
DNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopædic, 2 P.M.
URSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.— London Surgical Home, 2 P.M.
IDAY. ....	Westminster Ophthalmic, 1.30 P.M.
URDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.— King's College, 1.30 P.M.—Charing Cross, 2 P.M.

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—JULY 26, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 887 } { Girls.. 871 }	1758
Average of corresponding weeks 1852-61 .....		1782

thermometer:  
 Highest (Mon.) 30.047; lowest (Wed.) 29.786; mean, 29.921.

thermometer:  
 Highest in sun—extremes (Sat.) 125.6 degs.; (Wed.) 70.5 degs.  
 In shade—highest (Sat.) 79 degrees; lowest (Tu.) 44.6 degs.  
 Mean—60.1 degrees; difference from mean of 43 yrs.—1.5 degs.  
 Range—during week, 34.4 degrees; mean daily, 20.4 degrees.  
 Relative humidity of air (saturation=100), 80.  
 Prevailing direction of wind, S.W.—Rain in inches, 0.11.

TO CORRESPONDENTS.

All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

RESPONDENTS, who wish notice to be taken of their communica-  
ons, should authenticate them with their names—of course not  
ecessarily for publication.

A. (BRISTOL).—We do not purchase back numbers of the  
OURNAL. We are glad to receive gifts of them for the accommo-  
ation of those of the associates who wish to complete their sets.

RELIGIOUS SERVICE AT THE MEETING OF THE ASSOCIATION.—  
SIR: I am sorry that some parties did not bring earlier before the  
members of our Association the subject of a service at church, as  
the first part of the programme of the proceedings at the annual  
meeting that is about to take place in London.

Having been a member of the Social Science Association from  
its foundation, and having been present at its late meeting in  
London, I attended the service at Westminster Abbey, and I had  
thought that the British Medical Association would do well to  
inaugurate its proceedings in a like way. But I felt that I was  
the only clerical member of the body, and that it might possibly be  
thought that I was about to intrude upon the lay members my  
special religious views, and therefore did not put forward my sen-  
timents. The matter has, however, been introduced, and I feel  
at ease now in expressing my feelings upon it.

I am a pretty old member of the Association, having struggled  
with it for nearly twenty years, through good report and evil re-  
port; and its proposed gathering in London brings before me the  
fact that I was the party who stood forward at the York meeting,  
seven years ago, and proposed, in the face of the most severe  
opposition, the change of name from "Provincial" to "British".  
Of course, the place of meeting could never consistently have been  
London, had the name not been changed; and I therefore feel  
some pride in the coming assembly, and wish, with all my heart,  
that it may be one upon which we can all look back with no small  
degree of satisfaction.

Let me, therefore, say that I sincerely wish for an introductory  
religious service. The Bishop of London would, I think, be willing  
to preach the sermon; and I would suggest that the parish church  
in which the building of the College of Physicians stands should  
be the place of service (St. Martin's in the Fields?). I feel, sir,  
more than I can express, when I think of this meeting. It brings  
so many things before my mind. When I look back on my con-  
nection of about twenty years with the Association—during which  
time I have spoken at its meetings and written in the JOURNAL  
on Medical Reform—and find that so much that I advocated has  
been accomplished, I am really delighted. One portion, the last  
instalment, so to speak, in regard to general practitioners, on  
which I laid much stress, has been granted by the College of Phy-  
sicians; viz., a license to practise medicine, which, combined with  
that of the College of Surgeons, renders it no longer necessary  
that they should be connected with a trading body.

But I must not enter further into general matters; and would  
only add, that my reception at the meeting of the Association at  
Oxford (when I rose to address it, and mentioned my change from  
one sacred profession to another still more so), will ever be re-  
membered by me with the greatest pleasure. I have, therefore,  
by a continuance of my membership, shown that a combination of  
Medicine and Divinity is one that can beneficially exist; and I  
trust the Association will prove it still further by having an intro-  
ductory service at church.

I have clung to the Association and to medicine, that I might  
advocate its legitimate claims with all my might. Let the feeling  
be reciprocal. We have the highest authority for saying that the  
healing art and Christian teaching may go hand in hand.

I am, etc.,                   Πρεσβύτερος, M.D.

FEMALE DOCTORS.—SIR: Our old friend Lindley Murray says—  
Male, Doctor.                   |                   Female, Doctress.

So surely our Universities need not hesitate to grant a degree to  
any of the genus "*homo*", who can pass the examinations, without  
putting the question of, are you a "lady" or a "gentleman" to  
each individual candidate? A "physician", according to Walker,  
seems "neutral", inasmuch as there are no physiциanness-es—his  
definition being "one who professes the art of healing."

I am, etc.,                   ASHBY G. OSBORN.

We beg to call the attention of In Nubibus and other correspond-  
ents to the Notice, that: We cannot attend to unauthenticated  
communications.

COMMUNICATIONS have been received from:—Dr. HANDFIELD  
JONES; Mr. T. M. STONE; Mr. WM. J. CHURCH; Dr. THOMAS  
SKINNER; Mr. A. B. STEELE; Dr. GREENHOW; Dr. G. SHANN  
Mr. W. NORRIS; Mr. A. G. OSBORN; Dr. THOMAS; Mr. RICHARD  
GRIFFIN; Dr. BURDER; Dr. JOHN HITCHMAN; Mr. WILLIAM  
COPNEY; Dr. TANNER; Mr. E. WOAKES; Mr. R. EVANS; THE  
SECS. EPIDEM. SOC.; and Dr. DIEUDONNÉ.



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**Caution about Spurious Imitations, etc.**

CAUTION.—J. T. DAVENPORT received from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff, the sole discoverer and inventor, his RECIPE for this invaluable preparation, which has never been published made known; hence there can be no other maker, and anything compounded as Chlorodyne besides a spurious imitation and deception.

**TESTIMONIALS.**

"I have now for fifteen months used Dr. J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agent. In FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a number of times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Ancyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size; and gives no uneasiness. I have also given it in some cases of Phthisis, with marked result, especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all medical men."

"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

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(Signed) "JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital, 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe and think very highly of it. Yours faithfully,

Mr. Twinberrow, Edwards Street.

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# Addresses and Papers

READ AT

THE THIRTIETH ANNUAL MEETING OF  
THE BRITISH MEDICAL  
ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

THE

## RESIDENT'S ADDRESS.

BY

GEORGE BURROWS, M.D., F.R.C.P., F.R.S.,  
PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL.

taking possession of this Chair in succession to a gentleman who so ably presided over the Association at our last anniversary, I assure you I am not unconscious of the responsibility I incur. It is possible not to feel the difficulty of the task of addressing the members on this day, which will ever be memorable in the annals of the Association, and not less so of the attempt to satisfy your reasonable expectations, and to raise the theme of this discourse to a tone commensurate with the occasion. I hope it will be in unison with the feelings of all, and I congratulate the members upon the auspicious event, that by the liberality and courtesy of the President and Fellows of the College of Physicians, we assemble this day within the walls of this time-honoured Institution. May the *genius loci* diffuse an elevating influence on all our proceedings; and may the very fact of our assembling in the library of this College, which has always prided itself upon the learning and moral tone of its Fellows, assure us that the British Medical Association is respected and appreciated by men who, from their education and position, and the traditions of their order, are naturally fastidious and cautious in admitting the claims of a new institution founded on a principle so different from that of their own. I should be wanting in respect and gratitude towards you, who have placed me in such an honourable and conspicuous position as that of President of the British Medical Association upon this the 5th of our meetings in the metropolis, if I did not express my anxious desire and firm resolve to exert myself to the utmost to make this meeting successful, satisfactory to the members, and conducive to the objects we all have at heart—the advancement of medical science and the elevation of the social position of our profession.

Without the cooperation and advice of the Committee of the Metropolitan Counties Branch, and the valuable assistance of the Honorary Secretaries, and especially of my indefatigable friend, Dr. A. P. Stewart, it would have been entirely beyond my powers to have attempted the performance of the various duties of President. In the name of the Metropolitan members, I cordially welcome our provincial brethren, and assure them that we experience a peculiar gratification in inviting them hither, and in reciprocating those kindly feelings and genial hospitalities which have been so frequently and so liberally bestowed upon all who have had the good

fortune to attend the annual meetings in the different provincial towns of Great Britain.

At some of our provincial gatherings, a modest apology has been put forward that the locality or other adverse circumstances have prevented an adequate supply of objects of interest to occupy the leisure hours of members; but, I believe, it has rarely happened that those who have attended the anniversary meetings, have not been fully satisfied with the entertainment, intellectual and social, which has been provided for them. Here in the metropolis we can have no excuse of this kind to offer, should we fail to provide for the reasonable expectations and gratification of our members. The danger to be apprehended here is, lest the numerous attractions of the metropolis should withdraw our country friends from taking that active part in our proceedings which it is so essential should be carried on in the presence and with the cooperation and concurrence of a large number of members. Never was the truth of the axiom, *vis unita fortior*, more certain than when applied to a society like our own. One institution may derive its influence from its antiquity and from the prestige of great names; and another may have ample powers conferred to it by the legislature; but a strictly voluntary society, such as the British Medical Association, derives its force from the number of members on its roll, and attending the annual meetings, and from the unanimity with which the proceedings are conducted.

The unrivalled collection of works of art, of mechanical skill, and of Nature's products, gathered from almost every inhabited region of the globe, and displayed for our instruction and admiration in the International Exhibition at South Kensington, must offer irresistible attractions to our provincial members who have not previously enjoyed an opportunity of inspecting that wonderful collection. May we not reasonably hope that these successive displays of the industry, the inventive faculties, and the other peculiar qualities of the respective nations of the world, and of the products of the earth in various climes, may not only have the primary effect of stimulating art and improving manufactures, but still further, by bringing together numbers of the most intelligent and reflecting members of each community from different parts of the globe, the conviction may be brought home to the minds of all, that absolute perfection resides nowhere; that each nation has its distinctive talents, each country its special and superior products; and that the happiness of mankind will be promoted by this honourable rivalry and instructive intercourse, as well as by a peaceful interchange of commodities which are superior or superabundant in one country, but which are inferior or wanting in other countries.

If such benefits may arise from the intercourse of foreigners with each other, may we not fairly assume that the scattered members of a common profession, although usually kept apart by great distances of residence and by the imperious calls of duty, may derive great moral improvement by being brought from time to time from their homes to a common centre of attraction, and that centre being the anniversary meeting of the British Medical Association? The Council of the Association fully appreciate and recognise the claims of the International Exhibition upon the time and attention of the country mem-



bers, and have therefore made such arrangements of the daily business that the afternoon hours of each day shall be free to them for visiting and enjoying the Exhibition without forsaking the ordinary meetings of the Association.

Before I proceed further, and invite you to enter upon the business of this meeting, let us consider what are the chief objects of our Association.

This society, over which I have the honour of presiding, has now existed exactly thirty years, and was founded by our much respected friend, Sir Charles Hastings. By its original constitution, its operations and influence were confined to the provinces; and the two main objects to which the efforts of the Association were directed were, (1) the promotion and diffusion of medical science among the members, and (2) the maintenance of the honour and interests of the medical profession.

After a career of twenty years of great success and popularity, the Provincial Medical and Surgical Association determined upon extending the area of its labours, and the metropolitan practitioners were invited to unite with their country brethren. When this union was happily effected, the Association naturally assumed a new title, more expressive of its extended field of action; and it became the British Medical Association. This society, both before and since the assumption of its present designation, has been a strictly catholic medical institution, embracing all grades in the profession, liberal in its constitution, and free from all class or corporate prejudices; so that every legally qualified medical practitioner can become a member of the Association, if he desires so to do.

Such, then, are the objects and principles of our body, briefly enunciated. Let us now inquire how far the Association is acting in accordance with its avowed principles; and whether it tends to the promotion of medical science, and the diffusion of medical information among the members.

For a long series of years this Association published volumes of *Transactions*, in which are to be found numerous original papers of peculiar interest, contributed principally by the members resident in the country, and which contain the observations and local experience of provincial practitioners of great eminence. The JOURNAL of the Association, the recognised organ for the diffusion of intelligence, for reporting the proceedings of our various Branches, and for the reception of lectures, essays, and other contributions of more ephemeral interest, and which was formerly a provincial periodical, has long since become a metropolitan publication, and has, with varied success, competed for public favour with the other weekly periodicals. I think I may state that, during the past year, the JOURNAL has been conducted with singular ability, and with independent spirit; not only offering to members a series of essays and lectures from some of the most learned and talented men of our day, but the JOURNAL has also nobly and fearlessly vindicated those honourable principles which ought to support and guide us all through the slippery paths of professional life.

These annual meetings have stimulated researches of great value, and the results of which have been made known to and discussed by our members; while the most elaborate and carefully prepared reports upon special subjects relating to medicine and surgery have from time to time been presented to the

Association, and subsequently published in various forms. We look forward with confidence to the number and importance of the papers which will be submitted to your consideration in the course of the meeting; and especially do we anticipate that you will derive satisfaction and instruction from listening to the reports on Physiology, Medicine, and Surgery, which we are promised by three distinguished professors—Dr. Sharpey, Dr. Walshe, and Mr. Paget. It has long been my opinion that, on account of the vast extent of medical and the collateral sciences, and the large number of fellow-workmen in different countries simultaneously engaged in kindred pursuits, and the results of whose labours are to be searched for with much loss of time in the numerous foreign journals, that an annual *resumé* of the discoveries and of the present state of any department of our profession must prove highly interesting and instructive to men largely engaged in the duties of private practice, provided that such reports are prepared by men of ability, impartiality, and truthfulness. We do not doubt but that you will approve of the choice of the eminent men we have selected, and who have kindly consented to undertake the arduous task of preparing such reports for the present meeting.

The Association, then, I affirm, is not forgetful of one of its principal objects—the promotion of medical science, and the diffusion of information among its members.

Those amongst us who reside in the metropolis, in some of the great centres of British industry, may not feel the want of these anniversary meetings for the purposes to which I have just alluded; but those of our members who reside in rural districts, or in small provincial towns, these anniversary meetings, as well as those of the local Branches, I believe, are fraught with advantages which can hardly be too highly appreciated. The isolated rural practitioner, having rarely an opportunity of conferring with his professional brethren, has but slight encouragement to notice cases of interest passing through his hands; but, when he has the prospect of a Branch meeting before him, he is induced to observe more closely, to record the results of his observations, to reflect and reason upon his observations, and to commit his thoughts to writing; and the result often is an interesting paper communicated to the next Branch meeting. Each member of that Branch is benefited both mentally and socially by such efforts. Each occasion of contact and honourable collision with his fellow-labourers tends to improve the outer and inner man. As the pebbles on the sea-shore, by their contact and collision with each other at each succeeding tide, gradually lose their primitive roughness, and assume a graceful form and polished exterior, and, when moistened by the spray of the ocean, appear in most attractive guise, so is man, by coming in contact with his fellow-man, and by social and intellectual intercourse, raised to a higher order of being.

But let me now pass on to the consideration of the second, and, to my mind, not less important object of our Society. I believe the British Medical Association has been, and I trust ever may continue to be, a most powerful instrument to promote and protect the social interests and to elevate the tone of our profession. It was founded, as I have already said, in no narrow sectarian spirit; and the



who founded it and sustained it in its early days, who have guided its councils through the past many years, must look back with honest pride upon the results obtained through their anxious and steady labours. Never was an institution, free from class prejudices, and yet capable of exercising a moral control over its members, more required in our profession than at the present time, "when men run to and fro, and knowledge is increased." Since the formation of the Association, many important questions relating to the cause of humanity, the advancement of science, the welfare of the profession, have been agitated at our annual meetings; and the influence of the Association has upon many occasions been felt in the Houses of Parliament, where laws relating to the organisation and government of the medical profession, and its relations to the general community, have engaged the attention of the legislature. I venture to assert that an institution, founded upon the principles of the British Medical Association, is urgently required in the present day. Let me endeavour to illustrate and justify this opinion. It may be admitted as a truth by most reflecting persons, that institutions which are advantageous and profitable to society in one stage of civilisation, are so in another. When society progresses and civilisation has advanced, primitive institutions require to be remodelled, or they fail in exercising their former wonted beneficial influence.

In the infancy of trade and commerce, certain laws and regulations may be essential to their growth, protection, and prosperity; whereas, when trade or commerce has developed itself, has become firmly established, and has arrived at maturity, the very laws or regulations may act as shackles and impediments to the industry and enterprise of those who are engaged in such pursuits. Thus, in the history of England's commerce, we find kings and princes encouraging adventurous merchants to make voyages to distant regions and open new fields for trade, and offering premiums to such enterprises by granting monopolies.

These monopolies were originally granted, not as marks of royal favour for supposed services, but were considered as essential to the development and well being of commerce; whereas now the very monopoly has become odious, and such a restriction is deemed hurtful to the true interests of commerce. In like manner, particular trades and callings were placed under the protection and regulation of corporations, termed guilds or companies, and no man could follow his trade or calling unless he served his apprenticeship and became subordinate to his guild company. We know what extensive powers and extensive privileges were accorded to these corporations, and what political influence they formerly possessed. At length a period arrived in our history when the stripling trade of the country had made gigantic strides, that it could no longer be repressed and controlled within the limits and by the timid and narrow rules of these ancient corpora-

The bankers and money changers of former days have been, without injurious consequences, subordinate to the rules of the Goldsmiths' Company; who could expect that the enormous trade in gold which has sprung up and risen to such vast proportions since the gold discoveries in Australia, America, and elsewhere, and all the delicate fluctua-

tations of the money market, could now be subjected to the authority of the Goldsmiths' Company?

Again, the Grocers' Company, at the time of its incorporation, might well have supervised the trade in spices, tea, coffee, and sugar; but who could suppose that the multifarious transactions of the colonial market in the present day could be carried on under its former restrictions? Similar remarks would apply to many other trades and occupations, and to the corporations which have ruled over them; and to none more forcibly than to the late East India Company.

The formation, the rise and progress, the prosperity and influence, the decline of power and end of that great company, form an episode in our country's history of surpassing interest, and convey to us an instructive and encouraging lesson as to what may be effected by the voluntary association of a number of earnest industrious men. If we look to the beginning of that company's career, when it only possessed a factory on the banks of the Hooghly river, under the protection of a native prince, and then contemplate this body of merchant princes in all their affluence, might, and glory, exercising a paramount lordship over the ancient sovereigns of Hindostan, possessing a monopoly of the trade with India and China, and directing the destinies of two hundred millions of human beings, we are lost in surprise and admiration at the doings of this body of men. But this company, after a certain period, having done its work, having raised a fabric beyond its power to sustain, crumbled under its own superstructure, has passed away and become one of the beacons of the historian.

All the other corporations to which I have alluded have, in their day, conferred important services on some particular trade, or on commerce generally; but to each and all of these a period arrived when they required to be remodelled or adapted to a new order of things, or to be altogether superseded by institutions appointed to fulfil more extended functions. In no country of the civilised world have we seen a more firm adherence to that which is sound in principle, and at the same time a more gradual and happy moulding of the forms of political institutions to the advancing knowledge and wants of the community, than in our own.

In the earliest epoch of our own profession, when it was developing itself into its present forms, we find certain colleges or corporations were founded, and to them were assigned the government, improvement, and protection of the respective orders in the profession. We can hardly recognise ourselves as a distinct profession, dissociated from the priesthood in one direction, and from the barbers and grocers in another, prior to the grant of the charter to the Royal College of Physicians of London by Henry VIII. That charter was most liberal in its principles and comprehensive in its scope. To a certain number of learned men was granted (as the charter runs) the "supervisum et scrutinium correctionem et gubernationem omnium et singulorum medicorum utentium facultate medicinæ"; i.e. all that was necessary for the good government of all men pursuing physic in all its branches. But shortly subsequent to, and for some generations after, the grant of this charter, came the days of religious intolerance and political exclusiveness; and a charter, which was



framed for the good of all men of that faculty of physic, was perverted to political purposes, or to promote the selfish ends of a small section of the commonalty of physic.

Let us not judge too harshly the conduct of by-gone generations, nor of those who have preceded us on the stage of professional life. We may not approve of the course they may have adopted at some critical period; but we all know that when events have passed and produced their natural consequences, it is easy for those who come after to sit in judgment and pronounce which would have been the wiser course to have adopted at any particular juncture.

Whatever narrow or exclusive policy the College of Physicians may have pursued in earlier times, it must be confessed by all who will take the trouble of studying its annals, that that college has always upheld the learning and moral tone of its fellows, and thereby sustained and elevated the social position of the whole profession in England. Although the College of Physicians has recently greatly modified its constitution, with the desire to satisfy a want and to render the institution more useful to the mass of the practitioners in medicine, still it must be borne in mind that the Medical Act of 1859 has placed that college in a very different position to that which it occupied for three centuries previously. During that long period the college enjoyed almost a monopoly in the creation of physicians in England, and it was armed with stringent legal powers to enforce obedience to its regulations. Now this college no longer possesses this monopoly, but performs its functions conjointly and on equal terms with the Colleges of Physicians of Ireland and Scotland, and with the ten universities of the United Kingdom; while the exercise of its legal authority has fallen into disuse. Hence, then, the College of Physicians has no longer the power to regulate and control the practising physicians throughout England and Wales.

The second public medical corporation to which I must allude is the Royal College of Surgeons, and this is comparatively a modern institution, one of rapid growth and great power. It is only during the past century we can recognise it as a separate body; and only through a more recent period that it has exercised such extended influence on the character and position of a large portion of the profession.

The fame of John Hunter, based on his original and profound researches throughout animated nature; the custody of that great national treasure, the museum of that eminent man; the constellation of surgical talent, which arose after Hunter's death, and which was composed of his pupils and immediate successors, Cline, Astley Cooper, Abernethy, Brodie, Travers, Lawrence, and others; the augmentation and illustration of the Hunterian Museum by the labours, the talents, and the eloquence of Professor Owen—all these circumstances conspired to place the Royal College of Surgeons in a proud and commanding position, and have tended to raise British surgery to a high point of estimation, both at home and abroad.

Granting to the College of Surgeons all these honourable claims to distinction and scientific reputation, it may be questioned whether the constitution and policy of the governing body of that College have been such as to conciliate the feelings of, and to

maintain a wholesome moral influence over, the members of the corporation.

The recent deplorable disregard which the College of Surgeons has manifested for the regulations of the General Medical Council respecting the method of conducting the education of students entering the profession has again placed that College in a false position. Should the Council of the College of Surgeons unfortunately persist in the course it has lately adopted, and maintain its antagonism to the General Medical Council on all-important question of medical education, the result must be either that the regulations of the General Medical Council will be set at nought with impunity by other educational bodies as well as the College of Surgeons; or this latter body will ultimately be brought into lamentable collision with the General Medical Council before Her Majesty's Privy Council. It is well known that the legal authority of the Council of the College of Surgeons over the members is trifling; and I fear the moral influence of that body is impaired and inadequate to all the useful purposes to which it might be directed.

The third medical corporation or company which has had a powerful influence in bringing the profession to its present condition, is the Apothecaries' Society. This ancient body had a new and vivifying principle infused into it by the trusts confided to it by the celebrated Act of the year 1815. The able and faithful manner in which that Society has, for nearly half a century, discharged the duties imposed upon it by that Act of Parliament, has not only redounded greatly to the credit of the society, but I will venture to say, has almost revolutionised the whole profession throughout England.

The medical profession, as it was in 1815, cannot be recognised as it is in 1862. Under the gradual influence of the regulations of the Society of Apothecaries, the medical education of all grades of the profession in England has steadily advanced, and after half a century of progress, that Society has produced a new order of things, by the creation of a numerous body of gentlemen, who are no longer the apothecaries of 1815, but who, from their superior education and attainments, are naturally anxious to obtain a different professional status to that formerly held by members of the Apothecaries' Company. It is no reflection upon that Society which I publicly express my belief that their efforts to raise their branch of the profession have been eminently successful. I should exceedingly regret that my remarks were interpreted in any sense but that of respect and commendation.

It is, I repeat, but the natural consequence of the successful efforts of the Society in raising the education of their licentiates, that a higher tone of feeling should have been created among them, and that many of these gentlemen should be animated by the desire of obtaining an acknowledged professional status, different to that which was formerly held by the apothecary in this country. So long as the artificial demarcation between the different grades of the profession in England were sharply defined, and every man legally practising his profession was more or less closely affiliated to one of these three medical corporations, the moral government of the profession, although imperfect, was practicable. But when, by the improvement of education throughout the mass, the distinctions between the different



lers became less and less, and the lines of demarcation became more and more indistinct; and, still further, when, by recent legislation, a perfect reciprocity of practice was wisely established throughout the United Kingdom, numbers of men would necessarily be found practising their profession far beyond the control of their former Alma Mater, and still not acknowledging allegiance to any particular medical Corporation; and then, I say, the legal control and moral influence of these Colleges and Societies over the body of practitioners virtually ceased to exist.

I have thus endeavoured to take an impartial survey of the past, the present, and probable future relations of the three medical corporations towards the masses of the profession; and I cannot refrain from the conclusion that, both at the present time and for the future, these corporations, like those which, in olden times, were instituted for certain commercial purposes, cannot and will not fulfil an important part of their original functions; and that either some new institution, founded upon more comprehensive principles, and incorporated by the legislature; or some other numerous voluntary association, formed and based upon no exclusive principles, but embracing members of every grade in the profession, is wanted to supply this inability in the older institutions to exercise a wholesome moral influence over the whole medical community.

The British Medical Association, both in its principles and its formation, embodies this very idea, and supplies what I humbly think is a desideratum in the profession. The different medical corporations still rightly superintend the education, and test the qualifications, of those entering the three orders of the profession; but it must be some body having more general and acknowledged authority than they possess, which can exercise a real moral influence over the profession as a whole.

Judging by the experience of the last few years, it is not probable that the legislature would sanction the establishment of any new medical institution, or vest it with any controlling powers; but if the British Medical Association can, by its numbers and proceedings, carry public opinion along with it, then it has an intrinsic power, equal to any that could be wanted by the legislature, and this moral power may be applied to the production of the most beneficial results.

Another important feature of our Society, and which must not be lost sight of, is that, if any great justice is attempted to be inflicted on any section of the profession, or if any urgent want is felt for legislation upon any particular subject, then the anniversary meeting offers an arena where these topics can be brought forward and considered, and where, in a private conference among those most interested, by free open discussions, a remedy for such evils can be suggested, and supported by the united voices of a large number of fellow workmen.

Thus, then, I believe, this Association, if it be true to its fundamental principles, and keep certain great objects constantly in mind, has a noble mission assigned to it; and may, from the strength it derives from public opinion, exercise a most beneficial controlling influence, and be the means of sustaining a high moral tone among the members of the medical profession throughout the kingdom; and, therefore, say, *Floreat semper*.

## THE ADDRESS IN MEDICINE.

BY

W. H. WALSHE, M.D.

MR. PRESIDENT AND GENTLEMEN,—I. The weekly medical press, the graver quarterly journals, the semi-annual retrospects, and, above all, the literature itself which feeds the latter, set forth and register the particulars of last year's scientific and practical achievements. Herein abound, not merely the signs of that restless activity which will perpetually push to the surface amid large bodies of intellectual men, but the evidences of real, substantial advancement. Whether it be in our knowledge of the chemistry, the physics, or the dynamism of disease, the word progress is legibly inscribed on the records of the past year, as on that of many of its recent predecessors. Now, it seems to me, a brief inquiry into the ultimate causes and mechanism of this modern progress, especially in regard of its promise of durability and sustainment, may not unfitly occupy some portion of our time to-day.

II. The existing advanced condition of medicine, and its brilliant promise for the future, as a mass of positive knowledge, are, I think, primarily and essentially due to the spread of an improved observation among those working at clinical and subsidiary pursuits; to the patience, precision, and minuteness with which facts are investigated and recorded. In days not very far from our own, and even by the most eminent in our ranks, the observation of medical facts was more or less openly contemned; was disdained by pathologists of mark as the fitting task of the patient drudge, rather than of the man endowed with intellect capable of working out the alliances and repulsions of those facts, distinguishing their necessary, probable, contingent, and purely accidental relationships, inducing therefrom general results, and coordinating these into a system. The correctness of the facts themselves, absurd as this may seem, was treated as a matter of small importance. The first comer willing to undertake the work was accepted on his own guarantee as an efficient and competent observer; while it was reserved for the intuitive aptitude of the systematiser to distinguish and separate the real from the unreal, and arrive at an issue of pure truth from premises confessedly containing variable quantities of jumbled truth and error. But two causes have been fatal to imperfect observation, as a system, whether by proxy or otherwise.

The first of these causes is the failure, one after another, of pathological doctrines founded upon it; a failure necessarily entailed by the abiding, inseparable influence of the original quantum of admixed error; by the impossibility of fashioning a total of truth out of elements partly true and partly false. It has at length been perceived that fundamental unfitness underlies the whole process. The second cause is that observation is now undertaken by men fitted for the task; by men of large natural and trained endowment. And the toil is undertaken by these, because it is now generally conceded, and by them in particular has been intuitively felt, that the work of observation is alike difficult and exalted;



that to make an observer requires a combination of faculties as high (though in some sort of a different order) as to make a speculative thinker; that in the mass and main, and as a rule, to observe facts is as lofty an expression of intellect as to conceive thoughts. True, it must be admitted, that in some men, whom the *mens divini* illuminates, in whose brains a spark of the divine essence scintillates, thought is grandest; it goes before facts, it creates, it divines these, and leaves experience to drag its slow length along to the goal of Truth, itself has long since reached. But we speak of the ordinary type of intellectual men; not of those exceptional marvels, of whom some two or three are vouchsafed to the world in the course of a century.

The value of observation being granted, its true function in the establishment of medical doctrine being recognised, that the means of conducting it should be extended and improved followed as a necessary consequence. Hence that constant tendency to the employment of instruments of various kinds characteristic of the clinical investigations of the day—instruments which have enabled us, in many cases, to estimate the degrees of the objective phenomena of disease with an amount of accuracy, not figuratively but literally, mathematical. Hence the change that may be noted in the programmes of our medical schools. The direct education of observers is now made part of their schemes of instruction; the bedside training of the senses through which the objective signs of disease become intelligible; the bedside training of the judgment, whereby the reality of alleged subjective pains and aches may be estimated; the bedside training of the logical faculty that enables us to discriminate between the important and the unimportant, and fix on the true relationships of the complicated perversions of function and of structure we are called upon to unravel.

2. Coevally with this practical recognition of the place held by observation has arisen proportionate distrust of the efficiency of the deductive method. The abandonment of this method has followed. At last, we have acknowledged that in medicine there are no first principles within the reach of human intellect wherefrom we can descend to facts *ad libitum*; that there are no axioms in our science wherefrom we may fashion theorems and deduce propositions, that shall suggest pathological and therapeutical facts, and establish a doctrine of disease prior to experience. We have even recognised the cardinal principle, that whereas, in certain other branches of human knowledge, the deductive and inductive methods of attaining truth are both applicable—in fact, reciprocally sustaining, the one often supplying what the other is unable to give—in our sphere of mental work, the smallest step cannot be safely made by the light of deduction. We begin from individual facts, and rise to those general inferences which are our most comprehensive expressions of attainable truth. How different the mode of proceeding in that purely deductive science which deals with the properties of space and number! Here the beginning is with axioms—that is, with propositions by assumption so absolutely true as to be genuine truisms; and upon these axioms are founded the details known as geometrical science.

True, there have been persons credulous of the reality of first principles, *quasi* axioms in pathology; persons who have actually manufactured these, and

attempted to deduce therefrom the clinical developments of disease. We have had the *abstract* principles of Animism, Stahlianism, Controstul Broussaisism, etc.; and we have had the deductive method exhibited in the *concrete* form by Cullen in his oft-cited fanciful account of synocha—a disease which he neither professed to have encountered himself, nor maintained to have been seen by others, but which, on the faith of his “principles”, not only must exist, but must assume the characters, run the course, and affect the modes of termination, which he invents as he goes. Such achievements as this had their day; they are not likely to be revived. But it supplies us with a useful lesson or two.

It serves to counteract the easy indifference to truth, as conceived by most minds, involved in a procedure such as that of Cullen. And yet no real proclivity to falsehood existed in that man; he was probably as honest in his veneration of truth in the abstract as the most painstaking Baconian that ever stood, thermometer in hand, by the bedside of a pyrexial patient, trembling lest he should misinterpret by a tenth of a degree the temperature under the tongue. He was no more dishonest than that keen-witted philosopher Hume, who, both in morals and in political economy, went the length not only of preferring ideas to facts, and of professing an indifference bordering on contempt both for the process of their collection and for themselves when collected, but of maintaining that when the preconceived ideas of deductive philosophy and the actual observed facts clashed, the collision was unimportant; facts must yield—theory hold sway unchanged! No, it was not the man, but the system, that made light of truth. Cullen and Hume were both equally innocent of designed mendacity.

Again, it is curious to observe that, just as in other branches of knowledge—in theology and in morals, for example—so in medicine, wherever by whomsoever deductive philosophy was professed, a sort of terrorism was invoked to suppress the right of private judgment—to make the *sic volo, sic jubeo, sit pro ratione voluntas*, reign supreme. Note the arbitrary dogmatism of Broussais, splenetic, overbearing, and intolerant; see him denounce all theorists but himself, and revile searchers after facts as perverters of science and personal enemies; just as certain speculative theologians proclaim the toleration of any creed but that fostered by themselves as positive impiety—nay, sometimes denounce themselves bold enough to differ from them as enemies of the human race. Do I exaggerate in affirming that a few years past it was a work of danger, a sort of chivalry in the field of science, to oppose the prevalent dogma of the so-called physiological school, that a man who failed to comprehend was simply regarded as a dolt; while he who ventured to question took his place among the crazy ones of the day?

But if we may fairly assume that the deductive method is banished, as an acknowledged scientific instrument, from the domain of pathology; if, in equally certain indications of an unfortunate disposition to return to it every now and again marked by their appearance. And yet there can be no reasonable apprehension that any *à priori* systems of pathology will again take serious hold of the professional mind, if men will for once accept the warning offered by the history of the past. That history not only teaches us the absolute failure of all such systems, but shows that, so long as the deductive method p-



led, all progress must, if not solely, at least essentially, consist in the destruction of something it has gone before: the energies of genius must be wasted in negating the errors of the past.

It is noteworthy enough that the story of medical progress in this aspect gives feeble support to—nay, most clashes with—the notion held by some speculative historians, who regard the dominancy of inductive reasoning as specially characteristic of the Anglo-Saxon mind. The general proposition may be true, or it may be false (I rather think the latter); but unquestionably the Celtic mind of France has taken a very large, if not the largest, part in establishing the supremacy of induction as the real instrument for discovering medical truth.

3. Nor must we forget, as an element of modern progress, that the true function of hypothesis has been fixed. On the one hand, escaping the gravely of the deductive system, which first assumes a hypothesis, then assumes its absolute truth, and then reasons down to facts; on the other, we have learned to steer clear of the almost equally serious error of rejecting hypothetic positions altogether. Hypothesis is now valued at its worth; it is accepted as an instrument of suggestion; it is welcomed as a guide which guides the senses in the observation of facts, and so saves the frequent waste of time and energy in the search after and registration of particulars, that bear little or no relationship to each other, and must, *pro tanto*, prove insusceptible of furnishing general conclusions.

We are at the present day, also, fully alive to the danger of too freely utilising hypothesis, even in this subdued and purely suggestive fashion. We have learned to acknowledge that it is often difficult to resist the temptation of squeezing the facts to fit the hypothesis, for which, as a creation of our brain, we entertain much of the tenderness of a parent for his first-born, and which we cannot be expected to sacrifice without a struggle to the "pitiless logic of facts". And hence, perhaps, it is that many of the most solidly established propositions in pathology have been induced from pell-mell accumulations of individual facts, heaped together independently of any reformed idea whatsoever. Look, in illustration, at several of the most striking among the pathological "laws" discovered by Louis—"laws" which, taken one, would suffice to disprove the notion, held by some thinkers, that the search after a generalisation involves as a logical necessity the conception of a hypothesis. No! not only were the primary facts sought without guiding hypotheses, but in many instances they were thrown into groups by a natural process of attraction, untrammelled, unthwarted, and uncontrolled by any preconceived idea whatsoever. Still, this circumstance does not negative the value of hypothesis, cautiously employed in the suggestive sense. Only let us not take ideas for facts; ideas should be accorded a large place, submitted to the touchstone of experience, never rejected without trial unless on their very surface they bear the stamp of error, or adroitly seek to conceal an undercurrent of folly. In this sense, but in no other, ideas may be welcomed. Still, so few are the men capable of conceiving such ideas as shall withstand the rude test of experience—so much fewer are the men who, were their theory annulled, would calmly relinquish its propaganda—that I, for one, should grieve profoundly to see inscribed on the portals of

medicine any epigraph, no matter what venerated authorship it might claim, deifying ideas. I refuse to concede, with Wieland, as far at least as medicine is concerned, that "the situation of the most enchanted enthusiast is preferable to that of a philosopher, who, from continual apprehensions of being mistaken, at length neither dares affirm nor deny anything." (*Agathon*, English translation, vol. ii.) No! not preferable in the domain of physic. False theory must be worse than no theory at all, in a sphere of knowledge where speculation entails action, where the practice of an art flows from the doctrines of a science.

4. And so we pass on to the next cause of existing progress,—the recognition of the true significance of so-called pathological "laws." When Louis promulgated a series of general propositions, on which this title was bestowed, the word was accepted in a more absolute sense than it can fairly command. It was supposed by some ardent persons, that these laws were as stable as the laws of growth, decay and death of the organism,—nay, as the physical laws of the universe. It came to be held that it would be well nigh as positive an infringement of the order of nature, were tubercle found in any other organ of an adult, whose lungs were free from that product, as if the movement of bodies were detected in infraction of the law of gravitation. But the day of those fond delusions has passed away. We now know that those general results, which we took for the expressions of pathological laws in the sense of fixed, forced, preordained, and immutable relationships of antecedence and sequence (without reference to those deeper metaphysical meanings that underlie the idea of "law"), have nothing of this scope, of this absolutism, of this grandeur. A larger experience than that which originally worked out these presumed laws, has shown that they are not laws at all in the higher signification of the term. A law of nature knows no exceptions. These so-called pathological laws, on the contrary, are subject to perpetual exceptions. And in point of fact they are at best the generalised expressions of degrees of frequency. When we say it is a law of such and such a disease, that such and such a combination of circumstances occurs in it, we really mean no more than that, in a certain calculable majority of instances of that disease, that combination will occur. In thus relinquishing the ambition of establishing laws of pathology, assimilable to and coordinate with laws of nature, we appear, instead of advancing, to have receded. The progress here savours somewhat of a negative quality, it is true; but the ultimate value of surrendering vain pretensions has in all sciences been positive.

Closely linked to this improvement, allied to it in nature, stands the corrected estimate of the men of today concerning the true import and value of the numerical method in its application to clinical medicine. So long as any one mode of combination of certain clinical facts and conditions can only be spoken of as "more" or "less" frequent than another, or other possible combinations, the want of definiteness in the idea, and in its expression, wholly deprives both of either scientific or practical significance. But the case is changed at once by the aid of the simple process of counting; a distinct numerical value is substituted for the vague words "more" or "less." For conceding, as we have already done,



that these numerical expressions of precise degrees of frequency do not carry with them, either directly or inferentially, a revelation of "laws" in pathology, still they most certainly represent average combinations of the phenomena of disease in the mass, and so oftentimes furnish most valuable peeps through the obscurity surrounding the natural affinities and repulsions of morbid processes.

Now these numerical expressions are of course perfectly sound so far as the particular mass of facts, from which they were derived, is concerned; and they will continue to be sound if applied to a fresh mass of cases of the same nature, arising under similar conditions. But a function of more practical importance than this was at one time assumed for them; it was supposed that numerical expressions, signifying majorities of variable strength, might be subsequently applied in individual cases with almost unfailing surety. Is this the fact? I fear not. It may, for instance, be perfectly true—is perfectly true—that in the great majority of instances chronic peritonitis in the youthful adult is not only diathetic, but specially attached to a certain diathesis—the tuberculous: if not a law, which it certainly is not, this is at least a rule. But if we apply this rule to individual instances, and attempt by its aid alone to found the diagnosis of tuberculous peritonitis, possibly in the very first instance that comes before us, of a character to test the point, our faith in averages applied to individuals may be destined to be rudely shaken through the discovery that the chronic peritonitis before us sprang from cancerous, not tuberculous, seed.

Now in the recognition of the practical danger of a too absolute application of averages to individual instances, there is progress. Some years past there existed too great a readiness to trust to these averages as sure elements of diagnosis. Let us not, however, run into the opposite extreme of undervaluing them; even in this clinical sense they are of great subsidiary importance, and should never, in the balance of *pros* and *cons* in a difficult diagnosis, be omitted as more or less serious items of evidence.

5. But stimulating, sustaining, and guiding these means to improvement in medicine, is found what may be emphatically termed the dominant intellectual quality of the age, the spirit of philosophic incredulity and of independent inquiry and the absolute rejection of authority. The active faculty of doubting has acquired vigour, the passive endowment of blind faith has dwindled into decrepitude. Formerly we had a minimum of knowledge and a maximum of credulity; now we have an ever increasing quantity of fact and involved inference (that is, of true knowledge), and a perpetually decreasing aptitude to take things on faith.

As in theology and in morals, so in medicine; the conservative spirit has until of late years been almost omnipotent. To the mass of men "that which is grey with years is godlike"; and in no sphere of knowledge has this been more distinctly felt than in the medical. But of late we have escaped from this sort of willing bondage to the past. The time is gone when it was the highest merit to discuss with acuteness the opinions of writers who had gone before, illustrate their surface-sense, search out their deep significances (often where none existed), and in a word comment through opinion on opinion (*ignotum*, as it were, *per ignotius*) with scantiest reference to

original fact. These were the palmy days of tradition and its commentary. True, the spirit which feels that any given doctrine is not of necessity sound, simply because protected by the ægis of respectable names—the spirit without which the world would never have seen a Galileo, a Columbus, or a Martin Luther—is to be found frequently struggling for existence in the bygone historic and relatively recent periods of medicine; but of late years only has the spirit become absolutely dominant. No amount of personal achievement in an investigator, no perfection of intellectual brilliancy in a teacher, no universality of belief in any particular man's endowments, no humbleness of "hero-worship," will save any opinion, any creed, any statement of alleged facts from the critical revisal of the humblest and the newest worker in the field, or protect one or the other from inevitable destruction if that revisal detect a flaw.

And so the day is gone by when honest medical men could be found the active or passive supporters of flagrant absurdities, absurdities made decent and becoming by high-placed assurance of their wisdom. When that remarkable sovereign, William III (in some many aspects advanced beyond the spirit of the age he lived in) strove to discountenance the superstition of touching for the evil, he was almost the solitary man of mark in his dominions who at once felt the stupidity of the practice, and dared run counter to the popular tide of folly. On one single occasion is he reported to have yielded to importunity, and to have laid his hand on a patient; but on that occasion he at least soothed his moral and intellectual conscience by uttering the memorable words, "God give you better health and more sense." "Theologians of eminent ability and virtue," says Macaulay, "gave the sanction of their authority to this mummer's play" (*History of England*, vol. iii, p. 478), a fact at which the distinguished historian does not appear particularly to marvel; but he does signify his wonderment that medical men of high note were to be found among the supporters of the delusion. And yet, as long as the system of authority in matters of opinion prevailed, how could it have been otherwise? While certain sections of the Church consigned even William himself to perdition, by stigmatising him as an "infidel," because he refused to believe that the touch of a particular finger could destroy a constitutional disease, it seems well conceivable that the struggling disciple of Esculapius might not simply and alone have felt it inconvenient and dangerous to expose the imposture, but that his intellect might have been mastered by his fears, and that he actually ended by believing in the folly at which his common sense and experience originally revolted. And if things are now changed, if the medical profession as a body stands as the practical bulwark of the present day against superstition of all kinds, the reason is because they have shaken off the tyranny of authority, because they have learned to think for themselves, because they have recognised and utilised the elevating lesson conveyed in these sagacious and eloquent words of one of the greatest of English prelates, Bishop Hoadley, words which I have once quoted before in public, but which will bear repetition:—"Authority is the greatest and most irreconcilable enemy to truth and argument that this world ever furnished forth. All the sophistry, all the colour of plausibility, all the argument and cunning of the subtlest disputer in the world may be laid open and



ned to the advantage of that very truth which y designed to hide or to depress; but against *hority* there is no defence. It was authority ich would have prevented all reformation where s, and which has put a barrier against it where it not."

II. Such, it appears to me, are some of the essen- l causes of modern progress. The greatness of icine appears to be indicated in the very charac- of the conditions that make the groundwork of t progress. We do not, we cannot, doubt this atness ourselves; but is that greatness felt and nnowledged by the world without?

I. Among those who profess to think at all on the oject of medicine, a very general impression pre- ls that it is a study of limited scope but feebly ercising the mental powers. The uncertainty of ysic, registered even in professional aphorisms, is ealed to in vindication of the opinion, that it lds a low place among the various branches of an knowledge and inquiry. Its practice is dis- ragingly contrasted with that of the bar, which, it averred, calls into play all the higher intellectual ributes, and requires besides the gift of ready ex- ession, nay, of eloquent speech, that these attri- tes may be employed with the maximum amount advantage. But above all, the lay reasoner, who ghts medicine, fancies he has settled its intellec- al claims by affirming that it is not a science. t a science! True and false. True, unquestion- ly true, if we limit the term to systems of know- lge so perfect that from first principles we can ason down to individual facts, prior to the actual ervation of these; and then by the facts them- es, when observed, demonstrate the absolute truth e the principles which enabled us to foresee and to edict them. This prescient faculty, which is the milar power of astronomy, does not appertain, and nceivably never will appertain, to medicine: and in is sense medicine lays no claim to the rank and le of a science. The leading character of astro- my, the faculty of predicting individual facts as ll as classes of facts, lies beyond our sphere; let see how near to this *ultima Thule* of perfection e can reach. We begin by observing facts indis- iminately; we find that these, by reason of certain inities and resemblances, certain repulsions and fferences, subdivide themselves into natural groups; r scrutiny of the individual facts forming these roups, we find certain of the number distinguish- le by special characters from the rest, and arrang- g themselves in sub-groups; and, by continuing is process an indefinite number of times, varying ith the nature and complexity of the original ound from which we started, we reach the indi- dual facts again. By comparing groups and sub- roups of facts together, we succeed in tracing the ue to their alliances and repulsions; and, once ossessed of that clue, we can by its aid predict with ery considerable probability the future modes of rouping of similar facts under similar conditions. ut we cannot do this with surety. And we cannot edict for individual instances. For example, we ave learned to foretell from the observation of asses of cases of pneumonia, and from successive roupings and sub-groupings of these, that, under iven conditions of age, sex, constitution, season of e year, antecedent health, mode of treatment, etc., e rate of mortality will stand at a certain per-

centage; but we cannot even approach to certainty in attempting to determine what place a given indi- vidual shall hold in his class,—whether he in par- ticular is to live or to die. Here we are reduced to the calculus of probabilities, and prescient science is at an end.

But upon the same reasoning the title may be refused, though with less absoluteness, to chemistry. The reactions of bodies cannot by any means be always predicted, prior to their being brought in contact, out of general principles. If all forms of inductive knowledge are to be refused the rank of sciences, we must accept the sentence for medicine, and content ourselves with such comfort as may be derived from the excellence of the company in which we fall.

Now, in point of fact, though this decision against the claims of medicine to the title of a science is very much the settlement of a baseless dispute, it leads, I cannot help thinking, to an important issue. Because medicine is not a pure science, after the manner of astronomy, the further conclusion is at once jumped to that it has no claim to a high place among in- tellectual pursuits at all,—that its attainment is easy,—that its cultivation requires but little peculiar training of any kind, and none of a lofty order. All this appears clear to the public mind and to official shrewdness; and hence follow some curious conse- quences. Unless on this ground, it appears to me impossible to understand the leaning of Government to hand over to the charge of persons without medical education the conduct of public inquiries in essence purely medical. How else can be explained the fact that, when some time since the Horse Guards de- termined there should be a statistical investigation into the health of the army, the management of the in- quiry was entrusted to a captain in the service, whose educational antecedents, estimable officer though he doubtless was, could scarcely have been of a kind to qualify him for a searching scrutiny into pathologi- cal facts? And how else than on the notion that medicine is not a science, and that its pursuit de- mands no scientific training, can the recent singular attempt of certain legal members of the legislature be explained,—that attempt by which, if successful, skilled medical opinion would henceforth have been excluded in cases of lunacy? True, this is not the overt motive, but that it is the real and underlying, though hidden, cause, there can, I think, be little reasonable doubt.

The more ostensible, indeed the actually avowed main reason, is that the contradictions of medical experts *inter se* are so constant and so flagrant, that jurymen are likely rather to be led astray by the con- flict of their opinions than guided by the clearness of their technical knowledge,—that the task, puzzling enough to the ordinary jurymen of weighing and com- bining facts, and of interpreting simple, undisputed, professional evidence concerning those facts, becomes impossible, if, in addition to all this, he be called upon to choose the true, or the nearest to the true, among a host of irreconcilable dogmata; and, as elements of, and guides to, this choice, be required to determine the relative credibility, and the relative scientific competency of the opposing skilled witnesses who hold opinions so mutually subversive. It may be conceded that here is a difficulty. But the *onus probandi*, that this difficulty makes the chances of the jurymen failing to reach the right conclusion



greater than it would be without such conflict of opinion, rests with those who oppose skilled testimony. Now they have never made even a reasonable approach to proving this. And those members of the bar, who not only take this view, hostile to medical opinion *quoad* lunacy, in the abstract, but urge its practical adoption, appear to me to have overlooked two very important consequences of such adoption. They forget that witnesses as to matters of fact, thoroughly honest and conscientiously desirous of stating to the letter that which they believe to have impressed their senses, often contradict each other,—simply, because observant power, and the conditions under which it is at one and the same moment exercised by different people, more or less widely vary. If the bar were logical, they should then plead that witnesses as to matters of fact might henceforth be silenced. They forget, too, that the very arguments, used to prove the inapplicability of “scientific evidence” in matters medical, apply with equal force to skilled opinion in every form of legal inquiry. Who has ever been present at the investigation into the causes of a railway accident without listening in bewildered astonishment to one learned engineer pooh-poohing with patronising scorn the plain statement of the equally eminent engineer on the other side? Have you ever chanced to hear architects disporting themselves in scientific opinion concerning the foundations of a house? Did the architects and surveyors, examined in the case of the Tottenham Court Road fall of houses, some few years since, absolutely agree in their notions as to the mechanism of the catastrophe? or did they contradict each other not only as to matters of mechanical principle in building, but as to the apparently simplest and pettiest details concerning brick and mortar? Had the forensic crusade against scientific opinion in cases of lunacy proved finally triumphant, then must, as a logical consequence, all forms of skilled testimony be henceforth banished from courts of justice.

And, again, the lawyers forget that, if ever there was an instance in which the *tu quoque* argument could be used with crushing force, it is this. What, they who never can agree, who differ on points that to the common sense of mankind seem plain to self-evidence almost, deny the worth of skilled testimony altogether on the part ground of nonconformity of opinion among those giving it! Listen to a single instance of the degree to which the opinions of the most eminent interpreters of the law may clash. A man enters into a contract of marriage. Shortly after the contract has been duly and legally made, he is seized with hæmoptysis of the gravest character, all the symptoms of rapid phthisis ensuing. He declines to marry on the ground of this change in his health. The lady proves recalcitrant, and eventually brings her action for breach of promise. The medical and lay evidence goes to prove that the defendant could not proceed with the marriage without probably inflicting mischief on himself, and possibly endangering his life. The jury accept this view, and find a verdict in his favour, absolving him, in effect, from his engagement. But the judge reserves a point of law after this fashion; it being fully conceded, through the finding of the jury, that the defendant would have jeopardised his life by fulfilling his contract, was he legally justified by that danger in withdrawing from its performance? The question

was sent up for decision to the court above. There the presiding judges differed. Subsequently, the moot point was referred to the thirteen judges; and in this learned conclave the difference of opinion reached the conceivable maximum. For not only were six of the number for the defendant, six against him (the presiding judge giving a casting voice), but the individuals of each group of six, who agreed on the main issue, disagreed as to the grounds leading to their agreement. The arguments by which the learned persons supported the same opinion not only seriously differed, but in some instances were mutually destructive. The very argument which led one judge to the conclusion he adopted, would have led another, adopting on different grounds the same conclusion, to reject it.

And these are the men who would silence medical opinion in courts of justice, on the plea that it is not consistent. Now it is not a matter of real importance to the issue, still it is not unworthy passing notice, how small is the claim of the bar to deal severely with the imperfections of medical knowledge. They find it a hard task enough to master their own written code of doctrine,—nay, they often fail in this: they might, then, have a more sympathising regard, than that habitually displayed, for men whose sphere lies in the unwritten secrets of physic. See the difference in the problems with which we have severally to deal. *We* are called upon to penetrate the obscurest mysteries in the creation,—the most entangled complications in the most elaborated of God's works, the diseased actions and conditions, bodily and mental, of man; painfully toiling, step by step, at phenomena, which, to our limited ken, are perpetually clashing with and veiling each other; assuming new forms; chemistry, physics, and special dynamism, associated in the most subtle combinations. *They* deal, in the main, with what men themselves manufacture, the laws of the statute-book and formal precedents—things that are marked on the surface, and deep into their substance, with all the relative pettiness of human productions. And yet they are constantly warring in the interpretation of these very small matters. *We* have to discover the hidden, the unknown, the uncontrollable; *they* to interpret the obvious, the known, the conventional. And yet to their own deficiencies in the performance of this comparatively easy task, they are purblind; while to the least trip on the part of those who deal professionally with the obscurities of physic, they are lynx-eyed.

And there is a third contradiction, to which the forensic logic, that would exclude medical opinion in the case of alleged lunatics, directly leads. Inasmuch as a conclusion must be drawn by the medically untrained jury from the facts (and without any aid in the interpretation of those facts from persons whose professed business in life is to study such facts), the bar become partisans of the general doctrine that the man who knows least about any given subject is best able to form a sound opinion concerning it. How this *reductio ad absurdum* is to be evaded would, I think, puzzle legal sharpness to demonstrate.\* If it be urged that, in many in-

\* But, in point of fact, some lawyers not only do not care to evade it, but actually adopt it with emphasis. The Lord Chancellor denounces the idea that any one should “have studied medicine, in order to determine whether a man was or was not a lunatic, as an absurdity.” *Times*, March 25th, 1862.



cases of alleged lunacy, where the legal question of competency to manage affairs is the essential question, the case is often a complex one, other matters besides psychical peculiarity being mixed up in the inquiry; if it be pleaded that there may often be, circumstances lying without the pale of purely technical interpretation, which may be as far to ordinary men as to those specially trained in cerebral pathology, and which furnish their consent to the total judgment,—if this be urged, as is known to be urged, the answer is easy;† for, obviously, any argument to be found here simply amounts to this, that one important element to a verdict is to be neglected because other important elements besides itself exist and may be utilised.

Another objection made to the admission of skilled opinion in cases of lunacy is, that medical observers, having arrived at certain crude and disjointed theories concerning insanity, must perforce take certain views in individual cases accordant with those theories; and that, consequently, their evidence is entered in the form of actual advocacy *before* the facts. If, in the first place, this objection, if well founded, would be equally fatal to the evidence of professional experts of every class. And, secondly, one of two things: either the facts are clear, self-evident, well defined, when theory will not be wanting; or the facts are obscure, entangled, imperfectly defined, when the theory (if stupidly obtruded by the medical witness) will prove totally without influence on the minds of the jury.

To this fragmentary notice of the subject of skilled testimony in cases of lunacy I must limit myself on the present occasion. I have merely glanced at some, without even remotely pretending to have exhausted the consideration of any one, of the numerous fallacies of the opponents of such testimony; but I think I have said enough to make it at least strongly probable that the commonly pleaded objections would never have taken the form of tactical and active opposition, had they not been sustained and encouraged by some form of support in the background; and that support I believe to be furnished by the prevalent notion—probably especially prevalent in the legal profession—of the non-scientific or feebly scientific character of our pursuits.‡

2. In its relationship to the general march of civilisation, how is medicine regarded by the lay world?

Let us first see what are likely to be the claims of medicine in regard of the civilising process, and what in general terms may be set down among its actual civilising achievements.

It cannot apparently be questioned that civilisation has been highest where intellectual development has attained its maximum; this seems to be veridical not only of different countries compared with each other, but of the same country at different periods of its own social evolution. The history of

the world points to a direct ratio between vigour and buoyancy of rational intellect and activity of material advancement. But the vigour of intellect could only be practically useful in so far as it were used for the discovery of the truth of things. Truth, then, is the real factor of civilisation; in proportion as it is worked out, so has advanced, and so will continue to thrive, civilisation. Now, medicine has, except in the rarest instance, exhibited itself in the van ground in the honest search after the truth of Nature as she is. To the medical philosopher truth, irrespective of the consequences to which its discovery may seemingly or really lead, has ever been the ultimate object. In this aspect the calling he exercises, as also the method and manner of knowledge on which that calling rests, stand at the absolute head of human pursuits. Contrast him with the professional theologian, ever dreading lest some new revolution of Nature's ways may falsify some cherished dogma, and consequently oftentimes exercising his fullest influence to thwart the demonstration of those laws the Creator has designed for the regulation of the universe. Remember Galileo! See in what dignified honesty the life of the medical worker is passed in comparison with that of the professional advocate, who starts on his career with the fact staring him in the face, that, on the doctrine of chances, one-half of his future years must be passed in defending error, and making the worse appear the better reason.\* What intellectual training is that of the medical observer compared with that of the diplomatist, the quality of whose aspirations after truth may be gathered from the well-known apophthegm of one of the most successful of the class, that "the use of language was to conceal our thoughts?" Compare the medical thinker, again, with some self-elected teachers of psychical philosophy who, revelling in the wantonness of intellectual power themselves, write "Strange Stories" well fitted to shake the foundations of belief—to destroy all perception of the differences between the real and the unreal—in persons of feeble cerebral organisation than themselves.

It seems impossible, then, that in intellectual guidance and, so, in civilising influence the medical philosopher could do otherwise than hold a high place,—could take other rank than amid those bands of inquirers who search for primal truth, fearless of consequences,—amid mathematicians, moralists, political economists, statisticians,—amid the foremost, though often unseen, movers in the march of progress. The civilising influence exercised by the medical profession in maintaining the bodily vigour of the individual citizen; in suggesting and perfecting means to his physical development; in securing the healthy mind in the healthy body; in promoting measures of state utility, wherever considerations of public health justify his interference; occasionally in modifying the penal code in the sense of mercy, is overt, surface-fact, to be seen of all. Less obvious, but not less real, is the truth, that medical

† The Lord Chancellor has, indeed, mainly founded his opposition to medical evidence on this idea carried to extremes. It is, according to him, a "vicious principle" to regard insanity as a disease; the law regarding it as a fact which can be ascertained by the evidence in like manner as any other fact." *Times*, March 12th, 1862.

‡ *Fas est et ab hoste doceri*. It would be well for ourselves if the Parliamentary discussion, which this subject has undergone, led to an improved plan of psychological education in our schools. The system, worthily initiated by Professor Laycock, of Edinburgh, of giving special instruction in mental diseases, might, it appears to me, be generally adopted with great advantage.

\* Dr. Arnold (History of Rome) speaks of the "study of the law being as wholesome to the human mind as the practice of it is often injurious." There is, probably, exaggeration here both in the praise and in the blame implied. Certain it is, at least, there abound as thoroughly honest men—honest in all the relations of life—among practitioners at the Bar as in any other social walk. To suppose that the exercise of their public calling, with its questionable ethics, entails a lower habit of morality in their private capacity, seems to me simply a narrow-minded prejudice.



inquirers have been the pioneers in leading to the general adoption of the numerical method in moral, social, and political inquiries,—the utility, nay, the necessity of which appears to have been first seriously felt, though the proofs given by Louis that pathological facts which, from their nature, seemed to be insusceptible of the process might be made the subjects of numeration, and so forced to furnish inferences of deep practical significance, unattainable by any other means. But, I believe, the unseen, intangible, underlying influence of the earnest truth-seeking quality of medicine plays a yet loftier part than any of its overt achievements, in promoting the great cause of civilisation.

Still, all this has been little recognised. Within our own ranks there have been few to perceive it. Occupied with effecting progress, rather than with estimating its mechanism, we have said little on our own claims as human civilisers. Lay notices (especially in this country) of the part we have played have been, as might be expected from much that has already been said, to the last degree scanty and unsatisfying. But a lay historian has at last appeared, who has not only himself felt, but endeavoured to make others feel, that medicine, *quoad* civilising influence, has not existed in vain,—has not been cultivated by some of the greatest among ancient and modern observers and thinkers without in some measure impressing contemporary civilisation. Henry Thomas Buckle, in the introduction to his vast purposed *Survey of the Influence of Human Knowledge on the Material and Moral Progress of Man*, has assigned its place to medical philosophy in contributing to the civilisation of to-day. To Buckle, indeed, we are indebted for first giving warrant in print to the idea of a “History of Medicine in its Relationships to Civilisation.” And probably in no pages of his immortal work does that philosophic eloquence which marks his style,—that fitness of expression to ideas (such fitness that no word could be changed without weakening force or making sense less vividly clear), stand forth in stronger relief than in some of those devoted to medical questions.

And yet did not Buckle with all his original genius,—with all his keenness in seeing the reality of things and separating the substance from the shadow,—with his faculty of close reasoning, now suggestive, now exhaustive,—with his power of judgment, at once brilliantly acute and logically sound,—yet did not Buckle, with all these high endowments, avoid error in dealing with matters medical. And, as it appears to me, his mistakes are traceable essentially to two causes, to which reference has already been made; and further, as his falling into these mistakes furnishes apt enough illustration of the views I have taken of their ordinary manner of causation, a few words concerning their actual nature will not be misplaced.

In the first place Buckle's was an eminently deductive mind,—in every stage of his argument this quality forces itself upon the reader. He starts from speculative notions, and then seeks for facts whereby to sustain and verify them: well and good, so long as the facts are of the kind desired. But when facts present themselves, either in their own intrinsic simplicity or through their connections and sequences, hostile to the deductive base of operations, as it may be called, Buckle has no compunction about throw-

ing them aside as though they were false or valueless. For instance, hereditary influence is a fact standing inconveniently in the way of certain deductions, —its reality is at once denied; and, so, one of the plainest experimental results in the whole domain of biology, healthy or morbid, is set at naught. Again, it happens to be incompatible with certain views of the causes of great politico-theological events that the influence of race should be recognised. Race is contemptuously set at naught. Race, that element in the compound conditions of man's existence to which an unbiassed survey of the events of history gives a leading place among the rulers of his destiny, is spurned as scarcely playing even an insignificant part in the drama of the lives of nations.

In the second place, Buckle wanted special knowledge. He had not been trained in the observation of disease at the bedside; he had read of it, he had mused on it, but he had not observed it. To this want (combined with the deductive leaning of his mind) must be ascribed his lending his influence to the sustainment of that, as it appears to me, grave fallacy, that pathology may be manufactured out of physiology prior to experience. Technically ignorant and deductively acute, he could have no difficulty in admitting that the combinations of disturbed dynamism and changed structure, which make up disease, might be framed *ad libitum*, prior to experience, out of the elementary data of healthy anatomy and physiology. The experience of a few weeks in the wards of a hospital would have taught him a different lesson. He would have recognised that all-important though physiology be, its scientific function *quoad* pathology is an humbler one than that of creating. He would have found that physiology supplies a standard of comparison for morbid conditions,—that it may furnish explanations of these as they arise,—and that it may suggest subjects for clinical inquiry: but that creative faculty it has none.

Still, in glancing at these shortcomings of Buckle in respect of certain points of medical logic and philosophy, let us not forget our debt of gratitude to him. It is a singular fact that the deep influence exercised by Bichat on the advancement of scientific medicine (and through this of sciences of observation in general), has never been so clearly defined, still less so eloquently expressed, by any medical writer as by Buckle. Nor has the genius of Hunter ever received a nobler tribute than that raised to his memory in the fervid pages of the lay historian.

Here is not the place to chronicle the life of Buckle—to analyse his original gifts of mind—to marvel at the variety and profoundness of his scholarship—to hold up for the well-nigh worship of the young his power of concentrated and enduring toil, his self-denying existence of student-seclusion—to sympathise with his scorn of sycophancy to the accidentally high-placed, “who have greatness thrust upon them”—to ring the echoes to his Saxon devotion to glorious liberty—or to mourn in bitterness of grief over that untimely death, fatal to the completion of perhaps the grandest literary effort ever conceived by the mind of man. But this is the legitimate place to speak of Buckle in the aspects a

\* It is true Buckle seeks to throw the *onus probandi* on those who maintain the reality of race influence. But that challenge has long since been accepted, and proofs abundantly supplied.



moment since referred to. Buckle has, in truth, bound himself to us. He has bridged over the gulf that separated the medical from the rest of the scientific world. He has made clear to all, whose understanding is not thoroughly obtuse, that there is something lofty and ennobling in the study of man's structure in health and disease,—that it involves forms and varieties of inquiry almost coextensive with human knowledge, both giving and receiving in all conceivable directions.

iv. I have endeavoured, then, to show to what causes the evident progress of modern medicine is substantially and in ultimate analysis due; and it appears from the limited survey undertaken, that these causes are of the most promising kind for the future of our science. Medicine has, in truth, not advanced of late years through the exceptional achievement of any single individual gifted with special powers; were it so, the continuance of progressive movement could not legitimately be looked for, as Providence but rarely sees fit to create specimens of the highest attainable power. No! our advancement has sprung from the substitution of one true for many false systems of study—a one true system, which is capable of being efficiently wielded by that multitude of men, endowed with well-marked intellectual aptitude, honesty of purpose, zeal of character, and vigour of will, who are day by day added to the ranks of physic—earnest workmen for humanity's good.

And I have also produced some evidence that the importance of medicine, as a portion of the vast edifice of human knowledge, is beginning not only to be vaguely guessed at, and lightly and passingly touched upon, but to be seriously and systematically studied, by laymen of the deepest reach and most brilliant quality of thought. By this recognition of the nobleness of our studies, we are raised in the social aspect, and a worthier and a kindlier reciprocity of scientific interest between ourselves and the world of other professions for ever ensured. Our civilising mission is acknowledged and proclaimed. And so, when we look around on other pursuits, and watch the men engaged in them, while we admire the toil and sympathise with the toilers, we need feel no discontent with our own. We need not regret that we fill a place in the bands of those who strive to lighten the mighty weight of physical and of mental woe that afflicts our kind; but, with something of the earnest and exalted pride that in his art animated a Correggio, let each of us exclaim, as we ponder over the achievements of our peers, And I, too, tread the paths of physic!

**MORTALITY IN THE FEDERAL ARMY.** The following from Professor Elliot shows the exact percentage of deaths, invaliding, and loss in action in the entire army for nine months—The annual rates to 1000 average strength, for the period of nine months, from June 1, 1861, to March 1, 1862, of the entire army East and West. Deaths, 54. Discharges (for causes other than expiration of service, and mainly for disability), 100. Of missing in action not subsequently returning, 14. These statistics are certainly more favourable to the strength of the forces than is popularly believed, but they forcibly present the fact, that in the progress of the war, up to the month of March last, there had been 32,400 deaths, and about 60,000 permanent invalids, to 8,400 soldiers lost and missing in actions with the enemy.

## British Medical Journal.

SATURDAY, AUGUST 9TH, 1862.

### THE LONDON MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE thirtieth Annual Meeting of this Association has been a greater success than even the best founded hopes would have justified us in anticipating. It has been a success in every sense of the term. It has been an earnest, and a solemn, and a most important meeting—pregnant, we believe, with future good. Members of the profession—the very highest in its ranks and the illustrations of its intellect—have assembled together from all parts of the kingdom, not for the sake of indulging simply in the pleasures of sociality and friendship; but for the purpose of assisting by their presence and their counsel in the furtherance of the great ends and aims of this Association—the advancement of medical science, and the supporting of the honour and welfare of our profession.

No one can have been present at these meetings of the Association without being imbued with the seriousness of its members in the prosecution of the ends here spoken of; without feeling that there has been an earnestness, a vitality, and a determination in all their proceedings.

One happy conclusion was especially manifest, viz., the perfect and complete fusion of medical town and medical country. This fact was again and again alluded to in the warmest terms of congratulation by different speakers. The very assembling together of our associates in the venerable, and, we may now most truly say, venerated walls of the College of Physicians, was an unmistakeable sign of *unification*. It pointed out indeed how, under the influence of the present liberal sentiments which distinguish most of our medical corporations, men in all classes of the profession can meet together on terms of the most perfect equality. We are sure we are stating only what everyone who was present at our meetings must have felt: that the sole advantage which one man had over another in that assembly was the right and equitable advantage to which superiority in intellect is ever and everywhere entitled—that class medical legislation gave no man undue antecedence to another.

Our country members will, we are certain, return home gratified to find that their Association has found its way into the hearts and minds of their London brethren. They have learnt more than enough to satisfy them that the addition to their ranks of men of position and of intellect in the metropolis will increase the importance and power of



the Association, and will therefore indirectly act to the good of every member of the Association. We have, it is true, always numbered amongst us a large body of the leading members of the profession in London; but we are sure our readers will agree with us that there is a significance in the fact that so many more men of mark have now, on this occasion, come amongst us. May we not fairly take it, as an acknowledgment of the high position which this Association holds; of its past utility; of its power; of its capability in the exercise of future good, when we find men like Dr. Watson, Dr. Mayo, Dr. Billing, Dr. Barlow, Dr. B. G. Babington, Dr. Owen Rees, Dr. Basham, Dr. Fuller, Mr. Lawrence, and others entering our ranks.

Of the eloquence of the addresses which were read we need not speak. They will appear at length in our pages. This, however, we must say, that the boldness, the moral courage of our President in the bold denunciation of abuses, won him the esteem of all who heard him. It is something well, in this age, to see a man go right to his point and call a stick a stick, without bending his words to the proper pitch of modern subserviency. His words will have their effect. Of Dr. Walshe's thoughtful, eloquent, and brilliant discourse, which charmed and instructed all who heard him, we must record the unrivalled success. As Professor Bennett truly said, in proposing thanks to him: "we need, indeed, not despair of our profession attaining to the highest rank in the world of intelligence so long as such men as Dr. Walshe live to inspire it with the force of their eloquence."

On Thursday the Address in Surgery was given by Mr. Paget. For sixty-five minutes did that gentleman pour forth one unhesitating stream of true eloquence, without a note or a line to aid his memory. Not mere words, not *vox et preterea nihil* was his discourse; every word was incisive and to the point; there was nothing superfluous and nothing wanting. It is saying little to add, that from first to last he rivetted the attention of his audience. One only regret was occasioned by his words, and that was when they were ended. We will not attempt to give even an outline of this Address, which will next week appear in full in our pages.

The length of the proceedings which we have elsewhere given obliges us to restrict ourselves to these few observations on the present occasion. We can therefore say no more than that we sincerely congratulate the Association on having had a most brilliant meeting in the metropolis. To those of our friends who imagine our Association is asleep, or is feeble, or paralysed, or senile, or in a state of decomposition, we beg the serious contemplation of its life in London during the week.

It is only fair to add that to Dr. Quain, we believe, is due the happy idea of carrying into

actual practice this assembling of the British Medical Association in London. At a meeting of the Metropolitan Counties Branch, at Sydenham, two years ago, the fortunate decision was taken at his suggestion and proposal.

## THE WEEK.

At a recent general meeting of the members of the Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, it was announced that £977 had been distributed in half-yearly relief amongst forty-five families of its deceased members, besides £63 given in casual relief. Can we state any more valid reason why our readers residing within the London district post should become members of the Society? Several sad cases of distress at this moment under the notice of the profession should teach us all how wise it is to make preparation for a possible evil day, even though such provision may seem needless at the present moment. We should, therefore, seriously advise our brethren at once to apply at 53 Berners Street for a proposal paper, as two years membership is essential before their families can receive relief. The late Dr. Darling of Russell Square has, we hear, bequeathed £100, legacy duty free, to the above-named Society.

We had scarcely written the foregoing lines when a sad and painful commentary on them was placed before us. This paper we insert at another page. Its perusal gives us the intelligence that Dr. McWilliam, a man so well known as a man of science, and so generally esteemed as a member of the profession, has left behind him a widow and eight young daughters unprovided for. The claims of Dr. McWilliam upon his country at large are strikingly great, and we cannot doubt that those claims will be urged upon Lord Palmerston. His widow and children may, with full confidence in their right, ask to be placed upon the Civil List. His superhuman exertions on the West Coast of Africa, and his public services, in all of which his life was honourably risked, fully entitle his family to this mark of public sympathy and respect. But we are sure we need not appeal in vain to his professional brethren to lend a helping hand at this trying moment to the bereaved wife and children. These are not moments when, like cold-blooded political economists, we can stop to argue that it would have been well if all this had not happened. The misery is there before us; and the plainest duty—the pure voice of charity—tells us that, in face of such a scene of desolation, reasoning is cruelty and insult. Let us instantly relieve this great distress, and at the same time lay to our own consciences the moral of the tale.



A CORRESPONDENT calls attention to what he considers the unfortunate position of some qualified medical assistants; and he attributes this in great part to the circumstance of the not unfrequent employment of unqualified assistants. We certainly consider that a question involved in this matter is one of very considerable importance to the profession. The question is this: Is it right that unqualified medical assistants should attend and prescribe for the sick patients of those whom they assist? that they should, in fact, act to all intents and purposes exactly as a qualified assistant would act, placed in such position? We must say that there appear to us to be objections to such a proceeding. In the first place, it is clear that the interests of qualified assistants are thereby much injured; and that, in fact, they have to compete with those who have no qualifications to practise medicine. Then, again, we the profession make it a matter of grievance, and we sometimes call upon the legislature to relieve us in the grievance; viz., that unqualified persons are permitted to practise medicine, or rather, are not restrained by law from doing so. Are we then just to ourselves in doing the very thing of which we ourselves complain? The practice also, it is evident, introduces unfair competition, and prevents the qualified assistant from obtaining due remuneration for his services.

RARELY does any serious military engagement occur in which some medical officer is not wounded. The fact is notorious; and yet the Duke of Cambridge snubs the army and navy doctor in the matter of military honours. In the last news from China, we read: "One of the blue-jackets was shot through both his thighs; and, while the doctor was attending to him, a bullet went through his right arm." Navy surgeons are especially exposed; for in boat-service a medical officer invariably accompanies his comrades, and is of course, equally with them, exposed to the chances of being struck by war-missiles.

The *internes* of hospitals at Lyons are lodged and fed in the hospitals to which they are attached, and also receive a salary; those of the Hôtel Dieu, etc., 260 *francs*, and those of the Perron 400 *francs*, per annum.

Mr. Spencer Wells, in remarks on ovariectomy lately made by him, states "the girl last operated on was my fortieth case of ovariectomy. If she recovers, which I have no doubt she will, it will give a result of twenty-four recoveries to sixteen deaths—a proportion of exactly two recoveries to three operations."

*L'Union Médicale* says that M. Adams, the com-  
plaisant friend of the Cambridge homœopath, has received a bill of indemnity from the College of Surgeons, which has elected him a Councillor. We

need hardly say that *L'Union Médicale* is not aware of the fact that there are *two* gentlemen of that name surgeons in London.

Winter villas, the *Journal d'Archachon* tells us, are now being built in its pine-forests. A balsamic and resinous atmosphere is good for weak chests; here, therefore, *poitrinaires* may breathe such an air, and enjoy this new resinous climatology.

M. Ricord has again delighted a medical audience, and this time in the wards of M. Bouchut. His lecture was, of course, on matters relating to syphilis.

In consequence of the great mortality which has taken place in the Prague Lying-in Hospital from puerperal diseases, the authorities have resolved to apply to Rokitansky, Oppolzer, Skoda, and Virchow, for advice as to how they may best prevent the frequent occurrence of the calamity. A series of questions have been laid before these gentlemen, and amongst them this: Whether one large or several small hospitals are preferable? They are also requested to give a verbal answer to these questions in September next, either in Prague or in Karlsbad, at the meeting of the Natural Philosophers' Association. The opinion of a midwifery doctor, it appears, is not asked.

Two curious ophthalmological facts have been lately related—the loss of an eye by a child five years old, through the bite of a leech, observed by Gräfe; and a case of poisoning through the application of strychnia to the lacrymal ducts during sleep.

The operation of vesico-vaginal fistula *à la mode Americaine*, says *L'Union Médicale*, is more practised in the provinces than in the capital of France.

The chief papers in the *Bulletin de l'Institut Egyptien* are from the pen of a learned sanitary physician, Dr. Schnepf. The sixth number contains a paper by him on the Fevers of the East, and another on the Colouration of the Nile. In this number are also to be found a paper on Hydrophobia in Egypt, and a notice of the Tribe of Gniam-Gniam or Tailed Men.

In looking through the medical reports and letters published in the American medical journals, and sent from the seats of war, we have never yet met with a notice of a case of bayonet wound. It may be said that such wounds are usually fatal, and the recipients therefore left on the battle-field; but the more probable explanation is, that bayonet wounds do not occur.

M. Landauzy of Rheims endeavours in a clinical lecture to show that diabetes mellitus chiefly attacks those who are of strong constitution and inclined to stoutness; and that diabetes insipidus occasions instinctive and mental aberrations—a fact which has hitherto, he says, been completely overlooked, but which in future will require careful consideration.



## THIRTIETH ANNUAL MEETING

OF THE

## British Medical Association.

Held in London, 5th, 6th, 7th, and 8th August, 1862.

## TUESDAY.

THE Committee of Council met at Twelve, noon, and the General Council at half-past One.

At three o'clock, P.M., the first general meeting of members was held in the library of the Royal College of Physicians. At this time, about two hundred and fifty members and visitors had entered their names in the reception room; and, before the time of our going to press, this number had increased to three hundred and fifty.

## INSTALLATION OF THE PRESIDENT.

On the motion of Sir CHARLES HASTINGS, Dr. LOCHÉE, the retiring President, took the Chair. He said: Gentlemen, I have, happily, as I think, no more common part to play on the present occasion than to appear before you for a moment, in order that I may resign in a becoming manner the office which by your favour I have held in the Association during the past year. In doing this, I am, however, called upon as a mere formal act of duty, to introduce to you my successor. I say as a mere formal act of duty, because such a man can need no introduction, and least of all from me, known as he is to the profession and the public by an honourable career amongst the most renowned of our London brethren, and distinguished as he has long been by high office, and by useful exertions in this venerable College, within the walls of which we are now so auspiciously assembled; and it would be impertinent in every sense of the word, if I were to eulogise him before you. Let it be, then, enough for me to say, as the closing act of my official career, how confident I am that Dr. Burrows will receive at your hands, though needing them far less, the same consideration and support, which I gratefully acknowledge have been so largely accorded to myself.

Dr. BURROWS took the Chair amidst loud cheers, and read an inaugural address, which is published at p. 129.

## REPORT OF COUNCIL.

Dr. WILLIAMS read the following Report:—

"It affords your Council sincere pleasure to meet the members of the British Medical Association in the Royal College of Physicians in London, and to feel assured that the cordiality which characterises the welcome given by so many eminent physicians and surgeons residing in the metropolis is thoroughly reciprocated by their brethren from the provinces. Your Council congratulate the Society on having a programme that promises so great an intellectual feast; and they entertain no doubt that the present occasion will be attended by the happiest results both in a scientific and social point of view.

"The Committee of Council elected at Canterbury have conducted the general business of the Association, at their quarterly meetings, held in Birmingham; and beg to acknowledge their obligations to Sir Charles Hastings, who has uniformly acted as their Chairman.

"During the present year, 130 new members have been enrolled. Since the annual meeting in 1861, there have been 75 resignations, 30 deaths, and 25 erasures; making the total number on the books 2120.

"District Branches. The District Branches continue to prosper, forming very important elements in the stability and welfare of the Parent Association. Your Council desire to bear testimony to the zealous dis-

charge of the arduous duties of the Honorary Secretaries, and again to thank them for their very valuable cooperation.

"The JOURNAL. Your Council have great pleasure in stating that the JOURNAL continues to be highly appreciated under the editorship of Dr. Markham. They would still urge members to place the valuable materials constantly in their possession at the disposal of the editor, as it is impossible for him to do justice to himself or others if associates fail to contribute the results of their study and observation to the pages of their own periodical.

"Finances. The following is the Financial Report for the year 1861, published in the JOURNAL, in accordance with Law 23, the accounts having been duly audited by Dr. Melson and Mr. Hadley, of Birmingham.

"Sums received and paid by the Treasurer from January 1st to December 31st, 1861.

RECEIPTS.		£	s.	d.
Due from Treasurer .....		27	18	0½
Subscriptions and Arrears .....		2050	0	6
Voluntary Contributions .....		6	10	0
Advertisements, etc. ....		736	7	3
Total Receipts .....		2820	15	9½

## EXPENDITURE.

## JOURNAL EXPENSES:

Mr. Richards (Printing) .....	1736	8	6
Mr. Honeyman (Sundries) .....	74	7	0
Mr. Davidson (Commission) .....	73	10	0
Mr. Orrin Smith (Engraving) .....	5	4	0
Salaries:—Dr. Wynter, Dr. Markham, & Dr. Henry	325	0	0
Contributors to Journal .....	306	0	6
Interest and Commission at Bankers .....	7	3	10

## EXECUTIVE EXPENSES:

Secretary and Clerk .....	117	0	0
Secretary's Sundries .....	49	14	6
Error in Secretary's Account .....	5	0	0
District Expenses; Envelopes; Post-Office Orders; and Collecting .....	14	2	3
	2713	10	7
Balance .....	107	5	2½
	2820	15	9½

"The following were the Assets and Liabilities on January 1st, 1862:—

## ASSETS.

Subscriptions due .....	500	0	0
Advertisements .....	300	0	0
Balance due from Treasurer .....	107	5	2½
	907	5	2½

## LIABILITIES.

Mr. Richards for Printing, due Dec. 31.....	420	16	0
Mr. Richards' old account.....	116	16	0
Mr. Richards' Publishing Account for 1861.....	50	0	0
Mr. Honeyman (Sundries) .....	79	5	2½
	666	17	2½
Balance in favour of the Association, Dec. 31..	240	8	0

"It affords your Committee much pleasure to be enabled to present so favourable a financial report; and they feel assured it will be considered very satisfactory by the members of the Association.

"In the financial statement of last year, the Committee were induced to say: "Altogether, the prospect is encouraging, as there is reason to believe that by the exercise of a prudent economy, the Association will, at the commencement of the year 1862, be free from the old debt."

"Your Committee are glad to find that the above prophecy will now be fulfilled, as the increased balance in the hands of the Treasurer will enable him to pay off the remainder of the old debt due to Mr. Richards, which has for some time past been a burthen upon the funds of the Association.

"The income of the Society is greater than in the previous year; and this increase of income not only



arises from the increased amount of subscriptions paid, but also from the advertisements and sales having been more productive.

"The expenditure has been rather higher. This increase is partly owing to the Association having spent more upon the editorial department of the JOURNAL, of which, no doubt, the members generally will approve.

"With regard to the assets and liabilities, there is very little alteration in them. Both of these items will be found rather more than they were last year.

"Your Committee are well aware, that it will be necessary still to exercise great care in the administration of the funds entrusted to their charge, for the income is but slightly in excess of the expenditure.

"Still, if members will pay their subscriptions with regularity, and the income from advertisements shall continue to increase, there is a fair prospect of the year upon which we have entered showing a satisfactory result.

"Your Council have much pleasure in laying before you the Financial Report and comments of the Committee of Council, and are glad to state that the debt due from the Association to Mr. Richards has been paid off since the Report was published in the JOURNAL. They would, however, direct the attention of the Association to the arrears of subscriptions which have been reported from year to year, by which a great loss is entailed upon its funds, and trust that the incoming Council will take steps to secure a more regular payment of the annual subscriptions.

"*Medical Legislation.* Your Council beg to call attention to the resolution passed at the Torquay meeting, relative to the representation of the medical profession in Parliament, which declared that considering the numbers, respectability, and special acquirements of the members of the medical profession in these kingdoms, neither are their interests fully attended to, nor their views on sanitary arrangements adequately represented in Parliament.

"The object of the promoters of the above resolution was to impress on the profession the desirability of the medical profession being represented in Parliament. It is, however, clear that we are not now in a position to take any action in this matter, but the council cannot avoid remarking that the Act of 24th and 25th of Victoria, which provides that votes at the elections for the universities may be recorded by means of voting papers is a very important measure, as it points out a means by which the registered members of the medical profession may record their votes if the time arrive when they may be called upon to return members of their own body to the House of Commons.

"*Poor Law Medical Reform.* A memorial has been presented by the Committee of Council to the Select Committee of the House of Commons, based to a considerable extent upon the propositions made by Mr. Griffin. The Select Committee has not yet reported on the subject, so that your Council are not able to give any definite additional information.

"*Benevolent Fund.* A report of the progress of this excellent institution will be read at the meeting, by which your Council believe it will be shown that the past year has been one of unprecedented utility and success. They earnestly hope that still increasing prosperity will crown the exertions of those who labour for the support of this invaluable charity.

"*Address in Medicine.* The Address in Medicine will be delivered by Dr. Walshe.

"*Address in Surgery.* The Address in Surgery will be delivered by Mr. Paget.

"*Address in Physiology.* The Address in Physiology will be delivered by Dr. Sharpey.

"*Special Report.* A Special Report on the Treatment of Suspended Animation will be read by Dr. B. W. Richardson.

"*Prize Essays.* Your Council would call attention to

a resolution (published in the JOURNAL in March 1861), that a gold medal, value twenty guineas, should be awarded to the writer of the best essay on some subject connected with the profession at the annual meeting in 1862; the medal to bear on the obverse the profile of Sir Charles Hastings, with his name as founder of the Association; the reverse to contain the name of the successful candidate, with the title of his essay. Your Council regret that there is on the present occasion no essay worthy of the medal intended to be given. They, however, recommend the offer of a prize medal to be renewed for another year; and trust that, when this prize becomes better known to the profession, greater competition will bring out greater talent, and enable them to have the satisfaction of awarding the prize at the next meeting of the Association. Your Council also recommend that the departments of medicine in which competing essays are invited for the annual gold medal shall be announced yearly in the JOURNAL.

"*Honorary Members.* Your Council recommend, in accordance with Law 18, that the following distinguished gentlemen be elected honorary members of the Association:—Dr. Czermak, Pesth; Dr. Eckhart, Gies-sen; Dr. De Pietra Santa, Paris; M. le Baron Larrey, Paris; M. Claude Bernard, Paris; M. Nélaton, Paris; Dr. Rayer, Paris; Dr. Frerichs, Berlin; M. Langenbeck, Berlin."

Sir CHARLES HASTINGS. Gentlemen: I have great pleasure, before this large assembly, in proposing the reception and adoption of the Report. I confess, sir, that I do feel the greatest possible pleasure in attending in this ancient hall and advocating the cause of our Association, which you have in such eloquent language set forth to the meeting at large. This time-honoured College is now animated by new life—it has all the activity of youth, and all the dignity of age; and we therefore do feel exceedingly glad that we have an opportunity of meeting within these halls, and of stating the objects and purposes for which our Association has been formed. It is now thirty years since a small but earnest band combined together to form this Association, then a very small body; but by united efforts and great labour of men then resident in the provinces, this Association has gone on prospering and to prosper; and I cannot conceive now, in its high state of prosperity, any circumstances more calculated to increase the onward progress of the Association than this auspicious meeting in the metropolis, under the presidency of my friend Dr. Burrows, whom I have known from his youth upwards. I can remember the time when our Association was regarded as of little moment; when we in the provinces were considered of little account; when our endeavours to advance medical science were much disregarded; and when we were considered as in some respects inferior to the great metropolitan members of the Association. The effects of our uniting together as a strong band, and inculcating those high principles of action in professional life, and those endeavours to advance medical science, have been to direct the attention of the metropolis to our proceedings; and the result has been this auspicious meeting in this great metropolis. Sir, I can remember the time when provincial men really took no part in the progress of medical science; when they were each located to a small spot, and were little capable or enabled to take any part whatever in the great questions of medical science. Since the formation of this Association, things have been very different; and by the combined action of the different towns in the provinces, and by the illustration of medical science through the labour of many distinguished men in those cities, a very different position is now taken by provincial practitioners; and we can well assemble here this day, and stretch out the right hand of fellowship to our revered brethren in the metropolis, and say we are fellow-labourers with them, and desirous in every way we can to advance the progress of human



knowledge. Gentlemen, it is not necessary that I should enlarge upon the different topics which are alluded to in that Report of the Council. I believe you will find it satisfactory; and you will find that it alludes to all those questions which it is the object of our Association to prosecute. I would, however, slightly allude to one point, which has upon various occasions attracted the attention of this Association; namely, the representation of the profession in Parliament. I think it is desirable that you should all turn your attention to that point; because, if the law passed last year with regard to universities is found to work successfully with regard to those bodies, and voting by papers is found to be successful, then if upon some future occasion an alteration in the representation of this country should take place, there is no reason, as it appears to me, why the claims of our profession to a representation in Parliament may not be favourably considered by the minister of the day. However, these are all questions which have reference to the future of the profession; but I point this out to you as being one of the purposes to which the future endeavours of this Association are likely to be directed. With regard, then, to the great questions which we have before us now, they are not, perhaps, of the same intense interest as those which engaged us during the agitation of the questions in Parliament, when the labours of this Association were found most successful, and when, as you all know, in conjunction with other bodies, we succeeded in obtaining the Medical Act. That Act, no doubt, may be improved; it may not have done all that we hoped it would do; but still the effect has been this, that we are all, under the registration, become one body in every part of the British empire, instead of being separated into isolated masses, incapable of union together for the different purposes for which we were constituted. Sir, I shall not prolong these observations with regard to the Report, because I think it speaks for itself; but I shall conclude by moving that it be received and adopted by this meeting.

Dr. GEORGE WEBSTER. Sir: I beg to rise to second the motion for the adoption of the Report; which I do with peculiar pleasure. And first allow me to congratulate you upon sitting in that chair, as the son of a father, an old friend of mine, who was mainly the cause of the great change as regarded the Apothecaries' Society; who was one of those ardent reformers, in times past, who stood up for the rights of the great mass of medical men in this country. But at the time when he stood up, previous to 1815, no man cared for the general practitioner; he was not cared for in the College of Physicians; he was also then repudiated by the College of Surgeons; and the profession was then obliged to take its own affairs into its own hands. I see some old members of the profession here who will remember the circumstances. It was just at the beginning of my own career, I had the pleasure of occasionally acting with Dr. Burrows's father, who stood up so well for the interest and welfare of our profession at that time, and who was secretary (I think) to the Associated Surgeons and Apothecaries of England.

The PRESIDENT. He was chairman.

Dr. WEBSTER. He was chairman, and he was secretary at one time, and well did he perform his duties; and, as I said, it was to him mainly that the Act of 1815 was owing, and all the subsequent progress of reform, and the benefits conferred by that Act, and in impressing upon other members of the corporation the great political and great educational points connected with our profession. I, therefore, have, sir, great pleasure in congratulating you upon this occasion. I must also congratulate you, as well as my fellow members, with many of whom I have acted in this great movement, in having the honour to meet in this noble College; and to see that the times have so changed that the Royal College of Physicians, which we thought

would have been the very last to take up these questions has been amongst the foremost, and the most liberal [Cheers] to come forward to show that in their true influence the profession are one body; that the objects of medical men and medical education are, in fact, but one. I am delighted that amongst the new body the old one should become mingled, especially as to one you particularly alluded to; and I yet hope to live long enough to see a British Faculty of Medicine established that shall not recognise the distinction of gradations, as we have hitherto been divided, but where it shall be the gradation of intellect, or the gradation of education, by which men shall be marked, and where a man shall take his standing according to his education, and according to his abilities. And, therefore, sir, I am delighted to see that you, following in the footsteps of your honoured father, have been placed here to-day so wisely, as the representative of this great College, and as the representative of this great Association; for great this Association is. Its influence and its general powers are, I must say, greater than I can scarcely believe our friend Sir Charles Hastings could have anticipated; and I, ardent reformer, and ardent in all matters connected with the profession, as I am, could scarcely have expected that so soon we should have effected all that we have effected. Although the Medical Act is not all that we desire, it is a great fact accomplished—one that has brought about a change that the other corporations (recalcitrant though many of them may be) must accede to. They cannot stand against public opinion. I do not speak of authority, but public opinion. I look upon this as the Parliament of the profession. I look upon you as the enunciator of public opinion; and I say further, sir, that the recalcitrant Colleges must succumb on the same wise principles as regards their interest. I congratulate our friend Sir Charles Hastings in living with him to see this day. He knows how we have laboured in former times. When this Association was founded, there was not a single word about medical reform. Still that question was introduced by some of us, and gradually became not only an important, but a very important, part of our proceedings in times gone by; and it is owing to this that we have the pleasure of meeting in this hall this day. I congratulate you, gentlemen, upon meeting here. I sincerely hope that you will enjoy the three or four days during which we town members may have the honour of entertaining you. I sincerely hope that you will go away with a hearty shake of the hand, and filled with that wise and excellent feeling which I am sure will be evolved in the four days reunion amongst us. I, for one, can say that I have never been to any one of these meetings, though I have not been to a great many, from which I have not always returned a better man. I have always felt that I had been meeting a body of friends; and I sincerely hope that this meeting will be looked upon in that spirit; and that what is brought before you will be well worthy of your having visited us, if there is nothing else in our medical exhibition. I am glad to find that you have got rid of the debt that encumbered you. It is a great pleasure to me to see the prosperous state of this Association, and I join you most fervently in hoping that it will last for ever. I have great pleasure in seconding the adoption of the report.

Mr. WEBBER. After the very learned address and comprehensive statements which have been made, there would be but little for me to say; but it might be apprehended by some that, in rising just now, I rose to make observations that might be at variance with the objects of this meeting. Far be it from me to make a single observation which is calculated to bring about so undesirable a feeling. On the contrary, I will do everything in my power to support this Association. A motion is coming before you upon which I shall have to speak presently; but I would rather anticipate it by saying one



word in reference to the published Report. Your Report speaks of the necessity of members contributing papers to our JOURNAL. I have no hesitation in saying that that is a course which the members of this Association ought to adopt; but, having sent papers to the Association, I think that the type of our JOURNAL ought not to be used for private purposes of disseminating papers without the writer's name upon them, but simply noticed as coming from the type of our JOURNAL. I think the publication of the papers in our JOURNAL would be sufficient. I agree in the observation which has been made, that this Association will eventually become the great court of appeal in all matters; but I trust and believe that it is only by the Association taking a determined stand, that the moral tone of our profession can be brought to a proper bearing. With regard to the editorship of the JOURNAL of this Association, I apprehend that Dr. Markham is the editor. May I ask the question, whether you have a sub-editor? I have not heard him mentioned in this Report. I understand by the silence that there is no sub-editor. I mention it because I shall have to allude to it by and bye. In the next place, I may ask, have you a reporter to your JOURNAL? If there be no reporter, then I apprehend it is difficult to account for some of the reports which get into that JOURNAL, and of which I, as a member, have just ground to complain; because, in some observations which I made at Canterbury—observations which, I think, were made in a fair spirit—there was a very garbled report in the JOURNAL. Somebody must have made that report. I had to complain of that report. My letter was inserted, and I was then told that the editor was no more answerable for the statement of the reporter than I was myself. Now, sir, I shall not interfere further than to say that I have given notice of a motion which I should wish to submit to this Association; and I only ask to say a few words in reference to that motion, and then I shall be glad to fall into that which I understand has been the recommendation of the Committee. If it is your pleasure that I should go on to those remarks, I will do so.

The PRESIDENT. It would be very much to the advantage of the meeting that the business of the meeting should be arranged before any new matter is entered upon; and, unless any member of the Association has any remarks to make in reference to the Report of the Council, I should think it my duty, it having been moved by Sir Charles Hastings and seconded by Dr. Webster, to put that the Report of the Council be received and adopted. If, however, any member has anything to say upon that, we should be glad to hear him.

Mr. A. B. STEELE (Liverpool). With your permission, sir, I should wish to make a few brief remarks upon one portion of the Report. I allude to the paragraph headed "Medical Legislation," and which I heard read with some surprise and a little disappointment, inasmuch as I find that a most important matter connected with medical legislation appeared to have been passed over in entire silence—I allude to the Medical Act. We have often been told—we have been told to-day and on former occasions, that it is to the influence and exertion of this great Association that the profession owe the existence of the Medical Act at all. I am quite sure that we all feel the obligation we owe to this Association for having by its influence accomplished an Act of Parliament which undoubtedly conferred important privileges upon the profession. But, at the same time, it is admitted upon all hands, that whatever the advantages of that Act may be, there are certain defects in it which have caused a great deal of dissatisfaction, and to a considerable extent have interfered with the proper carrying out of the intentions of the promoters of that Act. Perhaps, sir, I should be out of order in detaining this meeting by pointing out the particular matters in which that Act is defective, and therefore I will pass that over,

and simply say that the silence of the Council on this subject does not appear to me quite what we might have expected. When we consider that several of those who hold important positions in our Association are members of the Medical Council, and therefore must be well conversant with all that is going on with reference to the Medical Act; and when we also consider that our mode of obtaining information of the proceedings of the Medical Council is somewhat limited—for the proceedings are not regularly reported—and I must confess myself, that although I have very carefully read such reports as do appear in the MEDICAL JOURNAL, I have not been able satisfactorily to render the matter in many respects: it would have been, I imagine, some satisfaction to this meeting, if we could have been told by the Council what really was the position of the Medical Act; whether there was any prospect at all of very necessary amendment and easily adopted amendments being carried—whether the Council of this Association have given up the Medical Act as a bad business. Having through their influence obtained that important Act, it does seem to me a natural course that they should go on and persevere, and by their influence induce the government to pass such amendments as will render it satisfactory; and, in the meantime, I think it would afford much satisfaction to the members of this Association, if we could be told whether there is any prospect at all of the Act being amended in any way, or whether it is likely to remain exactly as it is; and whether this Association intend now or at any future time, to exert its influence in bringing about those amendments which may be necessary. At present we hear nothing about it; because the question of medical representation, important as it may be, appears to me to be entirely distinct and separate from that of the Medical Act itself. Sir, I will detain the meeting but two minutes longer, just to allude to one other portion of the Report which really did appear to me to be most important. I allude to the treasurer's statement, in which there appeared, under the head of assets, an item of £500 subscriptions, due on the 1st of January, 1862. Now, it is not a little remarkable that that is the precise amount which appeared in the treasurer's report which was read last year in Canterbury. We are not told whether that sum of £500 represents the arrears of the same subscribers as were in that position last year; nor is it stated whether those arrears belong to one year or more. However, sir, not to dwell upon that, it seems to me, and I imagine it will appear to the majority of the members of the Association, that £500 subscriptions unpaid—almost a quarter of our ordinary income remaining unpaid—is not a satisfactory, and perhaps scarcely a creditable mode of commencing the year. (*Hear, hear.*) Sir, we have been struggling, as is well known, with financial difficulties for some time; and, I dare say, if the treasurer were asked, he would tell us that those difficulties have depended very greatly upon the fact of the subscriptions not having been paid regularly. There is another matter which is important, which appears to me to be an act of injustice. The Association, in consequence of those arrears, has from time to time been compelled to call upon the Associates to contribute, by voluntary contributions, to pay off the debts; which is nothing more nor less than this, asking those Associates, who always discharge punctually and regularly their just debts to the Association, to put their hands in their pockets and pay the subscriptions of those members, who, whilst they do not hesitate to avail themselves of the privilege of membership, fail to discharge their just liabilities to the Association. Now, I do not for one moment suppose, or wish to insinuate, that these arrears are, in any sense of the word, to be regarded as bad debts, or that any single member would for one moment think of repudiating his subscription. I have no doubt it arises from the loose and irregular mode of conducting their monetary affairs, which is



sometimes found to obtain amongst professional men. And my object in mentioning the subject here was just this, that I thought, perhaps, having it brought before the general meeting, it might strengthen the hands of the Council, and enable them with a better grace to put on the screw rather tighter than usual, and so to cause each individual member of this Association to contribute his fair quota towards the expenses within a reasonable time; and I am quite sure by doing that, if a little gentle compulsion become necessary, I do not think we should lose a single associate that is worth retaining: the fact is that we shall not only improve our financial position, but we shall make those irregular and dilatory associates better members than they were before.

PRESIDENT. With reference to the observations which you have thought it right to make to the meeting, I think I am in a position to answer the first part of your observations, and I trust in a satisfactory manner. With regard to the second part, with reference to the financial affairs of the Association, I will leave our respected treasurer to put that matter right. But I can tell you, I hope to your satisfaction, and I dare say to the satisfaction of a great number of other members of the Association, that at the last meeting of the General Medical Council, held in this library a few months ago, the subject of an Amended Medical Act was considered at great length, and a committee formed out of the General Medical Council was deputed to take into their anxious consideration the numerous suggestions that had come from various quarters, from different parts of the country, from different registration societies, as well as from other societies, as to how far the Medical Act of 1859 might be amended. The Council deputed their executive committee to take all the suggestions into consideration, and to employ the solicitor of the General Medical Council to draw up an Amended Act, which, after being considered by the executive committee of the General Council, should be submitted to the next meeting of the General Medical Council. That subject, as far as the Council is concerned, has not been overlooked; although in respect of there being no actual report upon it from the Council, I cannot offer, perhaps, any more satisfactory information; but I beg to assure Mr. Steel, and the rest of the members who take an interest in the subject, that the subject is not sleeping, it has not dropped, but that active measures are at the present moment in progress to bring forward an Amended Act at the very next meeting of the General Council.

A MEMBER. Sir, one question was asked by the last speaker, whether this arrear was the arrear of last year or not. I remember, when attending a meeting at Oxford, a very large amount of arrears was pointed out as quite impossible of being called for. I think it exceedingly discreditable to us, as a body. I am surprised, myself, that any man calling himself a gentleman, that any gentleman who feels himself at liberty to avail himself of the advantages of this association—and there are no men who, generally speaking, are more jealous of the honour and dignity which they ascribe to their profession than medical men—that they could consent, year after year, to receive the publication of the society and not pay their subscriptions. My opinion is, that the only practical mode of securing regular payment from those persons, would be, not only to publish the names of those who do pay, but at the end of the year to publish the names of those who do not pay.

SIR CHARLES HASTINGS. I do not think it arises from any want of application, because applications are repeatedly made to those gentlemen who are in arrear; but when once they get in arrear they never pay. I believe, in some instances, that this is the fact. We have, however, a very stringent rule as far as the supply of the JOURNAL is concerned now, and it is this: that no man whose subscription is one year in arrear, has the JOURNAL any more

supplied to him. This, of course, prevents the fund of the Association being wasted beyond one year if the member falls into arrear; and how we are to do more than this I really do not know. I have turned it over very often, and we have had various committees upon the subject, and I really do not see my way to any plan by which we shall prevent it.

A MEMBER. Publish the names.

SIR CHARLES HASTINGS. We have been advised that that would amount to a libel. We thought of that, and we got a list prepared; but we were legally advised that if we did that we should be liable to an action for libel. We have stopped the JOURNAL; but with reference to publishing the names we cannot do that. This question has been before us this very day. It was also at Birmingham before us, and there has been a financial committee appointed for the express purpose of looking quarterly into the state of arrears, and using every possible means to get them paid. But you must recollect that we have no legal claim against these gentlemen but the result is, I am sorry to say, that sometimes persons get in arrear, they will not pay their subscriptions, and we have no power of making them. It is not a case of debt, but we have tried in various ways—we have no claim against them, so that it is entirely a question of honour, there is no doubt about that.

DR. WOOD. I believe I may speak from personal experience, that there are few things more difficult than to pay regularly small subscriptions. I am afraid I myself very often get in arrear, and I do not know that I am not in arrear to this society. I, like others, pay a great many small subscriptions in the course of the year, and it becomes a question how we are to pay. One does not like to write a check for a guinea. I think it is fair to your banker not to trouble him with such trifling payments as those. It may be paid by post-office order; but then again, with men who are constantly engaged in the practice of their profession, in many cases they put aside as unimportant for the moment such things as those, intending to do them tomorrow or next day, and it is never done. A notice comes—it is a little printed notice, it is dropped into the waste paper basket or forgotten, but there is no intention of evading it. One way, however, there is in which I think it may be met, and in which it is met in many societies, which is, to allow members to pay a life subscription; not only in small societies, but even in larger ones; it is a rule that members are at liberty, if they choose, to compound their subscriptions by paying one sum, and have done with it. I am quite sure that I should be glad to do so, and I have no doubt that a great many here would be. I think they can hardly be regarded as defaulters. I can quite conceive, especially with provincial men, that they have some little difficulty in getting the means of sending a post-office order. I feel sure that those are things that too frequently arise without any intention not to make payment; and I think it might be proper that they should have an opportunity of paying a composition fee and have done with it.

DR. RADCLIFFE HALL. I am quite sure that the suggestion of the last speaker would be found, practically, not to work at all. I need not enter into the reasons which would prevent many men in the country from attempting to calculate their future length of life, and to make a composition fee for the reception of the JOURNAL to the Society. I think the difficulties attending it speak for themselves. I think a very much simpler method, and which would work very much better than that, would be placing the accounts in the hands of an accountant, and giving him the ordinary commission upon what he collects; in that way, say that you have to collect two thousand guineas a year, your commission per cent. would amount to a very much smaller sum than you at present lose by default, and it would relieve



ur Honorary Secretary and our Editor from any practical dealing with the financial department, a relief from which, I am quite sure, we should receive their thanks. In this way the finance would come in as a matter of business with greater regularity than it has ever done yet.

Dr. GIBBON. I think there is another way of getting over Dr. Wood's difficulty, which is simply to notify to his banker to pay one guinea a year to this Association.

Mr. HUSBAND (York). I believe an alteration of our rule would meet the matter at once. The rule allows twelve months to pay subscriptions. If the rule were altered, and it was made six months, and if, any member not having paid his subscription a year its becoming due, his name was expunged from the roll of members, you would at once get rid of useless members. I think if the Council took that into consideration; if such a stringent rule were passed, and is carried out as it ought to be, fearlessly and without favour to any one, I believe at once these arrears must cease; and, at all events, we should get rid at once of those members who are not a credit to the Association.

Dr. TUNSTALL. The gentlemen who have addressed you, sir, have altogether ignored the fact that you have Branches in various parts of the country; and I believe each Branch has an honorary secretary; and that the Branches usually assist the treasurer in collecting the subscriptions from the local members within their own Branch. I am quite satisfied in the Branch to which I belong, that the arrears are admirably collected by my friend Mr. Fowler, and Dr. Marshall of Bristol, who are very anxious to see that each of us and all of us pay our subscriptions. But it occasionally happens that there are men in outlying parts of various Branches whose subscriptions are exceedingly difficult to get; and those are the gentlemen who, I think, if the suggestion of the last speaker is adopted, a professional accountant might reasonably apply to. But if you have an application made by a professional accountant to 2000 members of this Association, 1500 of whom, according to the Report of the Council, pay up their subscriptions regularly, I think you will adopt a very inconvenient mode of collecting subscriptions, because the various local secretaries at the present time do collect the subscriptions as they fall due. There must be, in an Association like ours, various members who live, if I may so express myself, remote from the immediate arrangement of the Branch. For instance, a man may live twelve miles, or fifteen miles, or twenty miles, from the centre of his Branch, to whom you can only apply by correspondence. He may live in a situation where he may not be within some distance of a bank. If it is not convenient to him during the 365 days to go to the post-office to take the trouble of sending a post-office order to the treasurer for his subscription, by all means employ a man to collect it; but I should hope the Association would never put a regular paying member to the trouble of being applied to by an accountant living in London. I hope, while you punish the 500 in arrear, you may not whip them all round, and apply your birch to the 2000.

Mr. STEELE. I simply intended to call the attention of the Council to the subject, believing that they could manage the matter much better than we could possibly do.

The motion, that the Report be received and adopted, was put, and carried unanimously.

#### ELECTION OF AUDITORS.

Dr. RICHARDSON moved—"That the best thanks of this meeting be given to Dr. Melson and Mr. Hadley, of Birmingham, for auditing the accounts of the Association, and that they be requested again to undertake the duties of the office."

Dr. WILLIAMS seconded the resolution, which was carried unanimously.

#### APPOINTMENT OF DR. LOCHÉE AS VICE-PRESIDENT.

Dr. RADCLYFFE HALL. I have great pleasure in proposing to the meeting a resolution, which I am sure will be adopted by all who remember the cordial feeling with which we were welcomed last year to Canterbury, and the great ability with which our meeting was then presided over. I move—

"That the cordial thanks of this meeting be given to Dr. Lochée, the retiring-President; and that he be appointed a Vice-President of the Association."

Dr. HENRY. Sir, I have great satisfaction in seconding the motion of Dr. Hall. I am sure all must remember with great pleasure the admirable address which Dr. Lochée delivered to us, and the able manner in which he performed his duty as President. Our friends of Canterbury have great reason to congratulate themselves in having given us a President to whom the city of Canterbury and the Association can look with so much pride.

The resolution was carried unanimously.

#### VOTE OF THANKS TO THE COUNCIL.

Mr. PROPERT. I assure you, sir, that the Council have our lively respect and our best acknowledgments; for I know many of my friends who have travelled miles and miles to be present at so important a discussion as is carried on by the Association. I really cannot find words sufficiently to convey to you my admiration and devotion to the Council for their indefatigable exertions, and for the general satisfaction which they have given: I therefore move—

"That the thanks of this meeting be given to the Councils of the Association for their valuable services during the past year."

Mr. STEELE (Liverpool) seconded the resolution, which was carried unanimously.

#### ELECTION OF GENERAL SECRETARY.

Dr. RICHARDSON. Sir, I have great pleasure in moving that the Secretary of the Society, Dr. Williams, be re-elected to fill the duties of that office. I, as one of the members of the Executive Committee, have very great pleasure in stating that during the past year, as in the preceding year, the labours of Dr. Williams, as the secretary of the society, have been thoroughly well performed, and such as on all occasions have won the support and esteem of the executive committee. I presume it is as being a member of the committee that I am asked to take this resolution, because no one else can so well speak to the zeal of the secretary. Upon the value of Dr. Williams's personal friendship, apart from his acts, I will not dwell. I therefore propose at once—

"That Dr. Williams be re-elected General Secretary of the Association."

Mr. HECKSTALL SMITH seconded the motion, which was carried unanimously.

#### THE CASE OF MR. WEBBER AND MR. WELLS.

A discussion ensued upon a personal matter connected with Dr. Webber and Mr. Wells; after which the proceedings were adjourned.

#### SOIRÉE AT THE ROYAL COLLEGE OF SURGEONS.

At 9 p.m., the President, Vice-Presidents and Council of the Royal College of Surgeons of England, gave a soirée to the members of the Association, to which also their own fellows and members were invited. The whole suite of rooms was thrown open to their guests, and for the first time in the annals of the college the Hunterian Museum was brilliantly illuminated; hitherto the danger from fire has been considered too great, but by means of Hulett's new silvered glass reflecting gaslight this fear has been happily removed, and the three museums were most effectively lit up, enabling the guests to see the preparations of the upper or second gallery. The principal object of attraction here was the admirable and life-like plaster cast of the statue of John Hunter, now being executed by



Mr. Weekes, A.R.A., by public subscription for the college. The noble library was the next object of attraction; here congregated the *élite* of the medical profession, both English and foreign, admiring the numerous works of art and vertu, contributed by several members of the profession; sculpture was ably represented by Weekes, Butler, Foley, Macdowall, and Marochetti. A medallion of the late lamented Prince Consort, just completed for the Statistical Society of London, by Butler, and honourably placed in the Council-chamber of the college, in front of the Mace, was deservedly admired and pronounced to be one of the happiest efforts of this amiable and accomplished artist, who also contributed medallions of Cheselden and Astley Cooper, from the well-known bust of Weekes. These medallions were metallised by the novel and ingenious process of Dr. Cattell, to supersede the electro-metallurgy. Painting was represented by some charming specimens of Landseer, Corbould, Millais, Cooke, Waterhouse Hawkins, etc. A large number of foreign savans attended this very interesting conversation of the college. The refreshments, supplied by Messrs. Gunter, of Belgrave Square, under the superintendence of Mr. Beal and a well organised staff of officials, gave the greatest satisfaction.

### WEDNESDAY.

#### THE CASE OF MR. WELLS AND MR. WEBBER.

DR. WILLIAMS read the following paper: "This Council is of opinion that as some of the Committee appointed to arbitrate between Mr. Webber and Mr. Spencer Wells have refused to act, and Mr. Wells has also refused to abide by their decision, no matter in dispute should be entertained by the Association which has already been investigated before a legal tribunal; but that, if Mr. Webber has any charge of unprofessional conduct to bring against Mr. S. Wells, which has not been so adjudicated, the Committee appointed yesterday be requested to report to a General Meeting of the Association upon such charges, even should Mr. S. Wells still persist in his refusal to abide by their decision."

MR. HUSBAND. Mr. Chairman, that resolution, I believe I may say, was most anxiously considered by the Council in the other room. They have considered all the circumstances under which this charge has been made; they have considered all the circumstances under which the Committee have refused to adjudicate, and Mr. Wells has refused to assent. I, therefore, have every confidence in proposing

"That this Association approves of that resolution, and requests the Council to carry it out."

DR. COOKWORTHY seconded the motion, which was carried unanimously.

On the motion of the PRESIDENT, Mr. Heckstall Smith was added to the Committee of Arbitration, in the room of Mr. Cordy Burrows, who was absent.

THE PRESIDENT. There is another resolution that has been passed, viz.:

"That this Council is of opinion that the refusal of a member, against whom a charge has been made of professional misconduct to appear before a Committee appointed to investigate the case, ought not to prevent the inquiry from being carried out."

The Resolution was put and carried unanimously.

#### AN EXPERIMENTAL REPORT ON THE TREATMENT OF SUSPENDED ANIMATION

Was read by B. W. Richardson, M.D.

#### A PAPER

On Aneurisms of the Arch of the Aorta, was read by F. Sibson, M.D., F.R.S.

#### THE ADDRESS IN MEDICINE

Was read by W. H. Walshe, M.D.

The Address is published in full at page 133.

DR. HUGHES BENNETT (Edinburgh). Mr. President. I can assure you I esteem it as a great honour that I have been asked to bring forward a motion expressive of the admiration with which we have all listened to the noble address of Professor Walshe. It must be, sir, a source of infinite satisfaction to every one here, and to the profession at large, that we need never despair of its mission being fulfilled so long as we have a vindicator so truthful, so earnest, and so eloquent of its objects and character, as Professor Walshe. With regard to the important subjects which he has brought under our consideration, I need not say that we can scarcely discuss them here; but on looking around at this assembly; thinking of the place in which we are met; sitting, as I have done, in a position where those wonderful preparations have stared me in the face, the work of the immortal Harvey,—I cannot but consider that Dr. Walshe has, perhaps, not sufficiently dwelt, after all that he has said, upon the immense importance of the deductive system in aiding medicine; for, sir, after all that can be said of observation, and all that can be said of facts, to what are we truly indebted for the impulses which have guided onwards our profession? To my mind (and I have considered this matter somewhat deeply) it is to such great men as this College possesses memorials of, which are before me, that I consider we are deeply indebted for the position we now hold. It is, sir, to the discovery of law, that in truth all facts are important to us; because observations have existed from the most ancient times, and facts have been known. But what renders facts important to us? It is, sir, the mind that conceives their importance, and points out the laws which regulate them. Let us consider for a moment what was the state of medicine before the days of Harvey? Why, the heart beat then as it does now, the pulse moved with the same force; but the law that governed those facts was unknown, and medicine was almost nothing. To him it is, and to his genius, to his generalisation, that we owe not only theory itself, but all the important facts and practical applications which it has pointed out to us. Hence, then, it is to genius—to generalisation—it is, in short, to theory, but to correct theory, that we continually owe, and are constantly deriving, importance in our labours. When we look back to the history of even our own art, what do we find? Let a man bring forward a generalisation or law, and see how facts group themselves around it; see how even our practice is governed by it. I need not point out how this occurred as the result of the discovery of the circulation of the blood; but we have found it to be so ever since. Medicine has been mechanical with mechanists; it has been chemical with chemists; and it has been vital with vitalists. Even in modern times—even in this present day—the cellular doctrine has been brought forward by Schwann, the cellular pathology by Virchow, and cellular therapeutics by Addison; and it is in this way, to my mind, that medicine must always advance. It is not observation only, it is the generalisation of observation alone that can ever aid our progress, influenced, in some degree, by the *genius loci*, if I may so explain it, of this room. I think we should not forget those facts and those circumstances. I look at these ideas as those which should govern us in our onward progress. Here it is, sir, that I would make this observation with regard to one point to which Professor Walshe alluded. He most justly, distinctly, and clearly stated that medicine, certainly at present, is anything but an exact science—but he did not express a hope, which I have always entertained, that it may one day become so. Why should it not? There is nothing to oppose this motion. Let us consider for a moment, as I have been in the habit of expressing it, what the state of physical science was before the days of Newton—what was the state even of chemistry, before the days of Lavoisier who lived only the other day? My hope has always been for the on-



ward progress of medicine, that some day with us another Newton, and another Lavoisier may come, who will furnish our science with its positive laws, and render it, if not quite, at all events nearly as exact a science as those labourers rendered theirs. It is in this point of view, sir, looking as I do to the circumstance that it is by the cultivation of the science of Physiology, and of Pathology, that we must guide our observations, that I would ask this question of the assembly—Why is not this idea better carried out than it obviously is? I would ask you, sir, and I would ask all present, in this point of view, are we true to ourselves? that is the question. Dr. Walshe has alluded to how persons non-medical legislate for medicine. Do those who are medical, legislate better? What were our expectations of that Medical Council, of that Medical Parliament whom we elected to govern our affairs? Has it answered our expectations? In that excellent and admirable address, sir, which you delivered to us yesterday, I think you yourself were obliged to admit that it has not. One of the uses of this Association, I take to be, that we should point out our opinions strongly, and say we had better hopes of that Council. Where is that national education in medicine that we were promised from them? After some years now of labour, have they approached its consideration? In vain, sir, do I seek to find it anywhere. Why should medicine, which is one and indivisible, be Scotch, or Irish, or English? Is it not everywhere the same? Do not we require the same regulations everywhere? Should the interests of colleges and institutions separate us? I call, sir, in the name of the British Medical Association, upon that Council to settle that important question, and at once to address itself to its great task of framing a national, instead of a local medical education. With these very few observations, sir, I beg leave to move

“That the thanks of this Association be given to Dr. Walshe for the very able, interesting, and I would beg to add, eloquent address which he has given us.”

Dr. VOSE. I have the honour, sir, to second the motion of Professor Bennett.

THE PRESIDENT. Before I put to you, gentlemen, the resolution which has been proposed to us in such animated and eloquent terms by Professor Bennett, and seconded by Dr. Vose, I believe it is my duty to mention to Dr. Walshe that it is one of the rules of this Association that when a paper is read at a general meeting, that paper is subsequently considered to be the property of the Association. Now, I am sure that all here would deeply deplore, if the paper which we have just heard read by Dr. Walshe was to be anything like an exception to that rule: it is too valuable a jewel—too bright a gem for us to lose; and therefore I hope that Dr. Walshe will give us an assurance that he will put this manuscript into the hands of our secretary; for it is too valuable a document to be in any other possession than that of the secretary of this Association.

Dr. WALSHE. Mr. President, I rise to say a few words in acknowledgment of the compliment which I have this moment received at the hands of all those men around me for whom I feel so deep a respect. When I undertook the delivery of this address, as many present will easily imagine, it was to me a source of the most deep and poignant anxiety. I felt the immense responsibility of that which I was undertaking. However, if I have had hours of anxiety (and those hours I have had), they are all blotted out and forgotten for ever by the triumph of this moment. With regard to the matter which you just mentioned at the close, I must say that I am in this unfortunate position, that an application has been made to me by one of the influential journals to give this address, immediately after its delivery, to the proprietor of that journal. I consented to do this; but I presume that my honour cannot be impeached if I withdraw from that, seeing that I was utterly incognisant of any

sort of regulation such as that which you have stated. I think, under these circumstances, that in publicly resigning it into the hands of those who have flattered me so deeply as to wish for it, I shall not be acting in a derogatory manner to those I have mentioned. I beg most cordially to thank my worthy colleague Professor Bennett. He knows, as I do, that we two have not always belonged precisely to the same mode of thinking upon certain medical propositions. There is one point, and only one, which I shall venture to say a syllable about. Dr. Bennett seemed to speak as if, in the address which I had the honour to deliver just now, I supported especially observation as mere observation; and he told me, that since the time of Hippocrates, and before him, this observation had been going on. I did not mean mere observation of things as they fall before the eyes of every one. I remember what the celebrated Dessaux said, who was surgeon at the Hôtel Dieu, when one of the nurses had interfered with a patient, and he rebuked her. She said: “I have been so many years in the wards, Monsieur, that I think I ought to know something about surgery.” “So, Madame, has that stove been a great number of years before you, and has made its observations in its way; but it has not learnt much.” So it is. I do not uphold observation as mere observation—the finding of facts for which no sources are given. I mean generalised, collated observation, such as my admirable colleague would defend.

THE PRESIDENT. I think I am only expressing the feelings of every member of the British Medical Association, when I state that it is our unanimous opinion that Dr. Walshe can, quite consistently with his feelings as a man of honour, resign into the hands of the Association his manuscript. I think he will not, in any way, be deviating from his promise elsewhere, because really, in fact, by accepting the office he has so ably discharged, he pledged himself to the Association to give them his valuable manuscript.

After a few remarks from Mr. HART, the resolution was put, and carried unanimously.

#### A PAPER

On the Successful Treatment of Aneurism by Forcible Flexion, was read by Ernest Hart, Esq.

#### THE REPORT OF THE MEDICAL BENEVOLENT FUND

Was read by Joseph Toynbee, Esq.

Mr. HECKSTALL SMITH proposed—

“That the Report now read be received and adopted; and that our thanks be given to Mr. Toynbee and the Committee for their efficient services.”

Mr. PROPERT seconded the resolution, which was carried unanimously.

#### SOIRÉE AT THE COLLEGE OF PHYSICIANS.

At 9 P.M. the President and Fellows of the Royal College of Physicians received the members of the Association at a *soirée*. Every arrangement made was in keeping with the liberality which has characterised the proceedings of that learned body in reference to our meeting.

#### THURSDAY.

##### COMMITTEE OF COUNCIL.

The General Council this morning elected the following ten members of their body as members of the Committee of Council for the next year:—E. Bartleet, Esq. (Birmingham); G. Bottomley, Esq. (Croydon); W. Budd, M.D. (Bristol); P. Cartwright, Esq. (Oswestry); T. T. Griffith, Esq. (Wrexham); W. D. Husband, Esq. (York); B. W. Richardson, M.D. (London); G. Southam, Esq. (Manchester); M. A. Eason Wilkinson, M.D. (Manchester); and T. Watkin Williams, Esq. (Birmingham).



## PLACE OF MEETING FOR 1863.

Dr. WATERS (Liverpool). I have the pleasure to propose the adoption of a recommendation from the Council. Last year, at our meeting in Canterbury, I had the honour to propose the resolution which is being now practically carried out; namely, that the meeting this year should take place in this great metropolis. I have the satisfaction this morning to say that the Committee of Council and the Council have received from the profession residing in Bristol a most cordial invitation to hold the annual meeting in that city in 1863. We held one meeting in Bristol some years ago; and I am sure, from the cordial reception which the meeting met with on that occasion, that the resolution which I have the honour to propose will meet with unanimous approval on this occasion. And when I mention that the Council recommend that so distinguished a member of the profession as Dr. Symonds be nominated as President-elect, I am sure we shall all feel that not only shall we be presided over by one occupying a high position both as a physician and as a gentleman, but that we shall meet with a most cordial and hospitable reception on the part of Dr. Symonds and other members of our Association residing in the district where we shall hold our meeting. It can scarcely be expected that, meeting in any provincial town or city, however great that city may be, we shall either find next year so large a gathering, or that we shall listen, perhaps, to such brilliant addresses, or be received in that brilliant manner which has characterised the reception we have met with on this occasion. [*Hear, hear.*] Yet, though the hospitality which we have met with here has been profuse and unbounded, I venture to think that the well-known reputation of Bristol will be well maintained next year, and that we shall meet with a cordial, and, I may venture to say, a hospitable reception. I will not trespass any longer upon the time of the meeting, because I know that your time is short; but I will conclude by proposing—

“That the next annual meeting be held in Bristol; that Dr. Symonds be appointed President-elect; and that the Committee of Council be requested to make the necessary arrangements, and to nominate the readers of addresses.”

Dr. W. BUDD (Bristol). I have great pleasure in seconding this resolution. We cannot, of course, profess to receive you in the same splendour in Bristol that has marked your reception of the members of the Association here. All I can say is that we shall give you a very hearty welcome. I have the utmost pleasure in seconding the proposal to nominate my distinguished friend Dr. Symonds as President-elect for the ensuing year. His eminence as a physician, his high social position, and his qualifications altogether, fit him in an eminent degree to fill the office of President of this Association with dignity and grace. All I can say is that if you come to Bristol we will endeavour to give you a hearty welcome.

The resolution was put, and carried unanimously.

Sir CHARLES HASTINGS. I have great satisfaction in saying that this resolution is unanimously passed; and having attended a meeting at Bristol twenty-nine years ago, I may say that that meeting was scarcely second to any meeting we held during that period of time. I, therefore, look forward with the utmost confidence in every respect to our meeting at Bristol.

## PAPER.

The following paper was read:—

‘The Relief of Near Sight without Spectacles. By J. V. Solomon, Esq.

## REGISTRATION OF BIRTHS, DEATHS, AND DISEASES, FOR IRELAND.

Mr. H. W. RUMSEY (Cheltenham) proposed—

“1. That in any measure of legislation for the registration of births and deaths in Ireland, this Association deems it highly important that the local machinery for such registration should be altogether distinct from that for the registration of marriages; and is happy to perceive that this principle has been recognised in the Bills which have been introduced into the House of Commons during this and the preceding sessions of Parliament.

“2. That it is most desirable to introduce into any such measure the principle of local scientific supervision of the returns of births and deaths.

“3. That the office of *Superintendent Registrar of Births and Deaths* ought to be held by persons well acquainted with the physical and biological sciences, versed in sanitary and vital statistics, and accustomed to make medico-legal investigations.

“4. That it is desirable to combine with the superintendence of the registration of births and deaths the registration of all sickness attended in public institutions or at the public expense.

“5. That each superintendent registrar should be required to publish, for the information of the local administrative authorities and the instruction of the inhabitants of his district, an *Annual Report* of the results of registration, as also a *quarterly* summary of the deaths and diseases, with their causes, according to forms to be determined by the Registrar-General for Ireland.

“6. That in the local reports of mortality and sickness, it is important to specify age and occupation, to record meteorological observations, and to note local events and circumstances affecting the public health.

“7. That it is desirable to require the authentication of the cause or mode of death by a certificate from a legally qualified medical practitioner; and that, where no such certificate is delivered, the sub-registrar be required to inform the superintendent, who should forthwith make inquiry into the case.

“8. That the registration of births should be compulsory; and that still-births (after the sixth month of utero-gestation), when not certified by a legally qualified medical practitioner, should be subject to the regulation stated in the last resolution.

“9. That the boundaries of registration districts and sub-districts ought, as nearly as possible, to conform to the limits of existing districts for the relief of the poor and for the administration of medical aid (union and dispensary districts), having due regard to the jurisdictions of local sanitary authorities.

“10. That the proposed scientific superintendents, as statistical inquirers and reporters for national purposes, should be made independent of local and party influences, debarred from private medical practice, and paid out of national funds.

“11. That the Council of this Association be requested to open communications with the Government, and with the Poor-law Commission of Ireland, for the purpose of laying before them the suggestions of the Association, and of conferring with them as to the best mode of embodying them in a legislative enactment.”

Dr. RICHARDSON seconded the resolutions, which were carried unanimously.

## PAPER.

A paper was then read on the Occurrence (hitherto unnoticed) of Malignant Pustule in England; illustrated by a Drawing and by numerous Fatal Cases. By William Budd, M.D.

## THE ADDRESS IN SURGERY

Was read by JAMES PAGET, Esq., F.R.S.

The PRESIDENT: I am sure, gentlemen, you will not be surprised to hear that there are several gentlemen in this room who are most anxious to rise and move and second a resolution expressing our feelings to Mr. Paget



or his address. All who have listened to that comprehensive, that eloquent, and that most instructive address, must feel that they have a deep debt of gratitude to pay him. I am happy to say that I have upon this paper two names honoured in British surgery, who are anxious to come forward and move and second a resolution of thanks to Mr. Paget. Mr. Hey will propose a vote of thanks, and Mr. Hodgson will second it.

Mr. W. HEY (Leeds). I regret that the task which has been imposed upon me has not fallen into other hands than mine, because there are many gentlemen in the room willing and anxious to undertake this duty, and who would have performed it much better than I can. The task, however, is not a difficult one; if it had been, I should have shrunk from it. Nothing is more easy, because the address must have commended itself to the approbation of every one who has heard it. Nothing that could fall from me could add in any degree to your appreciation of the address to which you have just listened. I will not detain you by any observations of my own, except to say that I am glad of the opportunity of expressing my own individual concurrence with every sentiment which has fallen from Mr. Paget. He has not expressed or enunciated any principle with which I could not entirely concur. Mr. Hey concluded by proposing:—

“That the cordial thanks of this meeting be given to Mr. Paget for his very able and interesting address, and that he be requested to allow it to be printed in the JOURNAL of the Association.”

Mr. HODGSON (London) seconded the resolution, which was carried unanimously.

PAPERS.

The following paper was read—

Suggestions for Inquiry into the Action of Medicines. By C. Handfield Jones, M.B., F.R.S.

Dr. G. WEBSTER proposed; Dr. Farr seconded, and it was resolved:—

“That a small committee be appointed to inquire into the action of medicines; that Dr. Handfield Jones, Dr. Acland, Dr. Fleming, Dr. Farr, Mr. Crompton, Dr. Hughes Bennett, Mr. Hodgson, Dr. Webster, and Dr. Harley, be the committee, with power to add to their number.”

Remarks on a Case of Wound of the Spinal Cord. By C. E. Brown-Séquard, M.D., F.R.S.

The Use of Iodine in the Treatment of Affections of the Head in Children. By R. T. Evanson, M.D.

Some Account of a Case in which Internal Cancer was Removed from the Orbit. By C. H. Moore, Esq. [The patient was brought by Mr. Moore to an adjoining room for examination by the members.]

On the Question—Is Alcohol Food? By T. Inman, M.D.

On the Non-Alcoholic Treatment of Disease. By J. Higginbottom, Esq., F.R.S.

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—AUGUST 2, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 928 Girls.. 866 }	1794 1209
Average of corresponding weeks 1852-61 .....	1773	1275
Barometer:		
Highest (Mon.) 29.956; lowest (Sat.) 29.816; mean, 29.898.		
Thermometer:		
Highest in sun—extremes (Sun.) 129.5 degs.; (Mon.) 110.2 degs.		
In shade—highest (Fri.) 79.9 degrees; lowest (Mon.) 46.0 degs.		
Mean—61.3 degrees; difference from mean of 43 yrs.—1.0 deg.		
Range—during week, 33.9 degrees; mean daily, 24.5 degrees.		
Mean humidity of air (saturation=100), 70.		
Mean direction of wind, S.W.—Rain in inches, 0.03.		

Medical News.

THE LATE DR. MCWILLIAM. We have been requested to publish the following appeal: “28th July, 1862. Sir: We, the undersigned, have formed ourselves into a sub-committee to co-operate with a committee already existing of medical officers of the navy in raising a fund among the profession generally, for the widow and orphan children of the late Dr. McWilliam, C.B., F.R.S. Dr. McWilliam was so well known as to render it almost superfluous to state that in him were combined in a pre-eminent degree all the most estimable qualities of the medical character—professional knowledge and sound judgment, high moral courage, great benevolence and generosity, with indefatigable zeal and industry; and these qualities shone forth during the whole course of a public life marked by many memorable and trying events. Witness his active services, intermitted only by severe attacks of fever, in various ships on the West Coast of Africa, his most heroic exertions in the ill-fated expedition to the Niger, and, subsequently, his volunteer labours in investigating with such self-sacrificing zeal the yellow fever at the Cape de Verde Islands, which followed upon the fatal outbreak of that pestilence in H. M. S. *Eclair*. As Medical Inspector of the Customs during the latter years of his life he displayed the same energy of purpose and devotedness to duty, and won the esteem and gratitude of all with whom he was associated. For his many valuable services he received, in 1858, the distinguished honour of being made Companion of the Bath. His leisure time was unceasingly given up to the advancement of professional science. From the formation of the Epidemiological Society he discharged with unflagging zeal the duties of honorary secretary, and his many contributions to its transactions, as well as his recent researches on the health of our merchant seamen, brought before the National Association for the Promotion of Social Science, must be well known to all. When we find that a man, who thus so honourably and so usefully spent his life, has left his widow and family without anything like adequate provision, we feel that this is no ordinary case, and that in contributing to a fund for the due support, education, and respectable introduction into life of eight young daughters prematurely bereaved of a father's care, the profession are but doing justice to their feelings of benevolence in a righteous cause. We beg to subscribe ourselves,—B. G. Babington, M.D., F.R.S., Chairman, 31, George Street, Hanover Square; J. Copland, M.D., F.R.S., Old Burlington Street; H. Mapleton, M.D., Deputy Inspector of Hospitals, 6, Whitehall Yard; J. Simon, F.R.S., Privy Council Office, Whitehall; Waller Lewis, M.D., General Post Office; R. D. Grainger, F.R.S., Highgate; Ranald Martin, C.B., F.R.S., Mount Street, Grosvenor Square; J. Probert, 6, New Cavendish Street; William Farr, M.D., F.R.S., Somerset House; William Cooke, M.D., Trinity Square, E.C.; Gavin Milroy, M.D., Hon. Sec., 149, Strand, or 8, St. John's Villas, Richmond. Subscriptions by cheque or otherwise will be received by all the members of the committee, or may be paid to the “McWilliam Fund,” at the London and Westminster Bank, St. James's Square, S.W.”

TO CORRESPONDENTS.

\*\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

COMMUNICATIONS have been received from:—Mr. HAYNES WALTON; Mr. T. M. STONE; Dr. F. J. BROWN; Mr. F. D. ROSS; Dr. TANNER; Dr. BURROWS; and Dr. WALSH.



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CAUTION.—J. T. DAVENPORT received from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff, the sole discoverer and inventor, his RECIPE for this invaluable preparation, which has never been published or made known; hence there can be no other maker, and anything compounded as Chlorodyne besides a spurious imitation and deception.

**TESTIMONIALS.**

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"HENRY J. STORMONT, Esq., Surgeon, Chesbunt."

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(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital. 16, George Street, Hanover Square, Oct. 14th, 1861.

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# Addresses and Papers

READ AT

THE THIRTIETH ANNUAL MEETING OF  
THE BRITISH MEDICAL  
ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

THE

## ADDRESS IN SURGERY.

BY

JAMES PAGET, Esq., F.R.S.,

SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

[R. PAGET's address, as here given, contains some paragraphs which, for want of time, were not delivered at the meeting.]

I HAVE taken for the subject of my address the management of Patients after Surgical Operations; and I venture to hope that I shall best discharge my duty if I treat this subject not merely in retrospect, as if it offered only great achievements over which we might rejoice, but equally, or rather more, with the design of indicating some of the things which yet remain to be done, and which will be done, if the members of this great Association will make it their business to do them.

There is, indeed, nothing in the retrospect from which we need avert; rather we might boast of many things achieved; and, if I had to name the chief of them, or illustrate the whole by one, I could name the increasing simplicity and soundness of our practice, founded on the general recognition of the principle that the recovery from an operation, from any other injury, is so natural a process that we should not, without express and exceptional reason, interfere with it at any time or in any way. Speaking generally, we are so constructed that injuries, from whatever sources, do of themselves increase and naturally bring about the processes for their own repair; so that, except in some of those cases where the healing of a wound, and all the other parts of the recovery from an injury, are as artificial and consequent a process as is the refreshment of the system that is fatigued by labour. We have made not for the calm of life alone, but for its storms; not only for the certain, but for the possible, and almost for the possible, events of life, among which are injuries by violence.

Nevertheless, in the complicated circumstances of practice, the natural process of recovery after operation leaves or requires several things to be done.

First, it leaves for our decision the method of proceeding to be in each case adopted, whether for the safety of the patient's life, or for his comfort and his quick recovery; for every design for an operation should include the consideration not only of how the case is to be most quickly and safely removed, but how the wound is to be most quickly and safely healed.

I need hardly say that we have long settled ourselves in a just preference for the most speedy healing; that is, for the healing by the first intention—whether by the immediate union, or by the union by

adhesion. There are abundant and obvious reasons for this; but none to my mind is more potent than that, so long as a wound is unhealed, there is a risk, however small, of some of the mischiefs by which a wounded man's life may be endangered—a risk of pyæmia or erysipelas, or some other of the "sore plagues" of surgery.

And yet the preference for immediate union may become an unwise prejudice. When that mode of union is attempted and fails, it may lead to something more than disappointment—it may be very mischievous; for there is no local source of blood-poisoning more effectual than the retention of blood or pus till they decompose behind the edges of a wound unwisely united.

The rule, therefore, for the choice of modes of healing may be always in favour of union by the first intention, when there is a reasonable probability that it can be, at least in good part, accomplished; but when there is less than such reasonable probability, to make no attempt for it.

The mode of healing being chosen, the natural process may seem to offer little to be done by him who has that full faith in it which we seem now to have generally attained. In respect of local management, he has only to see that he procures for the part repose and cleanliness. For repose, there must be not only no movement of the wounded part, or of the parts of the wound itself, but no rough contacts, no searchings, no pressures—only the gentlest touchings with the softest things, such as soft streams of water. Wounds must be handled, if at all, like embryos; for such, indeed, their healing structures are; and a rude touch spoils many a good day of Nature's work. And, for cleanliness, there must be good drainage (the most important, perhaps, of all the provisions to be made in making wounds); and the exclusion of everything that can pollute the air or the bed, or anything that can come near the wound.

I can speak in only general terms of these general rules of treatment; but, perhaps, the more general the terms, the more strongly they may express the simplicity and naturalness of the local treatment of operation-wounds which we may now boast of having generally adopted, and by which, if at all, we may attain that the recovery from an operation shall be not only safe, but very nearly painless. Repose and cleanliness are alone essential. Whatever interferes with these is bad, even though it be the most ingenious and elaborate dressing; nay, elaborate dressing is commonly much worse than none at all; and there are many cases, especially when union by the first intention is not attempted, in which a wound had much better be left naked than be dressed in even the most costly fashion.

So, too, for general treatment, we may now hold that, unless a case present something alien from the ordinary course, the best plan is to let the patients be as nearly as possible in the ordinary mode of prudent life. To give no medicine of which the need is not expressly indicated; to observe all rules of personal cleanliness; to provide abundant fresh air, and a sufficient or a liberal mixed diet,—really, as one looks over the records of the best recoveries after operations, these seem to be the best, or even all, the provisions one has made; and, as one looks at the records of one's own failures, or as one reads the reports of hospitals, especially of those abroad, one can see that the neglect of these things is one of the



most fruitful sources of the calamities which swell our histories of disappointments and of deaths.

In a general way, all are agreed about cleanliness; but it should include more things than it commonly does, such as the use of general or large local baths, the value of which, especially after lithotomy and other perinæal and pelvic operations, cannot be overstated; and of the frequent change not only of dressings, if there be any, and of bed-linen, but of beds; and, during convalescence, the change of rooms, or of one part of a ward for another. In all these, and many like things, the more a patient after an operation can be put near to the habits of a prudent and cleanly invalid, the more sure and speedy is his recovery.

And so with respect to diet. If all are not so well agreed on this, I feel sure that all will be soon; for the pendulum of general opinion, which swung to one extreme some thirty years ago, and was swinging to the other some four or five years since, is fast coming to the happier medium of moderation.

This seems worth dwelling on; for the sufficiency of the natural processes of recovery could scarcely be more strongly tested or more clearly proved than it has been by these extremes of opinion carried into practice.

One of the first cases that I took—nearly thirty years ago—was that of the removal of nearly half the lower jaw, with fibrous tumour. The cutting part of the operation lasted more than an hour. The patient was on the table more than an hour and a half, and left it (though a strong young man) extremely exhausted. On each of the two days following the operation, he was allowed three tablespoonfuls of milk and an injection of about a pint of milk and water; and his diet on the subsequent days was after a similar scale. He recovered remarkably well; and the operator, in a clinical lecture, said that he believed the favourable result was in great measure due to this strict abstinence. "The diet in such cases", he said, "could not be too low."

In similar cases, not long ago, perhaps even now in some places, the patient would have been well plied with wine or brandy, and with all manner of food; and his recovery would probably have been as complete and as speedy. But then what is the meaning of the equal success (if it be so) of two so contrary modes of treatment? Certainly not that they are suited to different times or types of disease, for I have seen them both not mischievously practised in the last few years; but that between the two runs the natural process of recovery from injury, the tendency to which is so strong in all persons not already tainted with disease, that neither excess nor deficiency of food, neither surfeit nor starvation, can always avert it.

Let me not seem to think it indifferent how patients after operations should be fed. I cite the successes of these opposite plans, not for the praise of either; I have no doubt that either of them, if always used, would sometimes do great harm; but I cite them because, taken together and with the evidence of cases that are left alone, they are tests and strong witnesses to the sufficiency of the natural process of recovery.

In full reliance, then, on this part of the ordinary course of nature, we may decide against all ways of putting patients into artificial or strange schemes of diet; we may consult their natural inclination for

food, or decide the diet with a suitable moderation, anticipating rather than waiting for the inclination for food, and bringing each patient, as soon as possible, to that manner of feeding which would have been usual or prudent if he had been, from any other cause, compelled to a prolonged rest from active life. Only one thing here: the diet should be more mixed than it commonly is, especially in hospitals. The monotony of mutton should be often interrupted by and varieties of vegetables, or even, if they can be had, of fruits, should be more often introduced. We can give these with great advantage in private; the absence is a notable defect in our hospital arrangements.

Further, the natural process of recovery is generally sufficiently sure, not only for the ordinary healing of wounds, but for the regaining of health after its temporary loss in the shock and the reaction that usually attend and follow our larger operations. There are exceptions enough to this to make us always watchful after operations (and I shall again refer to these); but, on the whole, the mortality from mere shock is very small; and that from traumatic reaction, even when it is continued into acute traumatic fever, is much smaller, if, indeed, any death can be properly referred to it.

The discomfort of a sharp reaction after shock makes us, perhaps, think of it too much as a manifestation of disease; whereas, even when it may seem excessive, it is really a phenomenon characteristic of the peculiar and higher nature of organised bodies. In the inorganic world, the axiom is, that action and reaction are opposite and equal; the spring recoils with the same force as pressed it; the pendulum swings equal distances this way and that. But the organised and living body reacts with more than the force that depressed or wasted it. The heart, whose force was lowered by a shock (say, of a plunge into cold water), recovers and reacts with greater force. The muscle that is greatly wasted in active exercise more than recovers from its waste. So, after a shock, the actions of life which have been suspended, or depressed below the normal standard, do not rise again only to that standard, but pass beyond and above it. We may, therefore, class reactions after shock among those processes, such as hypertrophies, which are so eminently characteristic of life, and such excellent instances of full healing, that they should not be interfered with, unless for some unusual reason.

I believe, then, that in our retrospect of the management of patients after surgical operations, we may congratulate ourselves on the increasing simplicity of our practice, founded on the wider recognition of the sufficiency of the natural process of recovery. And herein surgery may be said to have made a good contribution to that more accurate study of the natural history of disease which is becoming the most pressing want of our time. What will happen if this or that injury or disease be left to itself, or only so managed as the patient's comfort may suggest? The question has been often asked, but rarely answered; yet it must be answered before we can accurately study the value of any medical or surgical remedy. It is the question of therapeutics that should most occupy our mind; for, until we have made our standards of what the progress of disease is if left alone, we cannot judge of our power of controlling or of remedying it.



And let it not be thought that, by thus limiting the office in the ordinary charge of patients after operations to the mere "watch and guard" of natural processes, we diminish or degrade the true value of our calling. The obstetrician has not done in giving up all the "meddlesome midwifery" of former times; and certainly that branch of our profession was never more honoured or more useful than now, when, in all ordinary cases, it limits its duty to the superintendence of the sufficient work of nature. Similarly, surgeons may stand by and watch; content to shut out mischief (always a difficult task), well content if they can do that which is much more difficult—control the restlessness of popular or half-ignorance, which, in its audacity or its fright, would be for ever busily trying to improve the permitted ways of nature. Both these are difficulties; but, we are ambitious of more, we find only too soon that, easy as the task may seem when all goes well, the utmost strain of all our knowledge and of all our mental power is not too much for the difficulties that may arise in an untoward course.

Let me now speak of some of these things—of the points that are not in the natural course; and chiefly that I may take occasion to point out the need of a much more minute record and analysis than has yet been made of the causes of danger and mortality in operations. Much has been done to ascertain the general mortality of each capital operation; and it has been so well done, and so laboriously, that it may be ungracious to say that it is time now to do something more and better. Yet it is certain that we want now to know what are after each operation, in each hospital, and in different modes of practice; not only the several total amounts, but the several causes, of danger or of death. In short, our records of mortality after operations must be more minute in details, in order that, having better knowledge of the several dangers that are near, we may have better means of coping with them.

But, first, there are certain classes of cases to which, if they are to be tabulated at all, separate records must be assigned, because in them the history of the operation and its consequences cannot be separated from that of the disease for which it is performed. Thus it is, for example, with operations for hernia; with tracheotomy and trephining. Every surgeon has lost a large proportion of his patients in those operations; but the operations themselves are very rarely the cause of death; the worst that can be said of them is that they do not always save. For myself, I have, as yet, scarcely lost a case of any consequence of either of these operations; nearly half of those that I have operated on for hernia have died, and more than half after tracheotomy; and nearly all after trephining. But these deaths after operations; not because of them. In such cases, I repeat, must be excluded from general tables of mortality after operations, and from general studies of their general dangers and general management.

And among the deaths, some again must be separated as being, in a measure, accidental. Such are deaths from typhus, scarlet fever, scurvy, and other diseases that fall, as it were, casually on those who have been operated on. Deaths from these causes are not deaths from the effects of operations. They are not justly, or should not without explanation, attributed to their discredit. Only, in excluding them,

we must deal very honestly, and put with them none to which the operation in any measure ministered. Sir Astley Cooper used to tell of a distinguished foreign surgeon who, showing him round his wards, assured him that, in his practice, amputation at the shoulder-joint, which he had often performed, had never been fatal. At the dead-house, however, Sir Astley found a body with the recent and unhealed wound of an amputation at that joint. He inquired of it; and was assured that the death was not of the amputation, but of pneumonia, *i. e.*, probably of pneumonia that was pyæmic, and would never have occurred but for the operation. We must beware of this dishonesty; the more because the temptation to it is so very great and the fraud so easy.

But, if we may exclude these cases—or, at least, put them in a column wide apart—let us see how we may more minutely study and arrange the deaths or dangers that are really due to operations. I say deaths and dangers; for here, as everywhere, we should study and record both. If a patient barely escapes with his life, or even if he have any untoward symptoms at all, it may give as clear evidence of something to be amended as if he had died.

And, first, of the dangers and the deaths from shock. If we include under this heading only those in which patients die without ever rallying from the depression into which the operation casts them, they are very rare. I have scarcely seen one; and my impression is that they are made rarer than they used to be, both by the use of anæsthetics, and by the greater liberality of diet and the more natural manner in which patients are treated previous to operations; so that they come to face the difficulty, not with the least, but with the most, strength that we can give them.

Yet such deaths do happen, and it is desirable, though, perhaps, scarcely possible, so to analyse each instance of a fatal shock as to attribute its just share to each of the conditions on which it has depended, or which have contributed to it. The mental state of dread or grief; the loss of blood; the anæsthetic; the violent impression on the nervous centres, which, whether consciously perceived or not, is reflected from these centres, not upon the heart alone, but upon all the organs of organic life. How much does each of these contribute to the total of a shock? Cases could be adduced where each alone has been fatal; but where all are combined, it is very difficult to assign its just share to each. Yet we must, in each case, try to do so; for, according to the origin, so must be the treatment, of a severe shock.

My impression is that the tendency of the present day is to attribute too much to the loss of blood, and too little to the impression on the nervous system, which being, through anæsthetics, not consciously perceived, is apt to be forgotten. I would, indeed, spare bloodshed with all scrupulous care; but not so much for fear of immediate danger, as because a large loss of blood makes a patient (I think) more liable to erysipelas and other subsequent calamities, and certainly makes him less fit to bear them if they do befall him.

But from whatever source an intense shock may come, there is, perhaps, no case in the management of which the courage to do little is more needed. Great energy of treatment may do great mischief. It is enough if the patient can be maintained



steadily by the help of just sufficient stimulus, especially of brandy, at a very low level of life; for if this can be done, time and the natural tendency of life work mightily in favour of his full recovery. If, as we watch, the signs of shock do not become regularly more and more intense, it is nearly certain that reaction will naturally ensue. And even a brief period of deepening depression is not perilous; for the recovery from shock is not always an uniform uprising to reaction, but rather (at least in some cases) an undulating vibrating one; and, if we sit by and watch the changes every few minutes, they seem like waves with a flood-tide, rising and falling, yet each a little higher than the one before it, till the full sweep is gained.

I have said that great energy of treatment during shock may do great mischief. I mean, especially, that the profuse and rapid giving of food and stimulants may be very injurious, by producing or aggravating sickness—one of the worst complications that can be added to the shock, making it, by exhaustion, newly perilous.

And here I must refer to one of the very few detractions from the unspeakable value of anæsthetics; namely, that by exciting vomiting they may increase the peril of the shock of an operation. Of their general value, I could not find terms strong enough to speak; and this, not only for their mercy's sake, not only for the saving of pain, but for the abundant good that follows; for the avoidance of the memory of the operation, which patients used to suffer with, waking from sleeps disturbed with it, and for the diminution of all the effects of that part of the shock which used to be dependent upon pain. All these are so great blessings that one feels almost ashamed to mention a detraction. Yet the vomiting they may produce is an evil that deserves careful study. It may commonly be prevented by giving the patient only light and quickly digestible food some two or three hours before the anæsthetic, and by taking care that his digestive organs are in good order; but neither these, nor all else that I have heard of, are always sufficient; and if sickness from chloroform does ensue, I know no medicine by which it can be stopped. It will stop of itself, sometimes in a few hours, sometimes in a few days; but medicine seems to have no constant control over it; food and stimulants (except in the smallest quantities) seem only to provoke it; and although in ordinary cases of shock it may do no harm, yet when the shock is more profound, I cannot doubt that this chloroform-sickness, as we have to call it, adds greatly, and has sometimes added fatally, to the danger.

But, when I admit this as a drawback on the value of anæsthetics—especially, I think, of chloroform—I must add that I believe they have been unjustly charged with many greater mischiefs. When patients die with the ordinary symptoms of very profound shock, after operations of no great severity, there are never wanting those who will ascribe the death to chloroform or ether. Yet such deaths occurred, and were, I believe, more frequent before the discovery of anæsthetics. Mr. Travers relates some of them in his *Essays on Constitutional Irritation*. Doubtless these were deaths from shock. Their singularity was only in the apparently insufficient cause; and so far as the influence of chloroform is concerned, cases such as these might be cited as

among those which anæsthetics will commonly prevent, by saving patients from the alarm and dread of pain, which were probably the chief causes of the fatal shock.

I have said that the reaction after shock is seldom, if ever, perilous to life, even when it is continued to the degree of acute traumatic fever. So far as I have yet seen, it always spontaneously subsides, and leaves no harm behind, and has no disposition to increase or generate fevers of worse type. But there is sometimes danger in reaction which is incomplete. There are some in whom reaction will not pass beyond the level of health; and, perhaps, there is no danger in this; but my impression is that when the shock of an operation has been profound, the absence of thorough reaction is not good. And, again, there are cases in which reaction falters more than it should; and others in which it is very long delayed. These are more perilous, and in them, certainly, the reaction should be quickened by stimulants; for the longer it is delayed, the more likely it is to slope into mischief. And still more perilous than these are the reactions that are with hurry and disorder, or with violence of convulsion, or restlessness, or delirium. These are the cases of "action without power"; very difficult to explain by physiology; but most likely, I think, to occur in those that have least tenacity of composition, as the very feeble, the intemperate, the anæmic. For in all these it is probable that as soon as the balance and stability of life are disturbed, there will be a rapid and unrepaired waste of structures, and with this a disorderly and purposeless production of force. The great remedy in all such cases appears to be opium; acting (as we may believe) not only as an antidote, but by its singular power of retarding waste of structures, and, thereby, checking the force which is the issue of that waste.

The reaction that I have hitherto spoken of is general. The shock may affect directly, or certainly indirectly, every organ; the consequent reactions are a reaction in all. But chiefly the shock and the reaction are felt in the part operated on. For a time, if there have been much violence, the nutrition of the injured part seems suspended; it may die; or, recovering from the suspense, some more than normal exercise of formative force ensues in it. Now this local reaction, though commonly connected with the general, and often commensurate with it, is essentially independent. I think I have sufficient evidence of this in careful records of cases; but I cannot dwell upon them now. And in some of the instances of its independence, it may be perilous to life. In operations on the limbs and other external parts, indeed, the local reaction, even when it runs up to an acute inflammation, does only local harm, if any. It may spoil the healing of a wound, or may cause recurrent hæmorrhage; it may lead to too profuse a suppuration, or even to a limited gangrene; but I have not seen it do worse harm than this, or need any active treatment. But, when the operation has been done upon parts of great importance or extent, the local inflammation may be enough to kill. Thus some die of rapid traumatic peritonitis after ovariectomy, and this although the general reaction may have been scarcely established. They die as they do who have peritonitis after perforation, or rupture of the intestine; they die as if with the shock of a suddenly ensuing vast local disease. So, too, some die after



hotomy; and I suspect that more used to die when such violent traumatic inflammations were treated with bleeding and other similar measures. For I believe the suddenness of the onset has the effect of shock on the system, and the danger to be met, is not that of the mere inflammation, but that of the shock and depression. It needs not bleeding, but stimulants, or, perhaps, rather opium, till the shock passed.

Now the sources of danger and of death which I have thus far enumerated,—those, namely, from shock, from chloroform-sickness, from deficient or disorderly reaction, from acute local inflammation, and, I might have added, if I had had time, from primary and from recurrent hæmorrhage,—might form in our study of cases, or in our tabulation of their results, a separate group, as being due to the more or less of natural or almost inevitable processes. In this they are essentially different from the cases I have next to speak of, where the peril comes from agents that have more of the nature of diseases, that are more preventible, and that seem to have their origin, for the most part, in definite and specific morbid changes in the blood. Such are the most frequent cases of phlebitis and of inflamed lymphatics, all the forms and degrees of erysipelas, of pyæmia, putrid infection, of tetanus, and some others.

It seems to me to be very important that we should be quite clear as to the constitutional origin of all these affections; *i.e.*, we may believe, as to their being essentially due to the presence of specific morbid materials in the blood, whether bred in it or introduced from without. For if we hold this of them, when we may study them and treat them by the light of those which are the very types of those blood-diseases, namely, the eruptive and inoculable fevers.

It is true that erysipelas and phlebitis, for example, are most apt to appear, like local diseases, at the seat of injury, and there to be most intense. But the true eruptive fever will do the same. For instance, I cut a boy for stone; three days after, he became very ill, and seemed in danger of his life; but soon a vivid red eruption appeared at and about the wound. This was measles, earliest and most intense at the seat of injury, just as erysipelas might have been. Thence it extended, and ran its ordinary course, and did no harm. I have seen similar events in a case of injured and inflamed knee with scarlet fever; and Dr. William Budd has recorded one with small pox, which appeared most intensely over a bruise on the nates. The local determination of erysipelas and of other allied diseases, after operations, is accordingly no proof at all of their local origin or local nature. The same local manifestation happens with the truest eruptive fevers.

There is also a difference to be observed, which is usually characteristic, and very important for diagnosis, between these inflammations, which we may regard as specific diseases, and those which are truly local and of merely traumatic origin, namely, in respect of the time at which they severally set in. A traumatic and local inflammation sets in with, or very near the time of, the reaction, that is, commonly within two days of the operation, though it may be later if the general reaction be delayed. A specific inflammation having its origin in the blood, though, perhaps, manifesting itself at the place of injury, sets in later. Thus, after an operation—say,

on the face, or after an amputation—on the next day there may be acute inflammation at and about the wound, with swelling and œdema, and redness of the parts, and great tension. But this is not erysipelas or any serious malady: it is only common inflammation, a kind of excessive reaction in the injured part; and it will, I think, always subside if not unwisely treated, and will do only local, if any harm. But, after it has subsided, if it have occurred at all, and often after a clear interval with the part in a nearly normal state, another form of inflammation may set in, which is pyæmic or erysipelatous, or, with some other form, specific. So, again, with phlebitis. On the first or second day after an amputation the femoral vein, for example, may be inflamed; but this primary phlebitis, as it may be called, is an almost unimportant traumatic inflammation rarely, if ever, dangerous,—very different, therefore, in its significance from that secondary phlebitis which, ensuing later, is commonly associated with pyæmia.

And in yet another character these earlier traumatic and later specific inflammations at or near the seat of operations are different. The traumatic are not preceded by any appropriate constitutional disturbance: they may ensue before the general reaction; or, when ensuing with, or shortly after it, they may bear no proportion to it, and may be provably independent of it. But the later specific inflammations are very rarely observed without distinct premonitory disturbance, especially by rigor or some other profound affection of the nervous system.

Speaking of rigors, I wish I could provoke some one to their special study. What is the meaning of this strange shuddering, preceding, as it so often does, some of the most fearful maladies that we have to deal with? singular in its relation to the urethra, and to the formation of pus that has no free exit. I fear that we are as yet quite ignorant of its physiology; and I believe that we are too much in the habit of thinking that its essential or most significant element is the sensation of cold. But this is a mere sensation, and even only a subjective one; for, at least in agues, the temperature of the surface really rises before the rigor, and continues to rise all through its course. I venture to suggest (let it be my contribution to the study which I want to incite) that the best direction in which to study rigors is in their relations to convulsive disorders. My reason is, that they not only present all the essential features of convulsions, but may be replaced by them.

Three years ago I cut a gentleman for stone. Shortly after the operation he had a terrible rigor; and this was followed by great heat and sweating, and then by extensive suppuration in the cellular tissue over his chest. Again, some days after, another rigor occurred; and this was succeeded by a similar suppuration, and by other symptoms of pyæmia. Then some days later he had a severe epileptic seizure; and this was followed, in the same time and the same way as the rigors had been, by another suppuration. Then, after phlebitis and other mischiefs of pyæmia, he gradually recovered, and has had no cerebral disturbance since his recovery.

Recently, at St. Bartholomew's, a woman was under my care who had relapsing erysipelas. The earlier relapses were preceded by rigors of various severity. The last was preceded by a series of violent epileptiform convulsions; and these were fol-



lowed by three days of complete coma, which seemed to be relieved when the erysipelas appeared. During the rest of her life she shewed no sign of brain disease, and she died exhausted.

Again, this case has been told to me. A member of our profession had chronic pyæmia with repeated abscess-formations. In all the earlier part of his illness a rigor preceded each suppuration; in the later part tetanic seizures took the place of the rigors.

I could cite other examples of this substitution of various convulsive affections for rigors; the occurrence of convulsions before eruptive fevers in young children is probably one of them; but these may suffice for the suggestion that I made; and I am diverging too far from my subject, which was to indicate, by the evidence of rigors and other premonitory symptoms, that, however local they may be in their external manifestations, all the forms of erysipelas, pyæmia, of secondary gangrene, secondary phlebitis, and the allied diseases, are really general before they are local; that they are the issues of specific morbid conditions of the blood, and, therefore, to be studied and treated after the examples of those which are the types of the class; namely, the admitted eruptive fevers.

But the mere enumeration of these diseases may suffice to tell that I cannot, in the remainder of my time, speak fully of them. Let me suggest, as briefly as I can, what may be some of the chief objects of our future study of them.

And, first, as to their origin. We know very well that the external conditions most favourable to their occurrence after operations, are crowding of patients in insufficient supplies of air, the presence or proximity of decomposing animal matter, and, in a word, dirt of nearly all kinds, whether inside or out. And we know that in internal condition those patients are most liable to them whose blood or tissues are in any of those states of instability of composition which are generated by defective food, excessive strong drinks, excess of animal food, retention of excretory matter, as in the gouty, and in those with granular kidneys.

When these conditions exist, or any one of them in a marked degree, the ordinary consequences of an operation would seem to be sufficient for generating in the blood the elements of the erysipelatous, the pyæmial, or other material of disease. All our records, therefore, should report on all these points. But, after all, there will remain, I think, cases in which none of these causes can be traced. In hospital practice it may be said that we can never be nearly certain of the absence of sources of infection or foulness; but in private practice we can often, not reasonably, suspect them, unless we are prepared to say (what I am not quite prepared to deny) that our sanitary arrangements are nowhere good enough to exclude the generation of the worst forms of zymotic disease. Be this as it may, it is, I think, certain that there is no form of disease after operation which is found so exclusively in hospitals, that we can assign it to their wrongs alone. Certainly, I could not name one which I have not seen as virulent, in single cases, in the good and well ordered houses of the middle and upper classes, as I have seen it in St. Bartholomew's Hospital.

I think, then, we have much more to learn, especially from cases in private practice. In every case of erysipelas, pyæmia, or the like, we ought to work

till we can discover its probable origin; we should have the strongest feeling that these diseases are not spontaneous nor inevitable; in every case, the hospital, or the house, or our own practice, should be brought to trial; to private trial, if you will, by a just and true trial—a trial before our own conscience; and if the hospital, the house, or the practice, be found guilty, let it be condemned and amended.

Then, looking at the course and various characters of these diseases, it seems to me that we must study and record them in many more varieties than we now do.

So long, for instance, as we only study the prevalence of erysipelas by the worst cases and by the deaths that it produces, we can only judge erroneously of its prevalence or its sources; and, which may be more important, we may be losing sight of the means by which we might procure that, if it does occur, it should be in only its milder or least pernicious forms. Still more is this the case with pyæmia or rather with that large group of diseases which we must, as yet, include under this most inappropriate name. For see how many things it includes.

There are, first, those which may be called typical cases; acute cases, marked by rigors, profuse sweating, rapidity of pulse, rapid exhaustion, articulation, suppurations, phlebitis, pneumonia, and other like diseases. These make one group; and these are especially, the pyæmia of our records.

A second group consists of the equally well marked and similar chronic cases; but these more often escape our records, because they are less fatal or are counted in the confused heap of "deaths from exhaustion."

A third set of cases are those which are certain to be watched and counted as pyæmial, though they are scarcely dangerous, and only marked by rigors, pains of joints, rapidity of pulse, and feebleness disproportionate to the other symptoms.

And, again, in a fourth, may be included those cases in which an operation is followed by a long series of abscesses, forming gradually and successive in the subcutaneous tissue, with great emaciation and debility, yet with no great danger to life.

A fifth may include the cases of scattered inflammations without suppuration, in which a patient may have painful indurations, first in one vein, then in another; or œdema and pain in some limb; or the threatening of an abscess here or there; or, in some place, an abscess readily healing after discharge.

And I might add more to this list, but the list may be enough to tell the need of our studying and recording the cases of pyæmia after operation, with a much more minute analysis than is used in the records commonly referred to.

It is a question of great interest to determine whether all these are one disease modified in intensity by the various constitutions of its patients; or not rather (which seems most probable) similar diseases due to the diversities of morbid materials brought into the blood or passing into it.

How great such diversity may be, and with what marvellous decomposing force some materials passing into the blood may operate, is shown in some of the cases of the so-called putrid infection.

Mr. Delagarde, my predecessor in this office in 1860, told you a very remarkable example of the



his case occurred to myself. A woman had extra-uterine foetation; the sac containing the foetus projected between the vagina and rectum, and was the source of so much intense suffering that it was thought proper to puncture it, with a view of accelerating the discharge of the probably dead foetus, which was at the fifth month. Accordingly, I punctured the cyst through the vagina. Four hours after the operation, she had a rigor; and this was followed by feverish heat and vomiting; and (to be brief) she passed rapidly into a typhoid state, and died only thirty-one hours after the operation. Forty hours after death the body was examined. There had been no March weather; but already (that is only forty hours after death, and at the end of three days from time of apparently sound general health) the body was advanced to such a degree of decomposition that I have never seen except in those that have been buried for some months, or who have died thoroughly septicæmic. And there was no other apparent cause of death than this; it was not a death by shock, for none was manifest during life; not from peritonitis, for none could be traced after death; but, as we must believe, something from the seat of operation passed into the blood and utterly spoiled it.

But what a marvellous fermentation-power must have been exercised here—killing before any appearances of disease could be manifested! To this extreme degree the influence of the disturbing materials in the blood only very rarely reaches. Cases of this “putrid infection” are very seldom seen; but the mention of such a case leads me to say that I believe those are not very rare, though they find no place in our records, in which, as sometimes happens in scarlet fever and in small-pox, patients die of pyæmia or other allied blood-disease after operation, before the disease is locally manifested, and show after death only a premature decomposition of the blood and too early staining of the blood-vessels.

I have said that the pathology of these cases must be studied as parallel with that of the true eruptive fevers. So must their treatment; and, although our medical power over these diseases may seem limited in their management, and in no fair sense of the term curative, yet it may be noted very hopefully that in some cases, and over some symptoms, medicine seems to exercise a true specific power. The rapid recovery of some cases of erysipelas while the patient is taking iron is such that we can hardly doubt its direct curative effect. In other cases, quinine has thus acted, curing erysipelas, as Dr. Atham says, “outright and in the strictest sense”; and, having thus occasion to name that honoured name, I cannot but congratulate the members of the Association on the rich treasures of knowledge lately deposited by him in their JOURNAL, in those essays that prove him so old in experience, yet so fresh in intellect, so skilful alike in the science of thinking and in his art of telling what he thinks.

The hope that we may yet find specifics which may enable us not merely to treat, but to cure, these diseases, is again encouraged by finding that, even in acute pyæmia, quinine in large doses will cure the rigor fits almost as certainly as it will cure those like them in ague. Curing these, “outright and in the strictest sense”, I think I have known it help to complete recovery. But it will not do more than give us help; and when I recall the various trials, and the various failures or partial successes, of all the

remedies I have used or seen in use, I can find but one thing that I can call remedial for the whole disease, pyæmia; and that is, a profuse supply of fresh air. In the three most remarkable recoveries I have seen, the patients might be said to have lain day and night in the wind—wind blowing all about their rooms.

It is time that I should end, though, out of the abundance of my ignorance, I could long continue telling things that need our careful study.

Let me only remind you of some of the urgent motives by which we should impel ourselves to the improvement of this part of our practice. I need not speak of our own interests; I need not tell the deep regrets, the bitter disappointments from which we might be saved, if there were less risk in this part of our profession. But let me say that all the course of surgery of late years would have made the performance of operations more and more advisable, if only we could very greatly diminish their mortality. Their performance can be painless; their after-treatment can be conducted with so little pain, that I should suspect it to be mismanagement if a patient of ordinary health and courage should speak of pain after the first day; our rules for operations are constantly improving, and are more generally studied in our schools; our apparatus is every year more nearly perfect; and (witness the resections of joints and ovariectomy) we are adding constantly to the list of things that may be done to save life.

But on all this, which might be so bright, a cloud rests like a dark pall. We cannot yet do these things without some risk—and often too great risk—of life. From 10 to 50 per cent. of all amputations are fatal; from 16 to 60 per cent. of amputations of the thigh; from 5 to 10 per cent. of amputations of the breast; 20 or more per cent. of the lithotomies in the adult; and, even among minor operations, some 2 or 3 or more per cent. will die. And because of these we are too often driven to tedious and painful substitutes—to caustics, and the *écraseur*, and to lithotrity; because of these one hears from abroad of tolerated barbarisms of practice, such as might make us think that the whole art of dextrous chirurgery had been lost. We hear of limbs amputated, and eyes extirpated with caustics; and of limbs wrenched off after smashing of their bones and crushing through their flesh; horrors justified, I suppose, in the minds of the surgeons—for they are surgeons—who inflict them, by the belief that the risk of a cutting operation is so great, that there is nothing too bad to be substituted for it.

These are the things we have to remedy; and with what hope may we go to work? Surely, with full hope, if we think of what has been achieved already. I cite three instances, recorded by distinguished members of our own Association.

At Oxford, in the Radcliffe Infirmary, Mr. Hussey shows that the mortality of all amputations is less than 13 per cent., that of the Parisian hospitals being about 50 per cent.; and that, of fifty amputations of the leg in the same infirmary, only one was fatal.

At Exeter, Mr. James reports that the mortality of all amputations is only 14 per cent.; and that of amputations for disease is under 9 per cent.

At Cambridge, Dr. Humphry reports the mortality of amputations of the thigh and leg at 16 per cent.

These are the lowest English mortalities yet re-



corded; and they tell very well what may be done by the best care of cases, when they are contrasted with the results of the Parisian hospitals, which are yet far, I think, from being the worst in Europe.

I cannot enter now on the numerous causes of this difference of mortalities. The main point is, that some of the deaths are preventable—some even of those where the mortality is lowest. Even in Paris the mortality of great operations has been diminished 10 per cent. in the last twenty years. So, or much more, must it be reduced in England; and so, or much more, it will be reduced, if the members of this Association will decide that it shall be, and will act vigorously on their decision.

**SOCIAL SCIENCE.** The first annual meeting of the International Association for the Promotion of Social Science is appointed to be held at Brussels, September 22nd to the 25th. The subjects proposed for discussion at the forthcoming meeting are in the *Fourth Section—Charity and Public Health*. 1. Social re-establishment of discharged convicts. 2. What employments are suitable for women. 3. Means of promoting habits of prudence and economy among the people. 4. Influence and reform of the *monts de piété*. 5. Are fermented liquors either necessary or useful? 6. May society repress drunkenness?—If so, how far should it intervene? 7. Does not the improper and insufficient diet of the working classes contribute to the increase of pulmonary consumption?—remedies for this evil. 8. Drainage as a sanitary measure, particularly amongst dense populations—can it altogether extirpate endemic diseases? 9. Scrofulousness of children in foundling and orphan hospitals—ought not country and maritime situations, which are less subject to scrofula, to be selected for such establishments?—Should not general orphan hospitals be founded on the plan of the reformatory schools at Beernem and Ruysseleede? 10. Danger in consanguineous marriages—should the legislative prohibitions of them be extended?

**SEWAGE OF TOWNS.** The Select Committee on the Sewage of Towns has just concluded its inquiries, and the report may be soon expected. The following is a summarised analysis of the evidence. As regards the value of town sewage, in reference to its ingredients, as compared with other manures, liquid and solid, the evidence proves that it contains the elements of every crop that is grown; it does not lose anything by evaporation; it comes into immediate action on the crop, and possesses an amount of heat which stimulates vegetation, and even its water is of great benefit for agricultural purposes. The Belgians consider the excretion of each person worth more than £1 per ton. The sewage permanently improves the land, and has been applied, most economically by hose and jet, with great advantage to common grass, Italian rye grass roots, and grain crops. The grass so stimulated is grateful to cattle, improves their constitution, and increases the quantity and richness of the milk of cows, as the earth not only absorbs, but also deodorises it, if it be not applied in too large quantities. Indeed to be profitably used it must be applied in slight dressings, and so employed it will supersede the use of guano and artificial manures. It may be applied at any time of the year, except during hard frosts, to every description of soil which is naturally or artificially drained; and the most profitable returns, as in the case of all other manures, will be obtained when it is applied to the best soil. There are in it matters of themselves injurious to vegetation, but they bear so small a proportion to the entire bulk as to be perfectly harmless. If applied as recommended—i.e., in slight dressings—no nuisance would be created by its use, the earth, as has been said, deodorising it; but it cannot with profit be manufactured into a solid manure.

## THE ADDRESS IN PHYSIOLOGY

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MR. PRESIDENT AND GENTLEMEN,—When I undertook the honourable but anxious task of delivering an address on Physiology to this important assembly of the medical profession, I thought it would be a great privilege to pass in review some of the leading features and incidents which have marked the progress of the science during the time that the Association has flourished—a period most eventful in the history of modern physiology.

The last quarter of a century, however, has been so prolific of scientific inquiry, and so fruitful of discovery, that it would be futile in me to attempt anything in the nature of a connected history or systematic exposition of the subject before us. I can only endeavour, out of the wide range of topics which present themselves, to select such as seem best adapted to characterise the scope and aspect of recent physiology, and more especially to illustrate improvements in method, extension of acquired knowledge, and revolutions in doctrine. I could have wished to present a view of these subjects in special relation to medicine, but this I must leave to a future occasion, and to some more able expositor.

In contemplating the operations of the animal economy, the mind is naturally first drawn to the evidence, everywhere manifest, of purpose and contrivance, of ends to be compassed and means provided for their fulfilment. It is, accordingly, no wonder that ever since the time of Galen's famous treatise *De Usu Partium*, the uses or functions of the organs of the animal frame should have formed a main subject of study and reflection; and, as you well know, it is a part of physiological study by no means yet exhausted. But intelligent inquirers soon also took up the investigation of the processes of the animal system with a view to their rational explanation. Phenomena were scrutinised, as to the conditions of their occurrence, their succession, and mutual dependence; they were referred to the operation of certain general properties and peculiar forces, recognised as belonging to the living body, and efforts were made to find out general laws to which the individual facts might be subordinated.

These labours have been crowned with no small measure of success; and—thanks to the advanced state and happy application of the collateral sciences—many phenomena of a purely physical or chemical nature have been satisfactorily referred to their true causes. If problems yet remain (and there are many such) which have baffled all attempts at physical explanation, it must at least be counted as no small gain that we no longer seek their solution in the agency of imaginary entities, clothed with mystical attributes, like the Archeus of Van Helmont, the Anima of Stahl, and the Vital Principle of later theorists, nor vainly strive to square them to the dogmas of some dominant vito-chemical or dynamical system.



## CAUSES OF THE ADVANCE OF PHYSIOLOGY.

During the period which we propose to keep in view, physiology has undoubtedly advanced with accelerated pace; and, among the causes of its advancement, a foremost place must be assigned to the increased number and activity of its cultivators. This is to be ascribed, I believe, in some considerable measure, to the establishment of schools of Practical Physiology in various parts of Europe. Opportunities for the practical pursuit of Anatomy have long been deemed an indispensable requisite for that study. Chemical laboratories, where young men are confined to chemical research, have powerfully contributed to promote the science of Chemistry. To these are now added, in various schools on the continent, and especially in Germany and Holland, physiological laboratories, in which opportunities are offered for the practical study of structural anatomy, physiological chemistry, and experimental physiology. In these establishments, encouragement is given and facilities afforded for original research; and all the requisite arrangements, with the best instrumental appliances, are provided for that purpose. Accordingly, many valuable physiological memoirs have emanated from the practical schools at Berlin, Dorpat, Würzburg, Utrecht, and elsewhere; and accomplished young professors and assistants have been supplied to the various German universities, there to carry on their independent searches.

The practical schools of chemistry in this country have taken an honourable place in the advancement of their science. Physiology, it is true, holds out no material rewards to her votaries; let us hope, nevertheless, that there will not be wanting young and ardent aspirants, in adequate numbers, who, through their devotion to science and desire of honourable distinction, may place modern British physiology in the same worthy position.

Much may reasonably be expected from the position which physiology has now taken as a branch of general education. For more than twenty years animal physiology has, to a certain extent, entered into the examinations for degrees in arts at the University of London, and is now carried to a much higher pitch in the Science Degree, recently instituted in that body, and already showing promise of great good. The older universities have followed in the same line; and in Oxford, a Chair of Physiology has been liberally endowed, and all requisite advantages afforded for study, both general and practical; and we may confidently anticipate that, under the guidance of the accomplished and energetic Professor, who has already begun his labours, the ingenuous youth who resort to that great seat of learning, untrammelled by the calls of professional study, will powerfully aid in the advancement of the science.

The elementary truths of physiology are now also becoming a subject of instruction in ordinary schools; and in the general spread of the knowledge of the living economy, good seed may here and there fall on fertile ground, and yield a return in kind. The more general diffusion of this species of knowledge, moreover, although not intended to instruct mankind in the cure of disease, may teach them to run its avoidable causes; above all, such knowledge well calculated—as we know it is sorely needed—to save men, even of high intellectual and social

position, from becoming the victims of illusion, or the dupes of imposture.

## EXPERIMENTS ON LIVING ANIMALS.

As I have spoken in commendation of experiment, I cannot avoid digressing for a moment to say a few words on the indignant but misdirected declamation in which many well-meaning persons permit themselves to indulge against experiments on animals, which they indiscriminately denounce under the opprobrious name of vivisections. This is a matter which not only touches the character for humanity of physiologists, but concerns our common profession. It is a subject on which I have reflected much in the course of my life, soberly, I trust, and impartially, apart from professional predilection, and with due regard to extra-professional sentiment; and I trust this will not be deemed an unfitting occasion for expressing an opinion.

Experiments on brute animals have been stigmatised as cruel, barbarous, and inhuman in themselves, and calculated to blunt the feelings and roughen the nature of those who engage in or witness them. Cruelty, I may remark, is defined by our greatest authority on the meaning of words to be “delight in the pain or misery of others”, also “an act of intentional affliction”. But let us not take shelter under a definition. Let us affirm unreservedly that the sacrifice of animal life or the infliction of pain, unless with a view to some commensurately useful result, is utterly indefensible.

Tried by this test, I believe the great majority of experimenters will be pronounced free from just censure. Attention has, it is true, been lately directed to proceedings carried on in some foreign veterinary schools, where the pupils, in order to learn operative dexterity, are allowed and encouraged to practise severe operations on living animals. Seeing that every useful end may be attained by operating on the dead body, the practice in question has excited the just indignation not only of the world at large, but of the medical profession, and has been fittingly reprobated by the organs of medical opinion. Experimental physiology has, happily, not to answer for these revolting proceedings, though it may suffer through the indiscriminating odium they are calculated to stir up.

As to physiological experiments, strictly so called, I may remind you that a large proportion of them are attended with the immediate death of the animal, and therefore involve only momentary pain; or are performed when the subjects have been rendered insensible by anæsthetic agents. These, then, are cases involving at the most only the sacrifice of animal life; and, when we consider the countless myriads of the brute creation that are daily slaughtered for man's sustenance, or are left to perish from hunger or the severity of season, or fall a prey to their natural enemies, to say nothing of the multitudes killed for sport,—surely it is not too much to claim that an infinitesimal share of this vast sacrifice may be applied towards the extension of human knowledge and the alleviation of human suffering. Experiments, no doubt, still remain in which the infliction of pain, more or less protracted, cannot be avoided. In such cases, the adequacy of the end in view, and the reasonable probability of its attainment, must constitute the justification. And let it be considered that by such means most of the funda-



mental truths of physiology have been established, including the doctrine of the circulation itself; the practicability of important surgical procedures has been tested; the nature of disease and the action of poisons on the animal body elucidated; remedies suggested; and innumerable results obtained, needless to specify before this audience, which have tended to the recognition of scientific truth or the promotion of the material good of mankind.

But I doubt not you will agree with me in thinking that, when a result has been thoroughly established by repeated trials and on competent authority, it is, at least as a general rule, scarcely warrantable to repeat a series of severe experiments solely to prove the matter again for our individual satisfaction; and, doubtless, you will also agree that discretion is especially required in the exhibition of painful experiments for the sake merely of instruction. In this country, indeed, the exhibition of experiments in lectures is not carried to any considerable extent. Moreover, they may, for the most part, be performed on animals deprived of sensibility. As to other cases, there are occasions when I venture to think their exhibition is justifiable and proper; as, for instance, when they serve to impress vividly on the mind some great fundamental truth in the science, or when the purpose is to impart to the learner a species of knowledge which is important for the safe practice of his profession, but which he cannot readily acquire in any other way; as, for example, the symptoms and effects produced by various poisons, ignorance of which might lead to fatal errors in practice, or to the miscarriage of justice, and that too when innocent life may be at stake.

Lastly, your own experience, and your intercourse with men who have largely engaged in such experimental investigations, must convince you that there is no real foundation for their alleged evil influence on those who practise them. I need not multiply examples in support of this averment. Haller, who set a high value on experiments on animals, and often had recourse to them, was not only an illustrious physiologist, but a man of refined taste, highly accomplished in polite literature, and assuredly of no ungentle nature; and, if our social censors demand a living proof that the discreet and judicious employment of experiments on animals is not incompatible with kindness of heart and elevation of sentiment, with a scholarly taste for letters, and with serene and fruitful meditation in philosophy, I need but mention the venerated name of Sir Benjamin Brodie, who, before he became engrossed with the duties of his great professional career, had earned the highest distinction as an experimental physiologist.

In proceeding now to speak of improved methods and appliances in physiological investigation, I will first refer to the extension of our

#### MEANS FOR THE ACTUAL INSPECTION OF PHENOMENA.

If, under this head, I mention the microscope, I shall doubtless be told that it is of ancient use in physiology; but its powers have been enhanced and its use extended. I might also tell that, five-and-twenty years ago, I was one among the very few medical teachers in this country who exhibited objects to students with the microscope. Indeed, at that time we had to meet and answer objections to

its employment; whereas now it has become almost a household instrument. I remember, too, the time when we had to work laboriously with the simple lens, by reason of the defects of the compound microscope; but, thanks to the improvements in achromatic objectives, for which we are especially indebted to the suggestive skill of Mr. Joseph Jackson Liston, the compound instrument is now available for every purpose, and, in the hands of British and foreign makers, goes on improving both in its principal parts and accessories. And here I must not omit to acknowledge the influence of the Microscopical Society, which, by bringing together men of various pursuits for the common purpose of promoting microscopical research and encouraging improvements in the instrument, as well as by spreading the knowledge of microscopical science by its publications, has contributed in no slight degree to the further advance of physiology.

In the ophthalmoscope we have now a means of inspecting the interior of the eyeball; and although it has as yet been employed almost exclusively for the investigation of disease, nevertheless, as it brings under our scrutiny the internal surface of the eye and the condition of the transparent humours, so as to expose the cause of various entoptic phenomena, and other affections of vision, it cannot fail to extend our knowledge of the physiology of the organ.

The condition of the glottis during the production of the voice, and in various states of respiration, as well as the changes of the vocal cords in the intonation of the different notes, has long been a subject of interesting inquiry to physicists and physiologists. But heretofore our knowledge has been mainly inferential, from the known structure of the vocal organ, from the results of experiments with the delarynx, and the observation of the few changes perceptible externally, considered in relation to the laws of acoustics. Accordingly, very different views have been held, and various interpretations given of the matters in question. Now, however, a simple apparatus has been devised for bringing the glottis and its movements under the cognisance of our eyesight. In 1855, Mr. Manuel Garcia described, and caused to be exhibited to the Royal Society, a small reflecting speculum, by which he was enabled to inspect the glottis; and, at the same time, gave the results he had obtained with it in reference to the mechanism of the voice. Garcia, however, was unable to bring the whole extent of the glottis into view; but more lately, the method may almost be said to have been brought to perfection in the laryngoscope of Professor Czermak. By means of this instrument, the whole glottis and the adjacent parts are clearly seen; its condition during vocalisation and the changes of the cords in the production of the different chest and falsetto notes become patent to the eye; and the ingenious contriver has actually succeeded in producing photographs, nay, even stereoscopic views, of the phenomena. It is needless to enlarge on the physiological value of this visual test applied to the various speculations on the voice. I notice it here as a conspicuous example of an unseen process in the human body, which has remained hidden through all bygone time, being in our own day brought fairly into light.

Although not strictly coming under this head, yet as a means of exploring deep seated phenomena, I may notice the thermo-electric multiplier, by which



querel, transfixing a muscle with a needle composed of two metals and connected with the multiplier, ascertained that the temperature rises during traction. This apparatus, as well as the highly sensitive galvanic multiplier of Du Bois Reymond, may also be cited as a means of amplifying the indications of minute changes.

#### OF NUMERICAL DETERMINATION IN PHYSIOLOGY.

But one of the most significant steps that have been made in modern physiology, is, in my judgment, the general recognition of the importance of exact numerical determination, whether as to time, space, or quantity, and its general application to those phenomena of the animal body which are susceptible of it.

A preeminent authority, Sir John Herschel, speaks of the advantage of numerical precision, declares that it is the very soul of science; and that attainment affords the only criterion, or at least the best, of the truth of theories and the correctness of experiments. I may remind you that the introduction of quantitative determinations, in the time of Lavoisier, brought about a complete revolution in chemistry. It led directly to the recognition of definite combining proportions—the basis of the atomic theory—and brought in the system of chemical notation, which has entirely changed the face of the science. Moreover, the advantage gained consisted not only in the direct discovery of truth, but in the elimination of error. The spurious, but fascinating, theory of phlogiston, which had so long held absolute sway in chemical doctrine, could not withstand the inexorable logic of the balance.

There was an earlier time, indeed, when numbers and geometrical representations were largely dealt with in physiology; but they rested on no experimental data, and could only lead to error and conclusion. I allude to the time when men's minds were so vividly impressed with the successful application of mathematics to the phenomena of the material universe by Newton, that they were tempted, in a loose analogy, to apply geometry and the calculus where they had no legitimate place. So far, indeed, did the prevailing enthusiasm extend, that in theology did not escape its influence; and a line of the church, who had earned some distinction in the history of infinitesimals, actually published a theological system under the strange title of *igionis Christianæ Principia Mathematica*.

But while the mathematical physicians reckoned without solid empirical data, physiological inquirers of the present day seek first to obtain such data, on which they may reckon.

Numerical statement has, of course, long been essential in the chemistry of the animal body; but I wish here to refer to the application of exact measurement to the physical phenomena concerned in physiological processes; and as a principal example, will select the circulation of the blood.

The first, though but solitary, steps in this path of inquiry were undoubtedly made, long back in the last century, by Dr. Stephen Hales; who, though a reverend clergyman of the church, and continually occupied with useful projects for the public good, did not scruple to engage in experiments on living animals. Dr. Hales measured the pressure of the blood in the vessels, and recognised its fluctuations,

caused by the impulse of the heart and the movements of the chest. His procedure consisted in introducing a tall glass tube into a bloodvessel, and measuring the height to which the blood rose in the tube in consequence of the pressure to which it was subjected within the vessel. About thirty years ago, M. Poiseuille, a distinguished French physicist, who, after a long interval, took up the inquiry, substituted a short bent tube containing mercury for the long unmanageable column of blood; imitating in this respect the greater example of Torricelli, when he substituted mercury for water to measure the pressure of the atmosphere. Poiseuille's instrument, which he named the hæmadynamometer, has been of late further improved, and a contrivance has been added by which the oscillations of the mercury are inscribed in form of an undulating curve on a cylinder made to revolve by clockwork; the height of the undulations of the curve denoting the pressure, and their horizontal amplitude the time. The revolving cylinder, I may observe, is employed for recording other measurements, as, for instance, the extent and velocity of the contractions of muscle.

By this method the mean pressure of the blood in the arteries is ascertained in various species of animals, and its fluctuations caused by respiration and the heart's impulse recorded, in comparable diagrams; also the rate of decrease in the smaller vessels, and the relation of the pressure in the veins to that in the arteries. It is thus shown that the heart is adequate to propel the blood through its entire circuit, without the aid of capillary forces, vital attractions and repulsions, and various fancied agencies, which have got credit for auxiliary service now shown to be not required.

The velocity of the blood too has been determined. Hales measured its rate in the capillaries of the frog, and the exactness of his measurement has been confirmed in our own day. The rate has been since obtained for the capillaries of warm-blooded animals. More lately the vastly greater velocity in the large arteries has been ascertained and approximately measured by means of instruments contrived by Volkmann and Vierordt. Lastly, the time of an entire circulation, or, at least, the time taken by a given portion of blood to perform its entire circuit, has been determined by a well devised experiment of Hering, and found to be certainly not more than half a minute. This result, startling at first by reason of the unexpected shortness of the time, has been amply confirmed by subsequent experimenters.

The extreme swiftness of the blood thus demonstrated, is, after all, in harmony with the known rapidity of secretion, absorption, and other phenomena depending on the circulation. Indeed, in reasoning on the animal economy, whether in health or disease, we cannot too constantly bear in mind the extreme rapidity of many of these vital processes. Had this consideration been kept in view, there would have been no need for imagining the existence of hidden passages, *viæ clandestinæ*, to account for the sudden conveyance of substances from the stomach to the kidney; or for resorting to erroneous interpretations of the marvellously sudden action of certain poisons. The same consideration enables us to conceive the rapid reintegration of energy in rhythmically acting muscles, by nutrition in the intervals of rest, which, as pointed out by Mr. Paget, is doubtless a main condition of the rhythmic motion of the heart,



diaphragm, and other muscles acting in like manner.

I may add that the entire quantity of the blood in the body, which used to be reckoned at about twenty-eight pounds in an average man, is now ascertained to be not much above half that amount.

Exact determinations of corresponding kind have been introduced into the physiology of nerves and muscles. The extent, velocity and force of muscular contraction, under different determinate degrees of stimulus, under the influence of poisonous agents, and of various other conditions, have now been submitted to accurate measurement and record. But perhaps the greatest triumph of precise instrumental determination applied to the phenomena of life, is the measurement of the velocity with which the excitement by a stimulus is transmitted along a nerve. This has actually been accomplished through the sagacity and ingenuity of Professor Helmholtz; and the result is, that, compared with analogous phenomena in the external world, nervous excitement travels very slowly. So far from being comparable in this respect to light or electricity, it is much inferior even to sound. In the muscular nerves of frogs, Helmholtz found the average rate to be between eighty and ninety feet in a second; and, what is of great interest, he found that it was retarded by cold. The rate of speed in warm-blooded animals is but very imperfectly determined, but it would appear to be probably more than twice as great as in the frog.

To these examples others might be added, did time and my estimate of your patience permit; such as the comparison, by means of measurement, of the sensibility of different parts of the cutaneous surface, and its variations from exercise of the function, disease, and other circumstances; also the determination of the extent and force of respiration, and other physiological quantities or constants; but enough has been adduced to illustrate the spirit of exactness which now animates physiology.

#### PROGRESS OF PHYSIOLOGICAL CHEMISTRY.

Proceeding now to touch on the acquisitions of material knowledge and the changes in scientific doctrine which mark the progress of physiology; and beginning with physiological chemistry—I need scarcely remark that the spirit of research in that department has been so busy, and the results obtained so vast and so varied, that, compared with its importance, my reference to the subject must be but slight and partial.

I may remind you, in the first place, of the knowledge gained concerning the proximate principles of the food; the recognition, in *plants*, of albuminoid compounds, in virtue of which vegetable nourishment sustains *animal* life; the light thrown on the changes which nutrient matters undergo in the alimentary canal, fitting them for absorption and reception into the blood; and on the operation of the salivary, gastric and pancreatic fluids in producing these changes, as well as the discovery of the peculiar constituents of those fluids on which their efficacy depends.

Doubtless also, all are well aware of the broad and luminous views emanating from Liebig and his school as to the use, immediate destination and ultimate disposal of the several constituents of the aliment in repairing the consumption of the tissues and maintaining the heat of the body; and the final identification, qualitative and quantitative, by Schmidt,

Boussingault, Barral, Bischoff and others, of the constituent elements of the nutritive principles, as discharged by the lungs, kidneys and skin.

It is now also shown how these exuvial materials after being delivered over to the earth and the atmosphere, in the shape of water, carbonic acid and ammoniacal urinary products, become available as the food of plants, by which they are again combined in proximate principles, and serve anew for the sustenance of the animal kingdom. And in this admirable cycle of interchange and reciprocal compensation between the three kingdoms of nature, we are permitted to see another example of that tendency to the maintenance of order and stability so conspicuous in the phenomena of the universe.

But although the chemist thus presents us, as were, with an accurate balance sheet, showing the food taken into the system and the final products given out, and has shown that the supply can be identified and accounted for in the expenditure, we are still but imperfectly informed of the intermediate changes which the nutrient matters undergo, in the blood and in the tissues, before they are brought to their excreted condition. Among the actual data which afford a basis for this inquiry, and may eventually help to the solution of the question, I would refer to the several compounds which have been obtained from muscle, and which are probably immediate products of the metamorphosis of that tissue; but especially to the brilliant discovery by Bernard of the production in the animal economy of a substance analogous to starch. This amyloid substance, glycogen, shown by Bernard to be largely generated in the liver, and, according to subsequent experimenters, also in the muscles and other tissues, is supposed to be converted into sugar and finally oxidated; although Pavy, led by his very ingenious and laborious searches, has thrown doubts on its actual conversion into sugar during life. However this may be, it is plain that in the production of glycogen, we see the actual formation of a hydrocarbonous product in the animal body; and as its production goes on when hydrocarbonous food, and indeed every kind of food, is withheld, it probably represents one of the transitional conditions through which hydrocarbonous matter, whether proceeding directly from the food, or derived from the metamorphosis of albuminoid tissues, passes, before final oxidation.

As bearing on these larger questions, I would also refer to the advances made in the chemical examination of the tissues and fluids, and especially of the blood; to the recent views respecting the condition of the inspired oxygen of the blood, and the experiments of Harley and Lothar Meyer, showing, in opposition to Magnus, that the oxygen is not merely retained in the fluid by physical absorption but held by chemical affinity; also to the recognition of ammonia in the blood, and the well known discovery, by our distinguished associate Dr. Richardson, of its efficacy in maintaining fluidity.

It is worthy of note that in the course of such inquiries, particular facts are sometimes elicited, which afford hints of fresh discovery and suggest important practical applications. The unlooked for contrast between the saline constituents of the blood-plasma and corpuscles,—the one containing chiefly soda, the other potash—and the predominance of potash in muscle, taken in connection with the well known impairment of muscular strength and impoverishment



the blood in scurvy, led Dr. Garrod to suspect that the disease might be connected with deficiency of potash in the system. And on further reflecting that the most approved antiscorbutic remedies andiments contain much potash, he was led to try that substance as an antidote, and so far as his experience goes, he has found it a promising one.

Instances like this should teach us not to disregard apparently slight differences, provided they are constant. I remember the time when potash and soda passed practically as equivalent; we have now reason to think that they perform very different service in the living economy. As another illustration of the point now urged, I may mention the difference observed by Dr. Edward Smith in the effects of rum and brandy, even in small quantities, on the respiration; the one always increasing the exhaled carbonic acid, the other invariably diminishing it. And here again we are reminded that differences in various liquors or in the same liquor according to its age, although in no way cognisable by chemical analysis, cause very different effects upon the human system.

Let no one imagine that I mean to put in a word for homœopathy. I have no faith in the dogma of *similia similibus*; nor in decillionth dilutions and dynamising processes. I wish only to urge that it is both unphilosophical and unpractical to disregard minute quantities and faintly marked differences, provided always their observed effects are constant. We are familiar with the influence of odours upon the nervous system—intense in their effects, but in substance eluding the subtlest chemistry. And I may borrow an illustration of the same point from physical science. The volatile matter in a Torricellian vacuum must be, to the last degree, attenuated, and yet it counts for much in certain phenomena. It conveys the luminous electric discharge in all its brilliancy and beauty; while, as discovered by M. Gassiot, a more perfect void, like a gulf, stops the transmission altogether. Again, it is known that obscure radiant heat is partially absorbed in passing through gases and vapours, but in very different degrees; and Professor Tyndall shows that the absorption of terrestrial rays by the vaporous odour of a flower bed may exceed in amount that by the entire oxygen and nitrogen in the column of the atmosphere incumbent on the same area.

But it remains for me yet to notice one of the most important conclusions which the recent chemistry of nutrition tends to establish.

In an artificial machine, the moving force must be supplied from without. The apparatus cannot generate force by its own intrinsic mechanism; otherwise there would be realised the principle of perpetual motion. The spring which moves a watch must first be wound up; and it merely gives out by slow distribution the force that has been imparted to it quickly. Again, the heat which moves a steam-engine is obtained by the combustion of coal; and the sum of the heat evolved and mechanical force generated exactly corresponds with the amount of fuel consumed. Now, the belief at one time prevailed that the natural machine of the animal body was exempt from these conditions, and was endowed with the faculty of generating force intrinsically, and independently of outward agencies. A connection between the taking in of food and the development of force was not recognised; the nourishment seemed to be destined only to grease,

as it were, the wheel-work of the machine; to replace what was used up, and renew what had grown old. The teaching of modern physiology is different. In the albuminous and hydrocarbonous food, in the inspiration of oxygen, in the wear and repair of the tissues, and in the discharge of altered and residuary matters—we see materials and processes for the evolution of heat, and for the production of the energy manifested in muscular and nervous action.

The conditions are too complex, and the data of a precise and trustworthy character are, as yet, too scanty, to permit the demonstration of an exact equivalence between the heat and work produced in living bodies, and the chemical forces which are set in action. But there is still an obvious parallelism—a certain correspondence in the variations of these two quantities—which presses on us the conviction of their mutual dependence.

But while the heat evolved in the living body can, to within a small fraction, be accounted for by known chemical actions, and the development of muscular force is measurable, and is shown to be accompanied by chemical changes—chiefly oxidation of the muscular substance—with which it may be compared in amount, it must be observed, in regard to the nervous energy, that, although we have indications to show that its manifestation involves consumption of nervous matter, and the one is probably proportionate to the other, yet, as we have no means of measuring the intensity of sensation and volition, not to speak of other energetics of the nervous system, we cannot profess to establish their quantitative relation.

#### PHYSIOLOGY OF THE NERVOUS SYSTEM.

Nowhere has the spirit of modern research been more active or more fruitful than in the physiology of the nervous system; but as this was made the subject of an elaborate address delivered before the Association three years ago, I shall confine myself to one or two later accessions in this department.

I must, however, first notice the important method of research introduced some years since by Dr. Augustus Waller, for tracing the distribution and determining the functions of nerves. This method consists in taking advantage of the disorganisation of the peripheral part of a nerve which follows on its section, in order to identify its fibres, by their altered state, when associated or entangled with nerve-fibres derived from other sources; also by stimulating a nervous trunk after the fibres of one or more of its tributaries have been thus rendered ineffective, to ascertain what share of the common function belongs to each.

On all sides, inquiry has been carried on into the electricity of nerves and muscles; but, out of so vast and valuable material, I would merely point out as especially worthy of attention, the investigations of Pfleger into the laws of the electric excitement of nerves, as well as the discussions to which they have given rise, and particularly the ingenious confirmatory researches of Von Bezold.

Although every part of nervous physiology possesses intense interest, I confess at this moment I feel most deeply impressed by the knowledge recently gained respecting the influence of the nervous system on the organic or nutritive functions. Many long years did physiologists search for positive experimental evidence of the influence of nerves on



bloodvessels. It has now flowed in abundantly; and I cannot help ascribing some considerable share of the success of recent inquiries to the employment of the electric induction coil and intermitting current, as a much more effectual mode of electrically stimulating nerves than the means previously in use.

The influence of the nervous system on secretion has been long acknowledged. The sudden flow or arrest of various secretions through mental states, afforded ample evidence of the general fact. Lately, however, it has been shown by Ludwig, Bernard, and others, that the secretion of glands, and more especially of the salivary and lacrymal glands, may be increased by artificial stimulation of their nerves, both direct and reflex. Bernard has also observed the remarkable fact, that whilst the gland is in activity and secretion going on, the flow of blood through its vessels is greatly increased, and the passing blood, thus increased in quantity, does not acquire its usual dark colour in the veins. The interesting result, too, has come out that while stimulation of certain cerebro-spinal nerves proceeding to the salivary glands augments the secretion, similar excitement of the sympathetic branches checks its flow, and also greatly reduces the current of the blood.

It is thus plain that the nerves operate on the bloodvessels; the cerebrospinal causing dilatation—acting probably as the vagus under similar excitement affects the heart—whilst the sympathetic has the opposite effect. Nevertheless, there are other phenomena brought out in these experiments going a far way to show that in promoting secretion the stimulated nerve does not act merely in an indirect manner, through the change caused in the vessels; and there are not insignificant grounds for supposing that the nervous excitement may operate directly on the elements of the gland, and bring about physical and chemical changes in the contents of the gland-cells.

There is also independent evidence of a more conclusive character to prove that cells, or rather their contents, may be directly influenced through the nerves. The pigment-cells of the skin of the frog change their appearance under the influence of nerves; and this phenomenon has been shown by Professor Lister to consist, not in a contraction and dilatation of the cell-wall, as was supposed by the German physiologists, but in a movement of the minute pigmentary molecules with which these ramified cells are filled; and this movement may be brought about by stimulating the nerves both directly and in a reflex manner. That chemical changes in cells may be influenced through the nerves, is shown in a striking manner by Kölliker's experiments on the luminiferous organ of the fire-fly. Facts such as these appear to me especially worthy of regard, as the phenomena they present, being comparatively simple and open to observation, are well calculated to afford an insight into the agency of the nervous system in more recondite nutritive processes.

I am led by these considerations to remark on the great advantage that has accrued, and is likely further to accrue, from an extended acquaintance with the structure and economy of creatures of essentially simple organisation. It is in these humblest representatives of the living organism that we may hope to find physiological problems presented in their

greatest simplicity, and most thoroughly disentangled from unessential complications. Many ingenious but futile theories of muscular motion would never have seen the light, had the vitally contractile substance and its affections been studied in the protozoa.

#### PHYSIOLOGY OF REPRODUCTION.

In the physiology of reproduction, the old question of spontaneous generation has been lately revived and submitted to fresh discussion; but, as I think, has been satisfactorily answered in the negative, and especially through the admirable investigations of M. Pasteur. That most able and accomplished inquirer has not only proved the non-appearance of infusorial organisms when adequate means are taken to exclude their germs, but has succeeded in actually demonstrating the presence of such germinal spores in the atmosphere. Air was made to pass through a tube filled with gun-cotton taken from a sample proved to be free from foreign admixture. The cotton was then dissolved in ether or chloroform; and sporules of algæ and other simple organisms, which had been entangled and arrested in their passage, were found in the liquid. It cannot but occur to us that this simple and to a certain appearance efficacious method might be advantageously employed to explore miasmatic and infected atmospheres. M. Pasteur was led on by these inquiries to a careful study of the phenomena of fermentation; and he has not only added largely to our knowledge of the chemical changes and products presenting themselves in that remarkable process, but has thrown much light on the operation of the living organisms on whose presence and influence it appears to depend.

But while origin from parents and reproduction of their like still remain as great characters of living beings, it has been discovered that, in some of the lower grades of the animal kingdom, the offspring, before reaching the condition of the parent, passes through a series of strange vicissitudes, not merely representing the changes of form, structure, and habits observed in the well-known transitions of an ordinary larva, but involving the production of new brood or of new broods by the still unfinished being, differing from it in form and structure, but finally assuming the characters of the original parent. Various insulated cases of this phenomenon, delusive as they sometimes were to systematic naturalists, had previously been noticed in different quarters; but the first connected view of the subject was given by the Danish naturalist Steenstrup, in a work which has been translated and published by the Ray Society.

The process now referred to has been named "alternate generation", or metagenesis. It possesses a special claim on the interest of the medical profession, inasmuch as some most remarkable examples of it occur among the entozoa. It is not known, for instance, that the cysticercus is but a certain state or stage of the tapeworm; and here we must refer to the interesting researches of Mr. George Rainey on this subject, published in the *Philosophical Transactions*. I have time, however, only to explain that, while the stages of transition from the *cysticercus* to the *tænia* had been satisfactorily traced, Mr. Rainey discovered that the *tænia*



embryo, in its conversion into the *cysticercus*, passed through a curious phase which had not been till then observed.

I pass over the renewed investigations on the generation of the aphides, which has been a curious object of speculation since the days of Bonnet and Laëmarie, in order that I may dwell a moment on the startling discovery that animals with sexual organisation, and holding no mean place in the scale of being, may produce young from eggs that have never been fertilised by the male. I doubt not you have heard of the remarkable observations of Dzierzon and Von Siebold, which prove that the eggs of the queen-bee produce drones without being impregnated, and that the impregnated eggs invariably produce neuters. No explanation has been attempted of this singular result, except in reference to its final purpose in the economy of the hive; and it becomes all the more perplexing when compared with the case of certain moths, in which Parthenogenesis has also been discovered; for, in some of these, unimpregnated eggs give rise exclusively to male offspring, whilst in the silkworm both male and female young may issue from eggs without impregnation.

With regard to the actual process of impregnation, it is now satisfactorily proved that the male element passes into the interior of the ovum. Spermatozoa, improperly so called, have now been traced within the ovum of many different animals, mammalia not excepted; and there can be no doubt that this is the general condition of sexual fecundation.

The study of embryonic development, which had engaged the interest of the great Greek naturalist, and was prosecuted with more or less success after the revival of science down to the epoch of Caspar Frederick Wolff in the last century, received a fresh impulse from the admirable researches of Pander on the evolution of the chick, now more than forty years ago. Pander, in fact, discovered a fundamental principle which regulates the early stages of the process, and which became, as it were, a compass to guide succeeding explorers in this interesting but difficult field. Investigation has now been pushed so far, that I believe I am right in saying that the development of the embryo has been studied, more or less fully, in examples representing all the great, and many of the subordinate, divisions of the animal kingdom.

You are aware that the study of embryogeny, besides serving to elucidate the genetic economy in the particular animal type to which each example belongs, has a twofold general application; namely, first to the establishment of the general laws of formation of the animal body, and the relations as to homology of its several parts, and, secondly, to the investigation of the development and essential relations of its constituent textures; in short, to morphology and to histology.

The doctrine of homology, which took its rise through the genius of Goethe, and which has since been so ably and successfully prosecuted, by comparison of the mature animal structure, by Geoffroy and Meckel, and especially by Owen, was placed on a surer, but yet not exclusive basis of embryology, through the sagacity and industry of Rathke and Von Baer. The surpassing beauty and interest of the teachings of homology, are seen especially in its relations to comparative anatomy and zoology, and

therefore I should not make further reference to it here, even did I feel myself more competent to the task.

#### RECENT ADVANCES IN HISTOLOGY.

For the first quarter of the present century, and more, the study of the animal tissues and of the intimate structure of the viscera scarcely moved beyond the point at which it was left by Bichat. Its signal advance since that time, has, I need scarcely say, been mainly owing to the extended use of the microscope and the improvements in that instrument, as well as the skilful employment of suitable reagents for bringing out the microscopic characters of the objects; and in the improvement of these last mentioned resources, there is no name more deserving of honourable mention than that of our able and zealous associate Professor Beale. But in following the history of modern inquiry, it is pleasing, from time to time, to meet with examples evincing correct and careful work by Leeuwenhoek, Malpighi, our ingenious countryman Hooke, and other early labourers in this field; instances, indeed, of true, but neglected observations of that early time verified in our own day; like living seeds long dormant in the ground which are turned up by the furrow of a later cultivation.

But, to return to the development and nutrition of the tissues.

The grand feature of progress in this direction is the application to the animal tissues of the principle of cell-agency and cell-metamorphosis, which had already been recognised in the vegetable kingdom.

The cell-theory of animal growth and development, on its promulgation by Schwann, in 1839, was received and adopted with eagerness, amounting almost to enthusiasm. Men fancied that in the "power of the cell" they had found a key to unlock the secrets of life. Each cell had, as it were, its ministering genius, working out an assigned task in the living economy. There was, in truth, a return to the Helmontian doctrine of the archeus; but instead of a single autocratic ruler over the whole system, it was the conception of a confederation of archeoli, each dominating in its own cell, and all acting in concert towards a purpose, like bees in a hive. But although the fact of the several existence and joint operation of cells was true, it was seen on a more sober view, that to ascribe this to an all efficient cell-power amounted to no real explanation.

After making all reasonable abatement, however, the cell-theory, modified as it has been, and still undergoing modification, remains one of the most fertile ideas in modern physiology.

Among the simplest modes of animal and vegetable existence, we have examples of a body with the characters of a cell constituting a complete organism; assuming nourishment, undergoing growth, and reproducing its like,—exercising, in short, the functions of an independent living being. The offspring of the higher animals first appears as a cell, and the embryo for a time consists of an aggregation of cells. Throughout after life also, certain textures retain their cellular structure. Cells are employed in separating matters from the blood to be discharged in secretion, and may become the seat of chemical and plastic processes, or even of higher operations, as in the nervous system.

It was, however, soon perceived that various kinds



of tissue were produced without the immediate intervention of cells, by molecular changes taking place in an amorphous intercellular substance. But even in this case it is held by many that this substance is first converted from raw material into an organisable blastema by the agency of the neighbouring cells.

Again, the efficacy of cells has been very variously estimated in the nutrition of the mature organs and textures. On the one hand it is maintained that the organised fabric is kept up, like the population of a city, by the continual formation of new structural elements, to take the place of the old; and this is undoubtedly true of epidermis and some allied structures; on the other hand it is contended, with much reason, that, with the exceptions alluded to, renewal may take place, particle by particle, the new matter replacing the old by what may be called molecular substitution. But even among those who adopt this last hypothesis it is with some a favourite opinion, that the bodies like cell-nuclei, which are persistent in most of the mature tissues, if they do not generate new form-elements, at least select the appropriate materials from the interstitial fluid and fit them for taking part in the organic structure.

But it has been urged, and justly, that the so-called "cells" are not always and necessarily vesicular in structure; that the envelope, or cell wall, is not an essential part, and that the nucleus, and more or less of the matter surrounding it, really constitute the organically active element. In this view, therefore, the envelope, when present, is merely an insulating and containing part, which might be compared to the flask which holds the active ingredients in a chemical process. Still it is a permeable shell, which permits of the entrance and issue of matter; and it stands in intimate relation to the intercellular substances; indeed, as pointed out by Mr. Huxley, is homologous with it. There may or may not be a distinct vesicular envelope, but in either case the nucleus and cell contents remain insulated in and contrasted in properties with the intercellular substance. To express this relation Mr. Huxley accordingly proposes to call the former the "endoplast", and to distinguish the surrounding substance with the envelope if present, as the "periplast."

Lastly, a wide difference of opinion prevails as to the origin of cells. Some physiologists and phytologists hold that cells are invariably and exclusively derived from other cells; that all the cells of an organism are descended by successive generations from the cell of the ovum originally proceeding from the parent. It is as strenuously maintained by others that nuclei and cells may arise independently in an organisable blastema, nay that they may be produced in fluid organic matter by a merely physical process.

Neither confident assertion of opinion nor ample allegation of fact is wanting on either side of this and the other, questions referred to. Observations, conflicting with each other, spring up indeed on all sides, in rank growth, but the time is not come for separating the tares from the wheat.

#### THE FORCES OF THE LIVING ORGANISM.

And now, gentlemen, in drawing to a close, I may be expected to say a word on the prevailing views as to the powers which animate the living organism.

I have already remarked that many of the processes of the living economy issue in physical or che-

mical results, and I have stated that the more or less close relation subsisting between these results, so far as they can be estimated, and the consumption and oxidation of nutriment, as indicated in respiration and excretion, would seem to show that the chemical and mechanical forces developed are derived from an extrinsic source; but, at the same time, that there are energies displayed in the living body not yet estimated in amount, concerning which, therefore, there is not the same clear evidence. I refer especially to the nervous energy.

In speaking, however, of the nerve-force, I understand that force which is common to all creature possessing a nervous system, from the highest to the lowest.

This nervous force has long been likened to electricity; but rather through a vague perception of analogy than from any rigorous comparison. It is true that electric force is developed in the nerves, and even exhibits modifications connected with different conditions of nervous action. Still, it must be born in mind that the evolution of electricity is a common accompaniment of various processes involving chemical change, whether within the living body or in external nature; and the tendency of recent speculation is not towards identification of the nerve force with electricity, but rather to suggest that the two stand related in the same way as electricity and other physical forces are related to each other; that is, as manifestations of a common force or energy, of which they, severally, are the special modifications.

Since the memorable experiments of Count Rumford on the heat of friction, which led that philosopher to the conclusion, that heat is a form of motion, and the determination by Dr. Joule at a later period, of the equivalent of heat expressed in mechanical work, the doctrine of commutability and equivalence of force, first applied to these two agencies, has extended itself to the other forces operating in the material universe. Accordingly, the opinion is now gaining consistency and acceptance, that mechanical energy, heat, light, chemical action, electricity and magnetism, are mutually convertible, and are respectively equivalent to each other; moreover that they are probably all the expression of a common force, which manifests itself under these several modifications, according to the different material and dynamic conditions in which it operates.

Now, the belief has some time prevailed that the nervous, with perhaps other forms of organic energy, has its place in the same circle of reciprocally productive and equivalent forces; and not being electricity more than it is heat or chemical affinity, yet stands related to electricity and the other forces in the same general way that they are related to each other.

But supposing this probable doctrine to be proved and to betoken a signal advance in physiology, are we come to the end of our inquiries? are we thereby enabled to explain even the most characteristic phenomena of the living organism?

By mechanical force duly applied, a fabric may be woven, as well, or perhaps better than by human hands; but by what intelligent prearrangement is the pattern determined and finally brought out? Is it in the production and development of an animal and in its subsequent workings—given the force and forces operating—how are the determinate form and qualities of the organism produced?



To all our most exquisite means of scrutiny, the ovum, as it proceeds from the parent, presents nothing to indicate the course of its future development; and yet we speedily can discern in it the traces of the new being, and recognise the successive appearance of each new member and organ—in due time and form and proportion—until the body is built up and completed, after the pattern of the parent. We can perceive nothing in the ovum of man to distinguish it from that of a quadruped, although their final destination is so different. We are constrained, therefore, to admit some pre-existent condition, to us inscrutable, which determines the specific direction in which the forces, acting in development, although probably supplied from without, must operate within the organism. And the marvel reaches its height when we reflect, that not the character of the species merely, but the individual likeness of the parent—aye, of both parents—displays itself in the offspring; and not alone in bodily feature, but often also in intellectual and moral peculiarities.

Then, not alone in regulated form and proportion, do the parts appear, but all fitting harmoniously the one to the other, and each in its appointed time. The periods of incubation and gestation, different but determinate in each species; the regulated time of consolidation and completion of the bones of the skeleton; of the eruption and succession of the teeth; the periods of maturity and decline of the whole body and of particular organs; and a host of examples supplied by the history of the lower members of the creation, serve to illustrate that conspicuous law of subordination to time in the phenomena of the organic world, which Mr. Paget has aptly designated as the "chronometry of life."

Now, while we can in many cases discern the purpose of these adaptations of form, proportion, and time, and perceive how they, as it were, fit in with, although not apparently produced by, the outward circumstances in which the organism is placed; and while we must revere the infinite wisdom by which they are harmoniously brought about, we are still utterly at a loss to explain them by reference to efficient causes. In some of the lowest tribes of animals, it is true, the results are affected more or less by physical influences, but these influences operate upon internal conditions, existing independently. In the human body, even, you may cramp the growth of a Chinese foot or flatten a Carib skull, but this is suppression or distortion, not formation.

The growth of a finger or a tooth may be traced, and various steps in the process explained; but the acquirement by these and other parts, and indeed by the entire body, of their characteristic form and proportion, is still an inscrutable, at least an unpenetrated, mystery. Unpenetrated, I mean, as regards the physical or efficient causes of the phenomena; for the purpose or final cause is often patent; and hence we see that teleological explanation holds, and doubtless must continue to hold, a large place in physiology.

But, finally, shall we, on that account, censure as rash or stigmatise as impious all attempts to go farther? Shall we presumptuously set limits to the scope of those inquiring faculties which God has conferred on man, or prejudge, and reject by anticipation, conclusions to which their rational and reverential exercise may lead? Assuredly not. Let

us not, therefore, with narrow views of the scheme of providence, worthy of a darker age, join in blindly denouncing the genial effort of one of the foremost men of science in our time, to refer mutations of organic form and the origin of species to natural causes of known operation. Faint as some may deem the prospect of success of Mr. Darwin's great attempt, let none condemn its tendency. Should it ever be shown that the wonderful adaptation and harmonious working, so conspicuous in the living creation, have been brought about by the operation of great natural causes, originally ordained by the Author of the Universe, and acting through countless ages of time, surely such an issue could but tend to enlighten and exalt our conceptions of creative wisdom.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to the Hospital.

[Continued from page 684 of last volume.]

*Purpura (continued).* Ph. D., aged 62, was admitted June 12th. She had been ill two months; slightly at first, but worse for four days. She had an eruption, chiefly on the right lower limb, of purpuric spots and largish patches, at first attended with swelling. The limb felt cold to her. The spots were preceded by pain. She was much on her legs. The urine had been very high coloured and scanty, but was now more free and clear. Her appetite was fairly good. Tongue clean; bowels open; pulse jerking, compressible. She had not been without potatoes. She was ordered to take ten grains of tannin, two minims of hydrochloric acid, and six minims of chloric ether in an ounce of water four times a day; and to have occasionally a pill containing half a grain of podophyllin and two grains of extract of henbane.

June 16th. There was great improvement. The patches were nearly gone. She complained of itching in some parts, and of dead aching up the leg. The medicine was continued, and glycerine lotion was prescribed.

June 23rd. The legs were nearly well, and she felt better in herself. She was ordered to continue the treatment, and to have a drachm of cod-liver oil three times a day.

July 1st. There was no return of the eruption. She was weakly, but felt much stronger after taking the oil. The oil was continued, and quinine and iron were prescribed.

Fragility of the capillaries being regarded as at least one of the essential changes in purpura, tannin would appear to be a very appropriate remedy, as there is reason to believe that it acts especially on this part of the vascular system, imparting to the homogeneous membranes more firmness and power of resistance. The good effect of gallic acid in the so-called chylous urine disease is an instance of this action.



*Papular Eruptions.* These constitute another well-marked group, comprising the affections named strophulus, lichen, and prurigo. The former two are identical; strophulus being merely children's lichen. Prurigo is evidently closely allied to lichen. The same may be said of them as of various other cutaneous eruptions—

“Facies non omnibus una,  
Nec diversa tamen, qualis debet esse sororum.”

The distinction turns on the greater amount of inflammation in lichen; the conical papular elevations being red, and covered with thin scales; while in prurigo they are broader, paler, and very often capped with a black scab of dried bloody exudation. The sensations in lichen are of heat, smarting, tingling, and itching; in prurigo, they are compared to insects crawling over the surface and stinging, or to the skin being pierced with hot needles, while the itching in severe cases is maddening. The subjects of severe lichen, according to my experience, are often of sthenic habit, and in good health; while this is less true of those of prurigo. Both disorders are much aggravated by warmth; the suffering is generally much intensified at night. Lichen occurs most in the warm weather, while prurigo is much less influenced by season. On the whole, however, there can scarcely remain any doubt that the pathology of these eruptions is identical, and that the differences we have noted are of no essential moment.

The causes recognised as producing lichen are, an elevated temperature, local irritation, depressing or exhausting passions, unwholesome diet, abuse of alcoholic stimulants. Strophulus is mostly dependent on dental or intestinal irritation. The causes of prurigo are much the same as those of lichen, except that temperature is of less influence, and poverty and bad hygiene of more. “Quant à la cause spéciale,” says Cazenave, “elle est fort obscure”; and the same is surely true of its congener.

Before proceeding further, I must make mention of a common cutaneous affection which seems to have a real relation to the papular eruption, and whose study will, I think, aid us materially in comprehending the latter. I allude to urticaria. This disorder is characterised by its whity, wheal-like elevations, surrounded by bright red areas, lasting from a few minutes to a few hours, and then losing their central pallor, which blends with the declining redness, but can sometimes be made to return by scratching. There is severe pruritus and formication. Sometimes, as in urticaria evanida, there is no surrounding redness; and sometimes, as in urticaria conferta, the inflammation is very considerable. Cazenave states that, in some persons of very high cutaneous irritability, the least pressure produces large patches of urticaria; and Dr. Gull has specially described this state, under the title of urticaria factitia.

The causes of urticaria are utterly manifold and various. It is produced by heat, by cold, by honey, cucumbers, mushrooms, oatmeal, rice-milk, almonds, copaliba, Seltzer water, etc. Shellfish have long had a bad name for this disorder; but we quite agree in Cazenave's remark, that it is by no means proved that there is anything absolutely unwholesome in the suspected food, since, among several persons who partake of it, it often happens that one only is affected. It seems thus certain that it is no special poison or *materies morbi* which gives rise to the phenomena of urticaria, but that any substance which happens, owing to some peculiar idiosyncrasy, to act as an irritant on the alimentary canal, may have this effect, provided at the same time the cutis, its nerves, or its muscles, possess an unusual degree of excitability. The simple experiment of producing marked gooseflesh on the anterior surface of the trunk by flapping a wet towel on the posterior illustrates the production of cutaneous

contraction by a reflected stimulus. Rheumatic and malarious poisons may occasion urticaria; quinine in the latter case curing the eruption, together with the fever. Other and more obscure conditions may also act as causes, as the disorder sometimes attacks children in the night who had gone to bed in perfect health, and wake screaming, covered with the eruption. In a case lately mentioned in the JOURNAL, urticaria was produced by the application of leeches to the os uteri. The phenomena of urticaria seem to me of very high interest with respect to the doctrines of nerve pathology. There are, (1) nerve-disorder, manifested in the dysæsthesia, the itching; (2) contraction of the cutaneous muscular fibre, evidenced by the pale elevated wheals; (3) inflammation more or less extensive of the skin, terminating sometimes with desquamation. In the case of urticaria *ab ingestis*, these phenomena are clearly due to reflected irritation from the alimentary canal. In febrile and other forms of urticaria, including malarious, the cutaneous nerves are probably directly irritated by some poisonous agent in the blood, or their nutrition in some way is disordered. It appears thus that an irritation may cause either a dysæsthesia, a muscular spasm, or an inflammation, according as it affects sensory, motor, or trophic nerves.

The treatment of urticaria consists in the removal of exciting causes, and in the use of means which promote a more healthy nutrition of the skin. Bloodletting, vomiting, and purgation may be necessary in the acute stage; in the chronic, acid drinks, alkaline and vapour baths. Arsenic I have found useful in this period.

The transition from urticaria to the papulous affections is made very easy by the hybrid disorder, lichen urticatus. Cazenave describes this as appearing suddenly, attended with a burning pruritus, and soon disappearing, to return again shortly. Its papules are largish, prominent, inflamed, grouped together, and resemble the stings of nettles. The affection prevails in the warm weather, and attacks or is aggravated at night. By its sudden invasion and its fugacious character, it resembles urticaria; by its general appearance, it belongs to lichen. I have no doubt that there is much variety in this affection; that some instances partake more decidedly of the characters of one, and some of those of the other type. Arsenic and the tan-bath I have found useful remedies. The indication appears to be to give more tone and steadiness to the nervous system.

Romberg speaks very decidedly of the nervous character of prurigo, which he views as a mere hyperæsthesia of the cutaneous nerves; the eruption being the consequence, and not the cause, of the itching. He says: “During the painful restlessness which precedes, and at the time of the occurrence of the itching, no change whatever could be observed in the skin. If the itching increases, the surface becomes red, its temperature rises, and little nodules make their appearance. These disappear on the decline of the attack; but continue, and become torn and bloody, if the patient cannot keep from scratching. . . . The nodules can scarcely be considered as an idiopathic exanthema; but they arise in consequence of the hyperæsthesia, in the same way as disturbances of the secretions and the like occur in other hyperæsthesia.” Von Bärensprung, on the other hand, believes the itching in prurigo to result from morbid alterations in the papillary corpuscles of the skin, and combats the view of its being a primary neurosis. He affirms that, if the papules are opened, they are found to contain distended sebaceous follicles.

The following circumstances seem to me to show the correctness of the view that the papular eruptions are intimately connected with nerve-disorder; that the eruption is, in fact, more dependent on the dysæsthesia, than this is on the eruption. 1. Decided inflammation of the skin produced by irritants, or as occurring in erysi-



elas, is not attended with anything like the severe ching of lichen or prurigo; yet, in such cases, the apillary structure must be involved. 2. There is certainly an affection marked by considerable cutaneous ysæsthesia (stinging and itching), in which there are no, r but few, papules, and no inflammation. 3. The ery marked influence of warmth and of the night in ggravating these eruptions is quite accordant with the enius of nerve-disorder, and, *per contra*, unlike that of ne inflammation. 4. One form—lichen tropicus—is reduced by conditions eminently exciting, and yet exhaustive of nervous power. 5. The relation of these ruptions to urticaria, which is evidently a neurosis. The absence of inflammatory phenomena in prurigo, nd their very limited amount in even severe lichen.

The harsh dry state of the skin in most cases of lichen nd prurigo contrasts strongly with its condition in various ffections marked by great general debility, such as the alarioid and influenzal. In the latter, patients break ut into copious sweats on any exertion, or often without ny; in the former, the affected surfaces remain dry ven in vapour-baths. If we join to these facts our ommon observation of the effects of exercise in pro- ducing perspiration, we shall see, I think, that there is a eal connexion between the general state and that of he skin in each case. Now it has never, that I know, een clearly shown why we do perspire when we take exercise, why a bout of rowing or cricketing should make "the toil-drops fall from the brow like rain". It is popularly said that the blood is determined to the surface; but the question is *how*. We can understand, on the principle *ubi stimulus, ibi fluxus*, that the blood might be determined to the working muscles; but why to the skin covering them? and why especially to the skin of the forehead, where there are no working muscles. It should surely rather be determined away from the last mentioned part, if activity of the adjacent rgan was what induced its afflux to the secreting sur- face. I believe, in this case, we have a pure example of the effect of consumption of nerve-force. The mus- cular activity absorbs so much, that the vaso-motor nerves of the skin generally are left in a *minus* state; and consequently increased afflux of blood takes place. The same cause explains, at least in part, the increased cardiac action, which ensues just as it does when the vagi nerves are divided. Now, if the nervous system be in an excited and over active condition in the papular disorders, as we have had some reason to conclude, we can understand why sweating should be absent. We also see why sweating so readily occurs in the disorders which bear the stamp of debility.

[To be continued.]

A SCIENTIFIC VIEW OF COAL BEDS. "A coal bed," says the Rev. Hugh Macmillan, "is in fact a *hortus siccus* of extinct cryptogamic vegetation, bringing before the imagination a vista of the ancient world, with which no arrangement of landscape or combination of scenery can now be compared; and, gazing upon its dnsky contents, our minds are baffled in aiming to comprehend the bulk of original material, the seasons of successive growth, and the immeasurable years or ages which passed while decay, and maceration, and chemical changes prepared the fallen vegetable for fuel. If the specimens of plants thus strangely preserved teach us one truth more than another, it is this, that size and development are terms of no meaning when applied to a low or a high type of organisation. The cryptogamia of the old world, the earliest planting in the new soil, are in bulk, as well as in elegance and beauty of form, unrivalled by the finest specimens of the modern forest. The little and the great, the recent and the extinct, were equally the objects of nature's care, and were all modelled with a skill and finish which left nothing to be added."

[In accordance with what we believe to be a general wish in the profession, we have arranged, with the consent of the authors, to issue the addresses delivered at the annual meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, in the form of a pamphlet. Our readers can be supplied with copies on remitting nine postage-stamps for each copy to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.]

## British Medical Journal.

SATURDAY, AUGUST 16TH, 1862.

### TARTUFFE AT HIS WORK.

THE meeting of the British Medical Association ended as it began. Not only did large and attentive audiences listen to the papers of Dr. Handfield Jones, Dr. Brown-Séquard, Professor Bennett, Mr. Bowman, etc., but the proceedings were followed to the very last by numbers which would have been accounted great in the most successful meetings of previous years. The comprehensive, profound, and stately address of Dr. Sharpey formed an appropriate conclusion and crown of that trilogy, in which Irish point and brilliancy, English elegance and high practical sagacity, and Scottish circumspection and grasp of thought, combined to rear a fitting and memorable trophy of the present state of medical science in the British Isles. We heard no whisper of discontent from one of the hundreds of associates who had repaired from all quarters of the country to grace this commemoration of the thirtieth anniversary of the Association. "All went merry as a marriage bell," till the general harmony was broken, on the very eve of adjournment, by the croaking of an old disturber of the peace.

What ails our Tartuffe of the medical press? Has he eaten sour grapes, or partaken too freely of the good things daily set forth in the refreshment room at the College of Physicians? Does he suffer from an indigestion, a nightmare, a mind ill at ease, or the stings of a troubled conscience, reminding him of former unpleasant deeds by him committed? Of course we do not pretend to fathom the depths, or to trace the secret workings of that kind of mind which creates much needless torment to itself; but it is our duty to hold up to professional scorn the tissue of misstatements which has flowed from a pen steeped in gall and bitterness. Let us see how an unbridled conscience can laugh at truth when its commercial interests require the easy sacrifice.



It has suited the purpose of this lover of truth to state that the numbers of this Association had dwindled down to 1500, though, if he had chosen to give in separate items, as in the report of Council lying before him, instead of taking the trouble to add together the proceeds of subscriptions and of advertisements and sales, it would have been plain to all his readers that the subscriptions actually paid in the course of the year amounted to £2050. No one knows better than he that the £500 of arrears represents the shortcomings in collection of several previous years, a circumstance to which, without his prompting, the attention of the Association has been long and earnestly directed. He is also of opinion that the London meeting "can scarcely be called a success," and "that the number of country practitioners present \* \* \* was much less than might have been fairly anticipated." To this we reply, that the largest number of country visitors anticipated by the most sanguine was 200; whereas the number actually present was 250, giving an attendance, of country members alone, considerably in excess of the entire numbers present at the most successful of previous meetings.

It has suited his purpose, also, to attribute the defalcation in the payment of subscriptions, and the imaginary absence of country members from the London meeting, to a supposed dissatisfaction on the part of the Associates with the present management of the JOURNAL. But it did *not* suit his purpose to insert the following paragraph of the Report of Council, or even to allude to the important fact it contains:—"The income of the Society is greater than in the previous year; and this increase of income not only arises *from the increased amount of subscriptions paid, but also from the advertisements and sales having been more productive.*" So much for the money test, on which, however, we do not lay much stress; for the Association does not maintain its JOURNAL as a commercial speculation, but in order to advance medical science and uphold the honour and independence of the medical profession. That it has not altogether failed in the fulfilment of this its treble function, is plain from the letters of thanks which we have received from some hundred individual members during the past year, and from the resolutions passed in the various Branches, which have declared, without exception, their hearty satisfaction with the JOURNAL under its present management. And, in his opening address, Dr. Burrows gave expression, amid the responsive cheers of his numerous auditory, to the same approving verdict. That our readers may be enabled to judge of our Tartuffe's fine sense of honour and honesty, we print in parallel columns the words of Dr. Burrows, as spoken by himself on the 5th of August, and as *faithfully* reflected in Tartuffe's mirror.

### British Medical Journal.

"The JOURNAL of the Association, the recognised organ for the diffusion of intelligence, for reporting the proceedings of our various Branches, and for the reception of lectures, essays, and other contributions of more ephemeral interest, and which was formerly a provincial periodical, has long since become a metropolitan publication, and has, with varied success, competed for public favour with the other weekly periodicals. I think I may state that, during the past year, the JOURNAL has been conducted with singular ability, and with independent spirit; not only offering to members a series of essays and lectures from some of the most learned and talented men of our day, but the JOURNAL has also nobly and fearlessly vindicated those honourable principles which ought to support and guide us all through the slippery paths of professional life."

And this is the man who dares to speak of Dr. Burrows's "peculiar code of honour." "Save me from my friends," may every member of our Association exclaim, if it shall ever fall to our lot to need the patronage, or to depend for a fair representation of our views on the caprice of a garbler of this kind! If this is the fashion after which he seeks to win the confidence of honourable men, we say, and our words will be echoed by almost every member of the Association, "LET NO SUCH MAN BE TRUSTED."

We cannot conclude without a few words on this prolific inventor's charming discovery of a mare's nest, out of which he has endeavoured to hatch a spectre of surprising ugliness, under the title of "British Medical Exclusion." It turns out, as might have been expected, a melancholy and shapeless abortion. Were not the doors of the College of Physicians flung wide open to his familiars and reporters? and was not every reasonable facility given for obtaining the most accurate reports, if he, on his part, had had the courage to give them "uncooked" to the world? What more could he, what more did other journals ask? Here lies the secret of all this clamour about exclusiveness. He sought not a fair field, but an exclusive privilege. And when his attempts to obtain from their authors the MSS. of the addresses and papers, and so to filch away the property of the Association for his own advantage, were effectually foiled, forthwith he raises the cry of exclusiveness, illiberality, and dishonourable conduct. Surely that code of honour must be

### The Lancet.

"The JOURNAL of the Association, the recognised organ for the diffusion of intelligence, for reporting the proceedings of our various branches, and for the reception of lectures, essays, and other contributions of more ephemeral interest, and which was formerly a provincial journal, has long since become a metropolitan publication."



ery peculiar, which permits the abstraction of the property of others, and then accuses the rightful owner of dishonour when he arrests the marauder in the very act of making away with the spoil. If only we were its recognised mouth-piece, how great and glorious a body would the Association be! But until that blessed consummation is brought about, the Association must be "damned with faint praise," and its JOURNAL, which seems to haunt our Tartuffe's dreams, must be held up to contempt and reprobation.

For this occasion at least, our respectable Tartuffe, with "the honour and dignity of the profession" on his lips, has joined in chorus and run in couples with another kindred journal for the purpose of endeavouring to slander down the BRITISH MEDICAL JOURNAL. Tartuffe is not always wise. The cloven foot will peep from under the robe, that vainly tries to hide it. The low, the sordid motives which prompted the attack are plain enough. Tartuffe and his coadjutor in the business are no ignorant apprentices. They have their representatives, members of the Association. They know the truth right well. The plea of ignorance they cannot allege. *They want to lay hold upon the subscribers of the BRITISH MEDICAL JOURNAL*; and Tartuffe's friend is actually silly enough to say so! Could any better proof be asked for or given of the success of this great Association and of its JOURNAL than these doings of Tartuffe and his friend? Could any more striking proof than this unseemly exhibition of malevolence be given of the absolute necessity for the existence of a journal, which knows how to defend and to represent the honour and dignity of the profession? What must be the state of a profession, which has Tartuffe alone for its literary representative?

We must not conclude without contrasting the conduct of these journals with the courteous remarks made by the *Medical Times and Gazette*.

#### AN INVESTIGATION INTO THE EFFECTS OF REMEDIES.

WE are most pleased to recognise the fact that members of the Association are thoroughly in earnest in the desire by their united action to throw further light upon the therapeutical effects of remedies. Dr. Handfield Jones, Dr. Acland, and Dr. Fleming have each of them, irrespective of the other, initiated a movement in this direction; and it is now the business of the Association to unite these movements into one forcible effort. It is unnecessary for us to say that, in the solution of a matter so complicated and so difficult as is the therapeutical action of medicines, a single man's efforts must be of only very limited service. What we want is that general experience of the profession at large which, wisely

gathered, may act as a controlling force over the results of a man's own restricted experience.

The workers in this field, we are well aware, are numerous and energetic. How should it be otherwise, when the object of their labours is to gain weapons with which they may with certainty and safety, and so with satisfaction, combat the inroads of disease upon the human body? We need not stop now to inquire how it is that, under such circumstances, our therapeutical knowledge is still in a so unsettled and so contradictory condition;\* but of one thing we may be very sure—viz., that it is only from the results of a very large experience that we can hope to draw any satisfactory conclusions. There must, therefore, be many workers in the field; and not only so, but these workers must all labour in one definite direction, and after one well considered system of observation. Labour thus directed will, we may fairly surmise, be pregnant with useful knowledge, if this knowledge be carefully extracted by some master hand from the results thus widely gathered.

Here, then, is laid open before the Association a great and a most useful work. It is, in some sense, the only work, and yet the very highest, in which we can all, as professional men, assist in advancing the chief end and object of our art—the cure of disease. Every dose of medicine prescribed may be made to furnish a useful fact, if only the circumstances attending its administration and the results be carefully noted. And it is in this way that every member of the profession, whilst actually engaged in the daily business of his life, may add his contributions to the general fund of knowledge. And that this may be done effectually and to a purpose, all that is required from each man is that he should work on one prescribed plan. What that plan should be we have been told by Dr. Handfield Jones. His master mind, aided by the experience and judgment of Drs. Acland and Fleming, will give us suggestions for the collecting of the facts required; and when we have obtained from all quarters, and from independent observers, a large garner of facts, carefully and judicially gathered, according to the method prescribed, we must have them carefully analysed by capable and independent inquirers; and, whatever be the results thus obtained, even though they be wholly opposed to our own personal and preconceived notions, let us boldly and honestly declare their value, and accept them accordingly.

In our reports of the annual meeting will be found a Report from a Committee especially appointed by the Association for the purposes here referred to. We call especial attention to this Report, and to the

\* We would, on this head, venture to refer our readers to the Address in Medicine, delivered by Dr. Markham at Canterbury, and published in the volume of the JOURNAL of the last half year.



particular subjects recommended for the immediate consideration of our Association. We shall hope soon to publish the schedules containing the points upon which information is required on each subject.

### THE WEEK.

THE Council of the Royal College of Surgeons of England have addressed a circular to all its Fellows and Members, engaged as hospital surgeons in the United Kingdom, calling upon them to give their opinion respecting the education of medical students. They wish to learn (out of the wisdom of the many) how the four years of study, and especially the first of them, required of a surgical student, may be most advantageously passed by him. We shall elsewhere give this document in full. As we have already shewn, the Council of the College differ from the Medical Council in the matter referred to; and it will therefore no doubt be satisfactory to them, if they find their disregard of the Medical Council backed by their Fellows and Members. We shall see. Yet it seems hardly reasonable that an appeal from the decision of the Medical Council should be made to those whose collective wisdom is supposed to be already concentrated by representation in the Medical Council.

OUR readers will be pleased to hear that Sir Benjamin Brodie has become a member of the British Medical Association.

WE are promised a curious scene in a court of law. Dr. Clay of Manchester was reported to have met a homœopath in consultation. Dr. Roberts thinks the report requires explanation, and asks for it. Dr. Clay promises to give it him in a court of law! As far, then, as we understand the case, Dr. Clay considers the report that he has met a homœopath in consultation a downright libel. What will the homœopaths say, if he should get a verdict?

DRS. Bucknill and Hood have been appointed Visitors in Lunacy by the Lord Chancellor, under the powers of the Lunacy Act, which has just passed through the legislature. They commence operations in October next.

A FEW weeks ago, M. Beau informed us that tobacco-smoking was a cause of angina pectoris; and now a Dr. Demeaux, through M. Velpeau, informs the Academy of Sciences of other properties of tobacco. Dr. Demeaux is a member of the Council-General of his department, and has a very large practice; and his experience teaches him that onanism has decreased in a marked manner during the past eleven years, and that the health of the male population has notably improved. This im-

provement he attributes to the smoking of tobacco by the rising generation; and he, consequently, asks that its use be permitted in all schools and lyceums. We need hardly say that his conclusions and proposition did not meet with much attention at the hands of the Academy.

M. Sanson considering the question of marriages of consanguinity from a veterinary point of view, tells his Academy that consanguineous unions, so far from being hurtful, were just the very means employed to improve the equine, ovine, bovine, and porcine races. "The most celebrated racers whose names are preserved in the *stud-book* (*sic*) proceeded from the union of the father with the daughter, or of the mother with her son."

M. Isidor, Grand Rabbin of the Parisian Jews, objects to M. Boudin's hasty conclusions. He denies that marriages of consanguinity are as common among the Jews as M. Boudin asserts. The Mosaic law permits marriages, it is true, between uncles and nieces; but the civil law forbids them; and dispensations are difficult to obtain. He also affirms that there are not four deaf and dumb amongst the 25,000 individuals who form the Israelitish population of Paris.

The number of students in the different schools of medicine in Italy is 1697: 178 at Bologna, 72 at Cagliari, 34 at Cremona, 165 at Catanea, 31 at Ferrara, 73 at Genoa, 25 at Messina, 83 at Modena, 154 at Palermo, 79 at Parma, 254 at Pavia, 26 at Perugia, 197 at Pisa, 28 at Sassari, 25 at Sienna, 265 at Turin, and 8 at Urbino. The school at Naples is closed at present. Turin has lost, and Pavia has greatly gained, in numbers.

M. Nélaton's successful case of ovariectomy has after all, unfortunately, turned out unsuccessful. The patient, we are told, completely recovered from the operation; but died twenty-nine days after its performance, from the tetanus. He has, however, performed another operation of this kind, which now, twenty-one days after performance, promises to be successful. Another person operated upon in this kind, *L'Union Médicale* says, a few days ago, in Paris, died twenty-four hours afterwards.

The Academy of Medicine, on the 9th ult., sacrificed a dozen secret remedies.

Chloroform, says M. Sédillot, if it be perfectly pure, and is properly administered, never destroys life!

On the Boulevard Sébastopol, at the shop of a bandagist with the sign "The Fall of Vulcan," may be seen a picture representing Vulcan sitting in the midst of the Cyclops at their work. Beneath the picture are these words:—

"De mon père indigné, j'ai subi la colère,  
Quand du haut de l'Olympe il m'a lancé sur terre,  
Mais si l'orthopédie alors eût existé,  
Le reste de mes jours, je n'aurais pas bôité."



## THIRTIETH ANNUAL MEETING

OF THE

## British Medical Association.

Held in London, 5th, 6th, 7th, and 8th August, 1862.

## FRIDAY.

THE members assembled at 11 A.M. in the Library of the College of Physicians.

## THE CASE OF MR. WEBBER AND MR. WELLS.

The following report of the Committee appointed to consider the matters in dispute between Mr. Webber and Mr. Spencer Wells, was read and adopted.

"At a meeting of the Committee, consisting of Dr. Westall, Mr. Bottomley, and Mr. Heckstall Smith, appointed to inquire into a charge made by Mr. Webber against Mr. Spencer Wells of professional misconduct, the notice required by Law 17 having been read, together with the resolutions by which the Committee was constituted and its duties were defined, it was agreed, after careful investigation, and a personal interview with Mr. Webber,

"That this Committee is of opinion that no evidence has been laid before them of any professional misconduct on the part of Mr. Wells."

"Signed on behalf of the Committee,

"EDWARD WESTALL, *Chairman*."

## REPORT OF THE COMMITTEE ON THE ACTION OF MEDICINES.

Dr. HUGHES BENNETT read the following Report:—

"A meeting of the Committee appointed to consider Dr. Handfield Jones's proposal for an inquiry into the action of medicines, was held August 7th, 1862.

"Present—Dr. Hughes Bennett (*Chairman*); Dr. Harley; Dr. Fleming; Dr. Handfield Jones; Dr. Farr; Mr. Crompton; Mr. Hodson; Dr. Webster.

"The Committee, after careful consideration, have agreed to propose to the Association the following plan for carrying out investigations as to the action of remedies. They recommend that six separate subjects be proposed to the members or other practitioners for inquiry during the first year, viz.—

"1. The effects of antimony, moderate blood-letting, supporting diet, or stimulants, in *pneumonia*.

"2. The effect of the oil of the male fern, or of kousso, in *tænia*.

"3. That of arsenic, moist weak alkaline applications, or pitch ointment, in *psoriasis*.

"4. That of mercurials, benzoic acid, and podophyllon, in *jaundice*.

"5. That of chlorine mixture, carbonate of ammonia, quinine, and the wet sheet, in *scarlatina*.

"6. That of atropia in *epilepsy*.

"7. As it is admitted that much of the uncertainty of the action of remedies is dependent on our ignorance of the progress of disease, it is proposed that a schedule for each subject should be drawn up, containing the age, sex, and other points requiring attention, so that the information given may be presented in a convenient form. These will be prepared, each by a different member of the Committee, who will take charge of a single subject; viz., prepare a schedule, arrange for its distribution to all the associates along with the JOURNAL, write an article in the accompanying number directing attention to certain important points, receive the returns, and draw up a report to be presented to the next meeting of the Association. These labours have been undertaken by the following gentlemen:—Dr. Bennett for *pneumonia*; Dr. Harley for *jaundice*; Dr. H. Jones for

*psoriasis*; Dr. Fleming for *tænia*; Mr. Crompton for *atropia* in *epilepsy*; Mr. Hodson for *scarlatina*; and Dr. Farr for the progress of disease.

"The Committee would gladly advise, also, the selection of a subject for careful scientific investigation, provided it appear to the Association that a moderate sum, say £30, can be raised to defray the necessary expenses. One which they may mention is the physiological and therapeutical action of mercury.

"Some small expense may be incurred in the preparation and transmission of the schedules; but they believe the Association will feel with them that the object they have in view is well worth, and will well repay, the efforts requisite for its attainment.

"Signed on behalf of the Committee,

"J. HUGHES BENNETT, *Chairman*."

It was proposed by Dr. RADCLYFFE HALL, and seconded by Dr. A. T. H. WATERS (Liverpool)—

"That the Report be received, and its recommendations be adopted."

The resolution was adopted, the question of raising the necessary funds being left to the Committee of Council.

## PAPERS.

The following papers were read:—

The Treatment of Pneumonia: with an Analysis of 105 carefully recorded Cases. By J. Hughes Bennett, M.D.

Report on Glaucomatous Affections, and their Treatment by Iridectomy. By W. Bowman, Esq., F.R.S.

The Treatment of Morbus Coxarius by Extension Splints. By E. Cutter, M.D.

## THE ADDRESS IN PHYSIOLOGY

Was read by W. Sharpey, M.D., F.R.S. It is published in full at page 162 of the present number.

Mr. PAGET (London). I am sure, gentlemen, that I express your views in offering your thanks to Dr. Sharpey for the admirable address with which he has favoured the Association. It is a very happy feature in the proceedings of these meetings that we, who live in the hurry and deep responsibility of more practical life, should at times listen to those who stand by and work in pure science, and hear from them not only what suggestions they can give for the improvement of our practice, but what is the spirit with which they still continue working. I think it most happy for the Society that one could be induced to do this task who could bring to it so perfect and complete a learning and so sagacious and sober a judgment on the matter as Dr. Sharpey. I am sure I may speak not for this Association alone in offering our thanks to Dr. Sharpey, but I may say that the whole scientific world will thank this Association for inducing him to express so distinctly his views. Among all men of science, there is no one whose judgment will be accepted with more reverence than his. I therefore move—

"That the cordial thanks of this meeting be given to Professor Sharpey for his very able and interesting address; and that he be requested to allow it to be published in the JOURNAL."

Mr. TURNER (Manchester). Mr. President, I imagine that I have been selected to second the vote of thanks to Dr. Sharpey in consequence of my having been engaged for so many years in the teaching of anatomy and physiology in Manchester. I never listened to a discourse upon the subject of physiology with so much pleasure and so much profit in the whole course of my life. I do not pretend to be a perfect judge upon matters of physiological science; but I pretend to say that I have been a tolerably hard student in that subject; and it is impossible, I think, that there is any one who has paid attention to that subject who will not subscribe most readily to by far the major part of the observations which Dr. Sharpey has brought forward in this paper. There are



many points upon which I dare say we might differ in certain details; but for such a paper as that to go before the world, as Mr. Paget has just said, as emanating from this Society, and from the labours associated with it, I believe will confer upon it an immortal fame; and that this Association will be raised very high indeed in public estimation. I beg most cordially to second the vote of thanks to Dr. Sharpey for his admirable paper.

The motion was carried unanimously.

Dr. SHARPEY. After the long time during which I have already occupied your attention, I will content myself by saying that I feel greatly flattered, pleased, and gratified; and that it is a great satisfaction to me to have met with such a very considerate and very kind reception.

#### PAPERS.

The following papers were then read.

Compound Comminuted Fractures of the Skull. By A. Wynn Williams, M.D.

The Value of Urinary Analysis in the Diagnosis and Treatment of Hepatic Disease. By G. Harley, M.D.

#### VOTE OF THANKS.

Dr. STORRAR moved, Dr. MARKHAM seconded, and it was unanimously resolved—

“That the best thanks of the Association be given to those gentlemen who have contributed papers and cases at this meeting.”

#### RELIGIOUS SERVICE AT THE MEETINGS OF THE ASSOCIATION.

The PRESIDENT. Gentlemen: It was my duty yesterday to read to you two letters. The first was one from Dr. Ogle, in which he called upon the Council to bring forward a motion that each anniversary meeting of this Association should be commenced with a religious service. Amendments were about to be proposed to that motion of Dr. Ogle. The Council have taken into their serious consideration—or rather I have taken it into my serious consideration, in conjunction with certain members of the Council—the very great inconveniences and unpleasantness that must arise from anything like a religious discussion. We all of us, no doubt, have our own religious convictions, and I have no doubt that we endeavour, to the best of our poor ability, to act up to those religious convictions; but still I think, in a body of men such as we are, all of mature age, it is not at all probable that any discussion, or any arguments, are at all likely to influence or alter our particular religious convictions; and, therefore, as a discussion of that kind is likely to be productive of no real benefit, but may lead to a great deal of painful sensations, I take upon myself the responsibility of recommending that this question should not be brought forward at our meeting. I hope that Dr. Ogle, who acts from his religious conviction in thinking it right to bring the subject forward, will, in deference to what has been stated from the chair, and what I believe to be the general opinion of the meeting, not compel us to entertain his motion.

Dr. OGLE. I certainly shall not force upon the meeting anything that they are not willing to receive; but I shall take it that, until there is a decided opinion expressed to the contrary, the meeting agree with the words that have fallen from our President. I brought forward the resolution, and was driven into it by circumstances which it would be foreign to the question to dilate upon now. I felt it my duty to say that I should submit the resolution. I have been asked not to press it, and I leave myself entirely in the hands of the chairman.

Dr. STEWART. I was quite prepared to second the motion if Dr. Ogle had brought it forward. I merely say that I shall consider myself at perfect liberty the next year to bring forward some such motion.

#### THE PHARMACOPŒIAL WEIGHTS AND MEASURES.

The PRESIDENT. In accordance with notice given yesterday, I am about to read this resolution, proposed by Dr. Hodgkin:—

“That the British Medical Association desire, in the most courteous manner, to express to the General Medical Council a hope that the proposed alteration of the weights to be used in medicine may not be carried into effect; but that they may be allowed to remain as they now exist, unless the Council, with the sanction of the Government, is prepared to introduce the metric system already adopted, with great advantage, by many other countries.”

I have nothing to say upon the resolution, except that this subject is, at the present moment, under the very deep consideration of the General Medical Council and its Executive Committee, and that they have submitted the question to various scientific men, who have, from time to time, shown great interest in the subject of the weights and measures to be employed throughout the United Kingdom.

#### VOTES OF THANKS.

Sir CHARLES HASTINGS. I rise with great satisfaction to propose

“That the cordial thanks of this meeting be given to the President and Fellows of the Royal College of Physicians, for the great kindness and courtesy to the members of the Association, in allowing them the use of their College, and entertaining them at a *soirée*.”

I do not rise upon this occasion in any formal way. I feel from my heart that we are extremely indebted to the President and Fellows of the Royal College of Physicians. I do say that the way in which they have with open arms received the Association, and given them a welcome to this great metropolis, is a matter of infinite moment, and will stamp a great value upon our proceedings on this occasion. Those who have of late marked the manner in which the College of Physicians have taken the lead in producing alterations beneficial to the great body of the profession, will see that it is really and truly of infinite importance that they should show that they sympathise with the great object for which this Association was founded; and I venture to say that, amid all the mutations which are now going on, and amidst the fervour and desire which there is to advance the progress of medicine at the present day, the College of Physicians takes the lead, and is eminently the College of the great body of the profession in this country. I am reminded by my friend Dr. Markham, that the President who sits in that chair has been one of the great leaders in this reform. Related, as I am to him, by ties of relationship and of long friendship, I might, perhaps, have hesitated in saying one word upon this subject; but, as it has been put into my mind, I have no hesitation in saying that my friend Dr. Burrows inherits from his father a great debt of gratitude from the profession. I knew his father well; and, perhaps, he was the person in my early youth who indoctrinated into my mind the necessity of advocating extensive reforms in the organisation of the medical profession. It has, therefore, been to me a subject of inexpressible delight to observe the son following in the steps of his revered father, and arriving at the position to which he has come by meritorious exertions. He has had an opportunity of pressing forward those alterations which are so likely to be beneficial to the profession; and we are under a debt of gratitude to him, not only for presiding upon the present occasion, but for having on all occasions advocated the great principles of liberal reforms and alterations of the institutions of this country.

Mr. PAGET (Leicester) seconded the motion, which was carried unanimously.

Dr. WEBSTER (Dulwich) proposed—

“That the cordial thanks of this meeting be given to



President, Vice-Presidents, and Council of the Royal College of Surgeons, for the honour conferred upon the Association by receiving them at a *conversazione* at their College."

I rise with peculiar pleasure to propose that resolution; and I do so upon two grounds—first, that I am not a member of the Royal College of Surgeons of London, but of the Royal College of Surgeons of Edinburgh, and therefore perhaps I may do so more impartially; secondly, that it has been my fate from time to time to be obliged to have many conferences with that College, and also to have differed very much from the ruling authorities. This is the first great act of courtesy, I may say, that has passed between the members of that celebrated College and its rulers. It is peculiarly gratifying to me, and I am sure it must be so to you all, that that day we have so frequently found opposed to us has now come forward to open their portals wide and extended, and to receive the members with open arms, and to treat them as you saw you were treated at one of the most splendid meetings that I think I ever saw of scientific men and the members of that College. I hope, sir, that in future the Royal College of Surgeons will vie with the Royal College of Physicians in good deeds as it regards the welfare and honour and the education of our great profession.

Mr. PROPERT seconded the motion; which, after a few remarks in support from Dr. STEWART, was carried unanimously.

The President having vacated the chair, it was taken by Sir Charles Hastings.

Dr. CONOLLY. I have very great pleasure in proposing—

"That the cordial thanks of the meeting be given to Dr. Burrows for the able and courteous manner in which he has presided at the meetings of the Association."

The world only I will trouble the Association with. I have had the great happiness to belong to this Association for thirty years. I was one of a number of thirty or forty who met under the presidency and with the support and at the suggestion of my dear friend Sir Charles Hastings, thirty years ago, in the board-room of the Infirmary at Worcester, where the foundations of this great Association were laid. I need not say how much I rejoice to see him in health and vigour, and with a warm heart and good feelings, thirty years later, in this changeable world, presiding over the same institution in its present enlarged, expanded, and flourishing condition. Nevertheless, as an old provincial member, I must honestly confess to you (that is, to the Association, for you are all friends) that when I first heard that we were to meet in London, recollecting as I did the old cordial meetings in the provinces, it excited in my mind a little apprehension that the meeting here might not entirely respond to those feelings which had been excited by so many years of uninterrupted happiness and friendship among the members. But this feeling was entirely counteracted when I found that the presidency of the Association would be undertaken by so distinguished a person as Dr. Burrows—distinguished by his character, his great reputation, his knowledge of business, and his large experience, and, as you all must have seen through this meeting, by his excellent judgment and excellent temper. Therefore, gentlemen, apologising to you for even troubling you at this late period with these observations, I have only to propose the resolution to your favourable acceptance.

Dr. RICHARDSON. I have pain and pleasure in seconding this resolution—pain, that once again we must feel that we are "such stuff as dreams are made of", and that the dream which has so gratified us for the last few days is nearly dissolved; pleasure, that I have an opportunity of seconding Dr. Conolly's resolution of a vote of thanks to our excellent President. I can only say, and I am sure I express unity and catholicity of

feeling when I say it, that as Dr. Burrows entered this chair having no rival, so he has retained it in such a way that he has concentrated upon himself the feelings and affections of us all, and that we shall depart from this place assured that we have grown great by his example.

Mr. PAGET (Leicester). I merely wish to remind the society at large, that Dr. Burrows was one of the first metropolitan physicians who entered the walls of the British Medical Association, or the Provincial Medical Association. If I mistake not, I met Dr. Burrows at the first meeting of the Association at Oxford, many many years ago; and I recollect hailing his advent, and congratulating the society upon his character at that time.

The resolution was carried by acclamation.

Dr. BURROWS. I assure you that I feel most deeply sensible of the compliment that has just been paid to me. I feel deeply sensible of the compliment on many grounds. If one thing more than another could have enhanced the gratification that I feel in receiving your thanks, it is that those thanks should have been proposed by one so highly respected, so revered, and so admired as Dr. Conolly. It has long been said that the value of a compliment is enhanced according to the person from whom that compliment comes. *Laudari a laudato* is certainly here most forcibly felt by myself; and I deeply thank Dr. Conolly, who, under other circumstances—I believe it was entirely the circumstance of health—would have, I am sure, much more ably presided over you than I could possibly do, or than I have done. I thank, also, Dr. Richardson for the handsome terms in which he has been kind enough to allude to my services, and the impression which I have made upon my professional brethren. If I live in your hearts and in your esteem, I have indeed accomplished a victory of which I may be proud to the last moment of my life. I confess to have long since taken a very active interest in this noble Association. Mr. Paget and Dr. Webster have referred to the time when I joined your Association as that of the meeting at Oxford; but I can boast of having been a member of the Association long prior to the meeting at Oxford. I was present for the first time at the meeting which took place at Worcester, and took part in the proceedings at that meeting; and therefore I am *bonâ fide* an old member of the Association, and proud am I to call myself an old member. My long valued friend and relative, also, Sir Charles Hastings, has adverted to my services in bringing about the changes which have been conducive to the welfare of our common profession. I certainly have from time to time (but I must not divulge the *secreta collegiæ*) stood upon this floor and advocated what I believed to be reasonable changes, that were likely to be beneficial to our profession. I have also, in my humble capacity, done all that I could to bring about the meeting of this Association in the library of this College; but it required no persuasion or argument on my part to induce the President and Fellows to receive you here. It seemed to be a measure so right, and it came so completely home to the feelings and hearts of all the Fellows, that I do not think there was a dissentient voice. If the conduct of the College, in receiving you here, and the mode in which they have had the pleasure of entertaining you at a *soirée*, has conduced to the success of this meeting, and to the happiness and comfort of the members of the profession who have come from the provinces, I am quite sure it will be an ample reward to the College. I can only repeat what I began with, by stating that, to the very last moment of my life, I shall rejoice that you have thought me worthy to sit in that chair and preside over you, and I shall consider that one of the greatest proofs that I have conducted myself honourably in my profession, is that you have elected me to that chair, and that you have now been kind enough to approve of my conduct in that chair.

The proceedings then terminated.



## DINNER.

The Dinner took place at the Albion Hotel, Aldersgate Street, at half-past six o'clock. One hundred and thirty-four members and visitors were present. The Chair was occupied by Dr. Burrows; and Dr. Stewart and Mr. Probert acted as Vice-Chairmen. The Chairman was supported on his right by Lord Chelmsford, the Venerable Archdeacon Hale, Dr. Budd (Senior Censor of the College of Physicians), etc.; and on his left by Sir Roundell Palmer (Solicitor-General), Sir Charles Hastings, the President and Vice-Presidents of the College of Surgeons, etc.

After the usual loyal toasts, the CHAIRMAN proposed "Prosperity to the Army, Navy, and Volunteers"; connecting with the toast the names of Lord Chelmsford (who in the early part of his life had served in the navy) and Dr. James Bird.

Lord CHELMSFORD returned thanks on behalf of the navy; and Dr. JAMES BIRD for the army.

Dr. BIRD took occasion to remark, in the course of his speech, that it must be highly gratifying to the medical profession to see Lord Chelmsford at the meeting. Lord Chelmsford had taken a zealous part in bringing before the public the interests of that excellent institution, the Medical Benevolent College. It was quite unnecessary for him (Dr. Bird) to pass any eulogium upon the medical department of the army. He would only say the heads of that service are anxious not only to do all that is creditable to the army, but that will be creditable to the profession which they represent. Dr. Gibson, a gentleman of unimpeachable honour, of great impartiality, and of great activity and energy, well represents that service.

The CHAIRMAN proposed "The Health of the Bishop and Clergy of the Diocese, and the Ministers of other Religious Denominations". I ask you, he said, in that toast, to drink to the health of Archdeacon Hale, the Rev. Dr. Bell, and any other clergyman who may be present today.

The Venerable Archdeacon HALE. I rise to perform the very agreeable duty of returning thanks on behalf of the clergy of this diocese and the other ministers of religion. I acknowledge with gratitude that the medical and the clerical professions are associated together by the strongest and closest ties. The object of both is in one sense the same—to alleviate bodily and mental misery. It is remarkable with what spirit and with what a similar degree of energy both the professions come forward in the performance of that most honourable and most humane task. If the clergy are always ready to attend at the bedside of the sick, and to do whatever may be in their power to alleviate their spiritual and also their temporal wants, not less ready, not less laudable, not less full of self-sacrifice, is the attendance of members of the medical profession. Gentlemen, you have your associations. We have also our convocations, and we have our congresses; and I trust that, as our associations may tend in some degree to strengthen our church and to promote the interests of religion, so also your British Medical Association may tend to advance the honour of the medical profession by uniting the members together in more perfect unity, and producing all the good effect which such associations are calculated to produce in this age of liberty and diffusion of universal information. There is one point in which I think these Associations are useful—the communication of knowledge. All knowledge, and especially medical knowledge, is *publici juris*, which a man has no right to retain to himself; if he does so, he is a sordid and selfish man, carrying out what I should denominate as quackery. I trust that your Association will be the means of advancing medical science, and of making cure more easy and more applicable to many very important diseases. As to stopping disease or hindering death, no man

thinks that possible, any more than we think it possible to eradicate evil and stop sin.

The Rev. Dr. BELL. Most of the gentlemen here connected with this now grand Association, know that I spent twenty-seven years in the medical profession before I was translated from that sacred profession to one still more sacred. Years ago I looked forward to the period when this Association would no longer be known by the name of "Provincial", but by the name of British Medical Association. I therefore feel the greatest satisfaction in being present at this meeting, when we have met in unison with the practitioners of the metropolis. I trust that this will be looked upon as a great era, when all distinctions between the practitioners of the metropolis and those of the provinces will be utterly done away with, and that they will henceforth be known as one body, anxiously studying to promote the interest of the profession, and the good of those who are committed to their charge. Now, as I am more especially connected with that still higher profession of divinity, I trust that God's help to be enabled by my conjoint knowledge of medicine and divinity to be still more useful to my fellow-men. I still cling attachedly to my former profession because it was my early choice, and because, the longer I live, the more I feel the necessity of maintaining legitimate medicine in opposition to every species of quackery; and one of my great reasons for still adhering to this Association is this, that I may, amongst my clerical brethren, and amongst the people at large, stand firm forward to declare my attachment to legitimate practice in opposition to everything empirical.

The CHAIRMAN next proposed "The House of Lords and the House of Commons, as represented by Lord Chelmsford and Sir Roundell Palmer."

Lord CHELMSFORD. I always upon these occasions feel the greatest gratification in having my name associated with that distinguished assembly to which I have the honour to belong. I have generally felt that I, perhaps, better represent that assembly, upon such occasions as this, than even an hereditary peer; because I embody in my own person that which is a primary characteristic of the institution. The order to which I belong is not one hemmed in by narrow and exclusive privileges. They have no privileges which do not belong to the country at large. Their families are upon the same footing with the humblest person in the realm; and they open their doors and their arms to receive with favour those whom either merit or good fortune may have introduced amongst them. Nor in their legislative functions can they be considered to have shewn any want of sympathy with the people, or any disregard to the great interests of the nation. Occasions may have arisen, on which they may have seemed to oppose the momentary wishes of the people; but it is only when they have considered that some darling scheme might oppress the nation. I may say, with great respect to my honourable and learned friend the Solicitor-General, who represents fortunately the House of Commons upon this occasion that the House of Lords has the same regard for the privileges of the House of Commons as any of the subjects of the country.

Sir ROUNDSELL PALMER. I think, gentlemen, that every one who, in an assembly of Englishmen, has the honour of being called upon to represent the House of Commons, in returning thanks for them, may always feel proud of that privilege; because it is a toast which one feels quite sure is drunk with sincerity in every assembly of Englishmen. And if every Englishman is interested in that system of self-government which he exercises through the instrumentality of the House of Commons, so every man in the country, the members of the House of Commons certainly as much as anybody else, feels most deeply interested in the welfare in the duties and in the honour of the medical profession. Of course, there are much higher grounds than any that are po-



cal for that feeling; but I may say that amongst the incidents of Parliamentary canvass, one which has been exceedingly striking, and also exceedingly agreeable, has been the opportunity of observing how the influence of the medical profession practically works in the great centres of our population. I most anxiously desire that it always may do so; for I am sure that that influence could not be entrusted either to a more honourable, or a more intelligent, or a more patriotic body of men. To return for one moment to the House of Commons, I feel at all times that the way in which that toast accepted in all bodies of Englishmen is a most satisfactory test of the way in which our constitutional system works, because, in truth, though every one of us has known politics, though we know that in the House of Commons there is an opposition of parties, and though at each election each of us takes his own side and is pretty keen about it, yet when it is all over, when we have returned our member, or the other side have returned their member, and the House of Commons meets, the country accepts them as the House of Commons, as the representative body; it places confidence in them as they will, as a whole, conscientiously and honourably endeavour to discharge their duties.

The CHAIRMAN. I am sure, gentlemen, I need not use any words to excite you to give a mark of respect to the medical corporations of the country. We have, upon all occasions, an obligation to pay to those institutions; but more especially this year are we under deep obligations both to the Royal College of Physicians and to the Royal College of Surgeons. We are under obligations to the College of Physicians for their liberality in giving us the use of their building for our meetings during the past week, as well as for the hospitable reception they have given us in their evening *conversazione*; and so we are under deep obligations to the Royal College of Surgeons of England for the splendid manner in which they entertained us at the *conversazione* in Lincoln's-inn Fields. We also wish, upon the present occasion, to incorporate with our thanks to those two bodies, our grateful thanks to the Society of Apothecaries for the many and great benefits which they have conferred upon the profession, and especially for what they have done in promoting the cause of medical education. I ask you to drink to "The Prosperity of the College of Physicians, the College of Surgeons, and the Society of Apothecaries"; joining with the toast the names of Dr. Budd, senior censor of the College of Physicians; Mr. Luke, president of the College of Surgeons; and Dr. Ansell, chairman of the Court of Examiners of the Society of Apothecaries.

Dr. G. BUDD. I beg to thank you on the part of the College of Physicians for the compliment which you have paid the medical corporations. It has given no ordinary gratification to the College of Physicians to see within the walls of their College a meeting of the British Medical Association—a gathering of men from every part of England, earnest in promoting the interests and upholding the reputation of the medical profession. It has long been a subject of regret to the Fellows and Members of the College that we have had so few opportunities of meeting our country friends within the College itself. In consequence of a limitation in its original charter, which allows only those physicians who live in London and seven miles round to become members of it, the College has come to contain what we feel to be too small portion of those physicians who in early life have been content to renounce the emoluments and turmoil of London life. It is impossible for any one to witness this great gathering of medical men from every part of the kingdom, without perceiving that they must have, as regards the medical profession, great social and political influence; and that this Association must have, as long as it continues in its present strength, great influence in the medical corporations. Already, by medical

legislation, which owes its origin, and, in a great measure, its accomplishment to this Association, we have entered upon a new era in medical politics. The Fellows of the College of Physicians have frankly recognised this new condition of things, and they have, in obedience to what they conceive to be their duty to the profession, endeavoured to enlarge the scope of their College, and as far as possible to make it what they feel for the good of the profession it ought to be. On the part of the College of Physicians, I may be permitted to express a hope that now, under the presidency of one of the most honoured of our Fellows, one whom the College has chosen to be its representative in the Medical Council; now that so many distinguished physicians and surgeons from every part of the country have grown familiar with the College, and day by day, in the intervals of their more engrossing occupations, have contemplated the lineaments of Harvey, Glisson, Sydenham, and Mead, and a general desire will arise among physicians about to practise their profession in the country to make for themselves a professional home within the College; to constitute themselves the successors of those illustrious men who first made medicine in this country a liberal profession; and by connecting it with all the learning of their time, and with every department of natural science, contributed more, perhaps, than any other human agency has done to give the profession the social position it at present occupies.

Mr. LUKE returned thanks for the College of Surgeons; and Dr. ANSELL for the Society of Apothecaries.

The CHAIRMAN. I have to propose to you a toast which needs no words of mine to recommend it to your acceptance. "Prosperity to the British Medical Association." [Great applause.] I have so recently in another place publicly expressed how much benefit may arise to our profession from this Association, that I need not dilate upon the subject now. The large attendance around the tables testifies to your concurrence in the sentiments. I feel that this toast would not come to you as it ought to do, unless with that toast of "Prosperity to the British Medical Association" I were to connect with it the name of the founder of that institution. [Applause.] We have at our table to-day that founder, Sir Charles Hastings. I have no need to descant either upon his position as a physician in his locality, on his high attainments, on his independent principles or upon the benefits that he has conferred upon our profession, by taking part in the foundation of this institution, and by the manner in which he has for thirty years devoted the best energies of his mind and his time to the interests of this Association. He has the proud satisfaction of being alive to see the Association achieve a prosperity which at the time of its formation, his most sanguine expectations could never have anticipated. No words of mine can express more than you all feel in the way of gratitude to Sir Charles Hastings, not only for his labours in the formation of this institution, but for the labours which he has expended upon it since its formation.

Sir CHARLES HASTINGS. I always rise on these occasions with a feeling of the deepest gratitude and yet with feelings of embarrassment, because you know very well that words form a very imperfect expression of deep thoughts and feelings. I therefore, can only say as regards my personal feelings, I feel deeply indebted to you, and I will try my best to deserve your great commendation of my efforts. But I will say as to that part of the toast in which you have drunk "Prosperity to the British Medical Association," nothing that I can say can sufficiently express to you the feelings of satisfaction with which I am filled, when I reflect that in connection with earnest and serious, and discreet and able men, I thirty years ago, (a long period in a man's life) commenced this great Association, under circumstances predicated a certain degree of success, of which we all felt confident certainly, though we did not anticipate the splendid



career which has hitherto attended this noble Association. I think after thirty years, we must say that to a very considerable extent we have fulfilled all the obligations which we then laid upon ourselves. We may appeal to our *Transactions* to shew that in many points of medical science we have introduced much that is valuable. We may look to our JOURNAL to shew the progress of medical science. If again, we look to the organisation of the medical profession we have been instrumental in bringing about all those changes which those thirty years have produced. I think I caught from the Solicitor General a remark which pleased me much. I think he said, that he invariably found that in the towns which he had been seeking to secure his election, his best friends were amongst the medical profession. And, I may also say, we found this to be the case in all our arduous endeavours to promote the passing of the Medical Act. It was carried by the combined effort of the medical profession in the provinces, calling upon the members of the House of Commons, and pointing out to them the importance of some change in medical organisation. Was it not by that means that we obtained the Medical Act? [*Hear, hear.*] You are all aware that, in carrying out an Act of that importance, and in dealing with the interests involved in it, time must be allowed before the full effects of it can be produced; but I would say boldly, could we have met in this metropolis, in the College of Physicians, before the passing of the Medical Act? It would have been impossible, and we felt it to be so; but now that that great and dignified and yet active College have opened their doors widely, and received the whole body of the profession, turning what was formerly a club into a great medical institution, we are too glad to throw ourselves into their arms, and tell them that we are their obedient children. It is a proud satisfaction to us, that on this occasion, when we have come to the metropolis, we have received from the College of Physicians every encouragement. They have told us they wish us Godspeed; and, instead of feeling any jealousy of the position we have occupied, they are anxious that it should be still higher. This, at least, is one reward which the Medical Act has brought us; and I trust that in future times, by elevating the medical education of the country, and by distributing more generally those privileges which attach to the profession, and which that Act confers upon you, the position of the profession will be still more elevated than it has ever been. Then, how pleasant it has been to us, in the various towns in which we have met, to make friends; to encourage harmony between our brethren; to hold out the right hand of fellowship to all, and to say to each town where we went, "Encourage us in our course; help us in unravelling the great mysteries of nature". We have also had the great satisfaction of giving birth to a system of relief to our poorer brethren—a system which within this year has increased very greatly, and I trust is destined to bear the best fruit to the profession at large. We exercise an uncertain and an obscure art; but still our art is daily improving, and the mysteries of science are every day being revealed to us. At present we see through a glass darkly; and there are those who believe that the day will come when a medical Newton may arise, when the same certainty which he discovered in the physical world may be found to attach to vital forces, and that the time may come when the medical art may be exercised on more certain grounds. We stand on Mount Pisgah, like Moses of old, and look forward to the good land, where the fruit may be still more abundant, and where we may exercise our skill with still greater certainty. I think I see in this Association the promise of much future good. What has already been done fills my breast with the greatest feeling of gratification. I thank God that He has preserved my life for thirty years to see the progress of this great experiment.

Lord CHELMSFORD proposed "The Health of the

President". To be a distinguished member of such a distinguished profession must be a high honour. I have for many years been personally though not familiarly acquainted with your excellent President. Every man's public character is known by the association with which it is connected—by those accompaniments which the mention of his name calls forth; and I have never heard the name of Dr. Burrows mentioned without its being accompanied with expressions of respect. You yourselves have estimated him rightly by placing him in the position he occupies; and though I cannot appreciate him so well as you, yet I can honour him with you, and I ask you to give him honour on the present occasion by drinking his health, and wishing him long life and happiness.

The CHAIRMAN. I am sure you will be satisfied with a few words, if those words are the words of sincerity, they come from the heart, in thanking you for the very high compliment you have just now conferred upon me. I am deeply indebted to Lord Chelmsford for the very handsome terms in which he has been kind enough to speak of me. A professional man lives by his character, and I am very grateful and very proud that Lord Chelmsford has estimated me in the way he has done. I assure you that I very deeply appreciate the honour conferred upon me by placing me for this year at the head of this noble institution; and, whatever my fate after life, I shall ever consider this one of the proudest days I have lived to see; and nothing that can occur hereafter can make me feel more gratitude than that what I have done should have deserved the confidence of my professional brethren. From henceforth my most earnest endeavours will be to be of service to this noble institution. I thank you most sincerely.

Mr. HODGSON proposed "Success to the Medical Benevolent Institution", coupling with the toast the names of Mr. Toynbee and Mr. Probert, who both returned thanks.

Dr. RADCLYFFE HALL. Many besides myself may have entertained the superstitious belief that whatever may confidently be looked forward to as going to happen will usually fail to come to pass; but superstitions ought not to live in such a centre of intellect and science and as this, and mine has died a natural death; for, great as my expectations were, confidently as I held them, I confess that they have been more than surpassed by what I have seen and heard. I will not speak of the cordiality of our reception, or the splendour of the hospital with which we have been treated, further than to say that, if anything could equal the good things provided for our material gratification, it could only have been those produced for our intellectual satisfaction. At our meetings, every form of eloquence has had its example, and its representative man—the vivid and impassioned, the calm and self-sustained, the vigorous, and profound, and sage; and, in our intellectual bouquet, the rose, the shamrock, and the thistle formed a harmonious whole. And, though we may not venture to say that the addresses re-present a picture of anything that is past, all we can scarcely flatter ourselves with the hope that they will for the future be a standard attainable by us, yet they do indeed furnish us with a hope for the future. The great motto of this noble Association, like to the realm of which it forms part, should be, *Tria junctura uno*; and, though we had jewels from the island of the western wave sparkling with their native lustre, and though Scotland furnished us with men whom we held in the highest esteem, still, like *Oliver Twist*, we cry "more"; and we shall only cease that cry when Ireland shall send us all those of her professors having the eminence and eloquence of Dr. Walshe, when Scotland shall send us all those of her professors whom we hold in the reverence and esteem with which we regard Professor Sharpey, and when England shall send all of her professors who can exhibit to us so bright an example.



Mr. Paget. I will not attempt to laud by any eulogistic words of mine a single epithet of those addresses to which you have listened; but I will content myself by expressing my cordial thanks to the President for having done me the honour, however unexpectedly to myself, of allowing me the pleasure of proposing as a toast for your reception that which I am sure you will receive with unanimity and cordiality—our warmest thanks to the deliverers of addresses.

Mr. PAGET. I beg for myself and on the part of my colleagues, the deliverers of addresses, to return you our best sincere thanks for the compliment you have paid in thus again rendering us your thanks. I cannot say that this is the first time we have received them; for I am sure that I express the opinions of my colleagues, I do my own, when I say that none of us, accustomed as we were to public speaking, ever met a more attentive or a more grateful audience. If there had been at any time any difficulty in our tasks, the kind cheers which greeted us continually would have warmed us to the work, and made us capable of it. Dr. Radclyffe has eloquently told a part, at least, of the secret of the success, if it were success, with which the orators were chosen; for there was that happy rivalry amongst us of English, Scotch, and Irish, all friends together, and yet fairly rivals, that we were resolved that we would each do our best. Nor was Wales unrepresented; for if Wales did not speak, Wales, in the person of the most distinguished Welshman, cheered. I can only hope that the example which we gave, not of great success, but of hard labour for the promotion of the purposes of this Association, may find its imitation in all future years. Sure I am that no example could be better imitated than of the instance shewn to day of asking each year some leading physiologist to tell the members of the Association what has been passing during the year in his particular branch of science. I think it was impossible for any one to have listened to the profound address of Dr. Sharpey, without being a better man for it—better in intellect, better in his appreciation of the labours of others not engaged in the same precise pursuit as himself, better in his charity for all men, and better in his aspirations for the future. If this work be but done every year, it will add largely to the continually growing success and the continual influence of this great Association. For my colleagues and myself I render to the Association our best thanks for this repetition of their gratitude.

The CHAIRMAN. The advanced hour of the evening and the thinning of our ranks, admonish me that I must bring this delightful meeting to a close. I am sure that there is not one of us present who will regret the hours which he has passed in the society of his fellow labourers. We all should rejoice at again having met those whom we knew before, and at having had the opportunity of cementing friendships which have already been formed, and we should also rejoice that we have met others whom we had not known before, and whom we have now learnt thoroughly to appreciate. The best of friends must part, and I am afraid that we who have made friendships, and which friendships I trust may last many a long year, must part and say good bye. Let this be the last toast of the evening; and in giving that toast, I go to that Book of all books, the best of books for a sentiment; and I would ask you to drink one more glass of wine to this sentiment "Let brotherly love continue."

FEDERAL HOSPITALS. The *Enquirer* has a long list of hospitals, including fifteen army hospitals, six private hospitals, and some thirty additional hospitals just opened. Hospital tents, it is stated, are being erected in Howard's Grove, and Mayo's and Debrill's warehouses, and the Danville workshops in Manchester have also been opened for hospitals.

## Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on July 29th:—

Coles, Robert William, Staleybridge, Cheshire  
Gambier, Thomas, Canterbury  
Heaps, John, Buston Hill, near Leeds  
Hubert, Theodore Kelsall, Markyatestreet, Bedfordshire  
Hughes, Thomas Henry, M.D., Wrexham  
Lamb, Martin Annesley, Porchester Terrace  
Land, Robert Turner, M.D., Leeds  
Lyll, Henry, Southwark  
Macpherson, Robert Samuel, Birmingham  
Manbey, George, Shepherd's Bush  
Pick, Thomas Pickering, Waterloo, near Liverpool  
Prince, John, Calcutta  
Rayner, William, Uxbridge  
Ready, William John, Dublin  
Richards, Samuel Smith Crosland, Bedford Square  
Spanton, William Dunnett, Loughborough  
Taylor, James Hudson, Barnsley  
Trimmer, Francis, Gloucester  
Watson, Thomas William Wasdale, Edmonton  
Wright, Frederick William, Launceston

Admitted on July 30th:—

Broadbent, James Charles, Liverpool  
Davis, John Norman, Galway  
Dudley, Reginald Rabette, Whitchurch, Hants  
Eddowes, Ralph, Shrewsbury  
Evans, William Lewis, Rhayader, Radnorshire  
Fennelly, Richard, Kilkenny  
Grove, William Richard, Huntingdon  
Hopton, Abney Charles, Judd Street, Brunswick Square  
Jessop, Henry Edward, Cheltenham  
King, Francis, Stratton, Cornwall  
King, Thomas William, Camberwell  
Mahon, George Annesley Derville, Aspley, Woburn  
Mason, Samuel, Lewisham Road  
Mumford, William Lugar, Cornard Parva, Suffolk  
Orton, Charles, March, Cambridgeshire  
Pratt, John, Sunderland  
Proctor, Peter  
Richards, Charles, Almer, Blandford  
Watts, Horace Newbegin, Norwich  
Woods, Henry Charles, Godalming

Admitted on July 31st:—

Blason, George John, Billingsborough  
Bury, Henry Charles, Whetstone  
Cheesman, Henry, Brighton  
Cobb, John Frederick, Norwich  
Forrest, John, Blackburn  
Hawkins, Henry Mortimer, Peckham  
La Mert, Lewis, Bedford Square  
May, Lewis James, Bideford  
Murray, James, Belfast  
Norris, George Robert, Charmouth  
Owens, Henry, Croydon  
Phillips, Howell Charles, Trinity Square  
Pooley, John, Huntingdon  
Rhodes, Charles, Kensington  
Roe, Edwin Hodson, Eccles, near Manchester  
Sharpe, Henry John, Islington  
Simpson, Thomas, Boston  
Ward, Henry Seekamp, Horncastle  
Wesley, John Sebastian, Manchester  
White, John Gregory, Ampthill  
Wimberley, Conrad Christopher, Poplar  
Woodforde, Alfred, Plaistow

Admitted on August 1st:—

Brereton, Alfred Henry, Bow  
Connolly, Joseph, Belfast  
Cresswell, John Pearson, London  
Kranz, Melchior John Frederick, Melbourne, Australia  
Nelson, Charles Eugene, New York  
Noad, George William, Wokingham  
Partridge, Theodore d'Orville, York Place  
Prater, Charles Augustus, Woolwich  
Rayner, William, Stockport

At the same meeting of the Court—

Smallhorn, John Keville, H.M.S. *Supply*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date October 29th, 1858.

### APPOINTMENTS.

\*JOHNSON, George, M.D., appointed Professor of the Principles and Practice of Medicine, and Senior Physician of King's College Hospital.



FEARNLEY, George, M.D., elected first Mayor of Dewsbury, Yorkshire.  
 PEARSON, Thomas R., Esq., appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum.  
 REYNOLDS, John R., M.D., appointed Special Professor of Clinical Medicine in University College, and Physician to the Hospital.  
 ROBERTS, Frederick J., Esq., appointed House-Surgeon to the Ashton-under-Lyne District Infirmary.  
 WATSON, John, Esq., appointed District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary.  
 WILLIAMS, A. L., Esq., appointed Surgeon to the Cheltenham General Hospital, in the room of the late \*W. Jessop, Esq.

## ROYAL NAVY.

FISHER, William T., Esq., Assistant-Surgeon, to the *Severn*.  
 ATKINSON, Thomas H., Esq. }  
 MACLEAN, George, Esq. } Acting Assist.-Surgeons, to the  
 MADE, Edward, Esq. } *Victory*, for Haslar Hospital.  
 PICKTHORNE, G. R., Esq. }  
 CURRAN, Frederick A., Esq. }  
 LAWRENSON, George R., Esq. } Acting Assistant-Surgeons, to  
 McBEAN, Samuel, Esq. } the *Royal Adelaide*, for Ply-  
 STANISTREET, H. D., Esq. } mouth Hospital.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

DICKSON, W., M.D., to be Surgeon 26th Middlesex R.V.

## BIRTHS.

BROWN. On August 3rd, at St. Margaret's Banks, Rochester, the wife of \*Frederick James Brown, M.D., of a son.  
 ROSS. On August 3rd, at Dudley House, Guildford, the wife of \*Frederick Dumaesq Ross, L.R.C.P. Edin., of a daughter.

## DEATH.

\*TRAILL, Thomas S., M.D., Professor of Medical Jurisprudence in the University of Edinburgh, aged 81, on July 30.

Sir C. Locock, we are told, was sent by the Queen, to Potsdam, to be present at the accouchement of Princess Victoria.

THE ROYAL ASSENT has been given by commission to the Lunacy Regulation Bill, to the Council of Medical Education Bill, and to the Lunatic Law Amendment Bill.

THE LATE PRIMATE OF IRELAND. At the funeral of the Primate of Ireland, Trinity College, Dublin, was represented by six of its professors—namely, Doctors Stokes, Sidney Smith, Apjohn, Connor, Wright and Stewart.

DEATH OF A MEDICAL STUDENT BY ACCIDENT. An inquest was last week held by Mr. M. M. Jones, coroner at Cookstown, near Enniskerry, on the remains of Mr. John Wilson, a medical student, who lost his life by falling down the rocks at the waterfall, Powerscourt. He was a fine young man, who had just returned from Australia.

DEATH OF PROFESSOR TRAILL. Dr. Traill, Professor of Medical Jurisprudence in Edinburgh University, expired in that city on Wednesday evening. The learned professor was born in October 1781, and studied at Edinburgh University with Lord Brougham. For nearly thirty years he filled the chair of medical jurisprudence, and it is stated that during that lengthened period he was never absent from his lectures until 1861.

DEATH FROM CHLOROFORM. We regret to have to record another death from chloroform. At the inquest Mr. Partridge stated, "that the deceased a girl, 17 years of age, was admitted on the 23rd of July last, and died on the 5th of August. She met with an accident by falling against an iron railing; and it was necessary, that a short but sharp operation should be undergone. The deceased consented to take chloroform, and, being a very nervous girl, it was administered with great precaution; but in consequence of a feeble and fatty heart, of which they were not aware, the deceased died in a short time after it was administered."

THE NEW LOCK HOSPITAL, DEAN STREET, SOHO. His Royal Highness the Duke of Cambridge opened this most valuable institution on Thursday, the 7th instant. After inspecting the wards, his royal highness was

pleased to express his approval of the arrangements, and in a short and most appropriate speech, pointed out that the locality chosen was admirably adapted to the want of the poor in the west of London. All the out-patient will be seen at the new hospital, which will also contain the beds for the male in-patients. The hospital in the Harrow Road will, therefore, be devoted entirely to the reception of female in-patients. The Hon. Arthur Kinnaird announced a list of subscriptions from his private friends amounting to nearly £1000. We understand that at the last quarterly court, Mr. Gascoyen and Mr. Walter Coulson were elected "surgeons to the out-patients" of the Lock Hospital. The title of "assistant," which by many has been thought objectionable, has therefore, been abolished in this institution.

MEDICAL MISSIONS. For the last twenty years, a society of medical men has been engaged in Edinburgh in educating and sending forth medical missionaries to foreign parts; but no organisation for a similar purpose has existed in England. The recent session of the British Medical Association in London has furnished an opportunity of laying before English members of the profession the claims of Christian missions among the heathen upon medical men. With this view a meeting of the Christian Medical Association was held at the St. James's Hall, on Thursday, the 7th instant, at 9.30 A.M., under the presidency of the treasurer, A. D. Grainger, F.R.S., and the members of the British Medical Association were invited to be present. The supremely beneficent character of such missions to the ignorant and sick poor in heathen countries, and their influence in disposing the people to receive the facts and doctrines of Christianity, were shown in a brief address by David Paterson, Esq., a medical missionary at Madras. At the close of the meeting, a committee was directed to arrange and carry out a plan by which the profession in England might contribute to the spread of Christianity by means of medical missions.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH. The following officers have been elected for the year 1862-3:—*President*, Robert D. Thompson, M.D., F.R.S. *Vice-Presidents*, Lionel Beale, Esq.; R. Druitt, M.R.C.P.; J. B. Sanderson, M.D. *Treasurer*, Charles J. B. Aldis, M.D. *Secretaries*, George Buchanan, M.D., 75, Upper Gower Street, W.C.; Thomas Hillier, M.D., 21, Upper Gower Street, W.C. *Committee for General Purposes*. The abovenamed officers of the Association, *ex-officio*; Edward Ballard, M.D.; Frederick J. Burge, Esq.; Septimus Gibbon, M.D.; C. F. J. Lord, Esq.; John Liddle, Esq.; G. E. Nicholas, Esq.; William Rendle, Esq.; J. N. Vinen, M.D.

UNIVERSITY COLLEGE. The result of the examinations in the classes of the faculty of medicine for the summer term, as ascertained at a meeting on the 30th July, the vice-dean, Dr. Garrod, in the chair, was reported, and prizes and certificates of honour were awarded as follows: *Materia Medica and Therapeutics*. *Gold Medal*—Griffith Griffiths. *Silver Medals*—Equal, Alexander Bruce and Charles Bradley. *Certificates*—4 equal, Thomas Henry Green, George V. Poore; 6, Henry George Walker; 7, James Whitworth; 8, George Grewcock; 9, George Jackson; 10, Julian A. M. Evans. *Medical Jurisprudence*. *Gold Medal*—John Roberts. *Silver Medal*—Ebenezer Diver. *Certificates*—3, Walter Rickards; 4, George Lamb. *Practical Chemistry*. *Gold Medal*—Thomas H. Green. *Certificates*—2 equal, John Williams, George Cox; 4 equal; William Snow, Julius L. Levy; 5 equal, William Hoffmeister, Wickham Legg, John Stuckey. *Midwifery*. *Gold Medal*—Charles S. A. Atkinson. *First Silver Medal*—John Tribble. *Second Silver Medal*—Polixene Vadagne. *Certificates*—4 equal, Thomas D. Griffiths, Walter Rickards; 5, Herbert Davies; 6, Ebenezer Diver; 7, George Lamb; 8, John Hackney. *Botany*. *Gold Medal*—Philip Mason. *Silver*



al—Frederick B. Nunneley. *Certificates*—3 equal,  
iam David Gooch, Thomas Henry Green; 4, Edward  
icis Willoughby.

## OPERATION DAYS AT THE HOSPITALS.

DAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
DAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
NESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.—Royal Orthopædic, 2 P.M.  
RSDAY.... St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.  
DAY. .... Westminster Ophthalmic, 1.30 P.M.  
URDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## PULATION STATISTICS AND METEOROLOGY OF LONDON—AUGUST 9, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 883 } { Girls.. 874 }	1757 1181
Average of corresponding weeks 1852-61 .....		1765 1312
Thermometer:		
Highest (Sun.) 29.924; lowest (Th.) 29.254; mean, 29.587.		
Thermometer:		
Highest in sun—extremes (Sun. & Mon.) 123 degs.; (Sat.) 109 degs.		
In shade—highest (Sun.) 76.8 degrees; lowest (Sun.) 48.7 degs.		
Mean—59.7 degrees; difference from mean of 43 yrs.—2.3 degs.		
Range—during week, 28.1 degrees; mean daily, 19.9 degrees.		
Humidity of air (saturation=100), 78.		
Direction of wind, S.W.—Rain in inches, 0.50.		

## TO CORRESPONDENTS.

All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communica-  
tions, should authenticate them with their names—of course not  
necessarily for publication.

ERRATUM.—In Dr. Walshe's address, p. 141 of last week's number,  
line 3 from end, the word "let" should be omitted.

THE HOSPITALITY OF THE METROPOLITAN MEMBERS.—DEAR MR.  
EDITOR: At the termination of the four days of uninterrupted  
gratification which I experienced during the most successful  
meeting of the Association, I felt a certain blush of shame that in  
expressing our thanks to the College of Physicians above all, and  
to the College of Surgeons, for the honour they had done the  
Association by their noble hospitality, no thanks were proposed  
to the metropolitan members of the Association by their provin-  
cial brethren, for the old English hospitality they extended to us  
during Tuesday, Wednesday, Thursday, and Friday—a hospitality  
worthy of the civic reputation of this great city. I feel the more  
anxious that this unintentional omission should be rectified by a  
few words from you; as I found that even on Friday, some asso-  
ciates were not aware that it was not the College of Physicians  
who supplied the refreshments under which the tables groaned  
during the day meetings, but that they were due to the hospitality  
of the metropolitan members. I am sure I only express what  
must be felt by all my provincial fellow associates, when I return  
my best thanks to those to whom we are so largely indebted. It  
is no detracting from what we owe to the two Colleges, that every  
associate should understand the true state of the case.

M.D., M.R.C.P., Member of the Reading Branch.

W.—We think it is only fair to the London members to correct  
an idea which seems to have prevailed amongst many members of  
the Association. We are sure that we are in no way detracting  
from the generosity exhibited by the College of Physicians, when  
we claim on behalf of the London members the pleasure of having  
daily entertained our country associates within its walls with food  
for the body as well as for the mind.

RESULTS OF OVARIOTOMY.—SIR: In your number of this day, page  
143, you say (quoting from some Clinical Remarks of mine pub-  
lished in the *Medical Times and Gazette*) that my experience of  
ovariotomy gives "a result of 24 recoveries to 16 deaths—a pro-  
portion exactly of 2 recoveries to 3 operations." Will you allow  
me to correct this error? The proportion is 2 deaths to 3 reco-  
veries, not operations; or 3 recoveries to 5 operations. So much  
interest is excited just now, especially in France, respecting ova-  
riotomy, that the above correction is of some importance. The  
result as it stands is better than that of amputation of the thigh,  
and of some other recognised surgical operations; but I feel con-  
fident that as we learn how to distinguish those cases which are  
favourable for ovariotomy from those in which it is unjustifiable,  
we shall attain to a still more favourable result. I may add, that  
I have had another successful case since the forty above alluded  
to—the last six having all been successful.

I am, etc., T. SPENCER WELLS.

3, Upper Grosvenor Street, August 9th, 1862.

COMMUNICATIONS have been received from:—Dr. HANDFIELD  
JONES; Mr. T. M. STONE; J. T.; Mr. J. P. CRESWELL; J. G. S.;  
Mr. W. W. MORRIS; Dr. T. J. WALKER; Dr. SHARPEY; Mr. JAMES  
PAGET; Mr. C. H. MOORE; Dr. E. WELLS; Mr. SPENCER WELLS;  
Mr. G. BURT; Dr. BARKER; Mr. WORDSWORTH; Mr. HAYNES  
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(Signed)

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Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital, 16, George Street, Hanover Square, Oct. 14th, 1861.

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# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### SOME REMARKS UPON REMEDIES, AND ON THE STUDY OF THEIR ACTIONS.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to  
St. Mary's Hospital.

THE subject on which I have undertaken to address you is so large, and the time allotted me so brief, that I must dispense with all preamble and all ornamentation, and endeavour to interest you solely by the bare importance and worth of the topic.

It is indeed a poor truism that to cure or prevent disease is the great function of the medical man; and though it be such, must we not acknowledge that this great aim has not been held so distinctly and steadily in view as it deserves? Refinements in diagnosis and in description of symptoms, have too often turned away able minds from the great business of labouring to increase our mastery over the morbid actions with which we have daily to contend. It is well to describe clearly and accurately the phenomena which characterise a disease, or to distinguish between forms of disorder that have been previously confounded. But he has surely better earned his civic crown who has made known a new remedy, or a new and improved application of an old one, who has imparted some increased efficiency to the means we possess of staying the sad ravages of disease, soothing agony, and preserving life. How pleasant would be the consciousness at the close of our career, that we had been enabled to increase in some measure the beneficent power of our art in favour of suffering humanity! It is true this high privilege is accorded to few; but may it not be that, in proportion as our endeavours are set more earnestly in this direction, so will be our success? "Seek and ye shall find" is a word we may without irreverent presumption take for our encouragement in this, as in the highest of our duties.

We may be sure, I think, that remedies for disease were originally bestowed, like most other good gifts of a benevolent Providence, on those who in their helplessness and need were seeking after them. Some poor sufferer found relief from the means he employed, and told it to others, and recorded it in a votive tablet; and accumulated observations of this kind laid the first rude foundations of the science of medicine. Long before correct ideas existed of the structure and functions of the human body, and of the various ways in which these are deranged in disease, remedies were used with a measure of success. But never was intended that the rudimentary knowledge thus bestowed was not to be cultivated and developed; but, as in all other cases, the talent given was to be improved that yet more might be added. You know by what hard work, by what slow and painful steps, anatomical knowledge, and physiological, and pathological, attained their present goodly stature. If, as we must confess, therapeutical lag behind, if it be far too much now that it was necessarily at the outset—viz., mere empiricism—is the cause far to seek? Is it not a truth that we have not striven to improve our knowledge of the means to heal, as earnestly as we have to comprehend and classify disease? Must we not acknowledge with something of shame that there are many grave questions of practice yet undecided, and that we have never set ourselves

unitedly to ascertain what empirical proceedings are best in certain cases? Not only we have not rational knowledge of *why* we act so and so, but we are not agreed that *what* we do is right.

Now this being so, I want to employ your time for a few minutes in thinking with me whether we cannot do something in the way of good and worthy effort to obtain a better status. It does seem to me that if anything effectual is to be done in this direction, it must be by combined action; and such combined action may surely be looked for from our Association. Look at the names on our muster-roll, and let any one say if we have not a goodly number of men who have well proved their capacity for scientific and clinical research. Assuredly we have the workers, and as certainly we have the materials. Our members are widely dispersed all over the kingdom, in various and greatly different fields of labour; some in large towns, some in rural districts, some in the cold bracing north, some in the more relaxing south, some even in far off foreign lands. Who, I ask, have better opportunities than we, numbering in our ranks, as we do, hospital physicians and surgeons, experienced self-relying rural practitioners, exact observers of vital phenomena, accurate chemical analysts, and practised experimental inquirers? Ought we not to do good work? I am told that nothing ever has been done in medicine by combined efforts; that attempts of this kind always result in failure; that you cannot get men to work together; etc. I hear it all incredulously; and I shall still do so as long as I see all around me such proofs of what is continually effected by the conjunction of the powers and means of many. The law of successful enterprise for man is cooperation; and there can be no sufficient reason that this should not hold true in scientific research as well as in industrial pursuits.

Let us come up a little closer now to the matter in hand: Two things, it seems to me, call for our efforts, and both are, I trust, sufficiently feasible. One is to ascertain by continued, careful, patient observation, carried on for a length of time, and over as wide an extent as possible, the best methods of dealing with various diseases. This is the perfecting of our mere empirical knowledge, and requires no special scientific training on the part of the observers. All that is requisite is that they should have unbiassed, truth-loving minds, and should take care to record none but clear, plain facts, and such results of their experience as have been verified repeatedly.

The second comprehends elaborate inquiries into the mode of action of remedies conducted by able chemists and physiologists, from which we may hope to learn the way in which these agents affect the various organs and vital processes, and how they come to be of efficacy in controlling morbid action. This knowledge is a step beyond empirical, it conducts us to rational therapeutics, and gives us a confidence in, and a mastery over our weapons, which the mere empirical practitioner can never have.

I will now proceed to give some examples of the kind of work I want to have done. Practitioners all over Great Britain have to deal with croup—cynanche trachealis—a well marked disease. Let them take care not to confound the true inflammatory disorder with the imitative nervous affection (*laryngismus stridulus*), or with the asthenic diphtheritic malady. Let them record for a series of years the cases they meet with, and the treatment which has been successful or the reverse. At the end of a period (say five years) let the results be communicated to appointed secretaries for arrangement, comparison, and publication in a suitable form. Many other diseases, appearing in distinct and easily recognised forms, might be dealt with similarly. The records should be very brief, merely noticing the important points. I may sketch one or two as follows:

A. B., female, æt 3, a robust child, attacked with symp-



toms of croup, February 10th; leeches applied to the throat next day, and potassio-tartrate of antimony in quarter of a grain doses every two hours given for two days; then less frequently. Convalescent on the sixth day. Health subsequently good.

C. D., æt 8, male, a weakly child, attacked with rheumatic fever, May 7th; pericarditis detected May 12th; treated by salines and colchicum with mercurials to slight salivation; disease unchecked, left side pleuritic on 16th. Death on May 20th.

The busiest practitioner would find but little difficulty in keeping such records, and their value when grouped together in large numbers would be exceedingly great. If, as I think it probable, it was found that there was a considerable difference between the experience of urban and of rural practitioners, this would be a fact of considerable significance. The question of change of type in disease would probably be solved in half a century, by steady perseverance in such observations as I now advocate. The more diversified the sources from which our reports were obtained, the more valuable would be the general result. It would be of great interest to know how far treatment was modified by climate, locality, etc.; whether, for instance, acute rheumatism should be treated in the same way in England, France, India, China, North America, and Australia. I think we should not at all despair of obtaining such reports, though they could not be procured so readily and directly as from our own associates. Even in our own island, however, there is quite variation enough of climatic condition to make it of much importance to know whether disorders of the same name and seat may not require to be dealt with very differently in different places.

Now, thus far, at least as concerns what we may all of us do ourselves, there is evidently nothing impossible or very difficult in what I propose, nothing that requires any pecuniary outlay, or special organisation. All that I ask for is the systematic recording and reporting of certain large facts, about which on the whole there can be very little chance of material error. Each truthfully and carefully observed case may be used as a stone in erecting the edifice of rational medicine; nay, it cannot even be put aside, but must be ultimately included with others, and assigned to its proper place. Let any one peruse the admirable writings of Dr. Gooch, and the cases he relates, and then say whether to the end of all time those records must not remain as an irrefutable testimony of the nature of puerperal disease which prevailed in his day, and of the treatment that was found efficacious to subdue it. If we had had the same careful, detailed, and precise records of other disorders, could we have had the statements uttered *ex cathedra* which we have heard in our own day, that acute disease is never curable by any depressing measures? I, for one, believe not—but I am anxious to avoid all discussion here, and would only press on your attention this truth, that it must be by the accumulation of details of evidence, by the bringing together and comparison of the experience of many observers, that we shall at length obtain foundation truths in medicine which we may hold as absolute and certain. If any are sceptical of the advantages which I look for from the work proposed, let me remind them that it is now well on in the nineteenth century, and that it is surely high time that a general effort, or something like one, should be made to solve the many problems which are continually pressing on us for solution. Daily we are called to act in cases where doubtful questions of practice present themselves. And should we not often feel a relief if we had large, recent well-tested experience to refer to on these very points? But, if we are desponding of improvement and apathetic; if we attempt nothing, what future then can there be for us, but to remain in uncertainty and discordancy regarding much, very much, which it certainly behoves us if possible to know clearly?

Let us only look at the way in which great excellence

is obtained in other departments of labour. Think of the persevering night watches, and laborious calculations of the astronomer, the hourly observations of the magnetic variations carried on for five years at Toronto, and the similar ones in many other places, even amid the rigours of a Polar winter. Think of the amounts of capital that are expended on machinery, on the constant efforts after improvement, and the determination to do everything in the very best possible manner which our manufacturers exhibit. The secret of their success is that they leave nothing undone which they can do, and so step by step they gain ground, and reach such perfection as we see displayed in the wonderful collection now so familiar to many of us. A Whitworth rifle, or an Armstrong gun, marvels of accuracy and power, have not been constructed without the outlay of many thousands. These are implements for the destruction of life. Can we boast that as much has been expended by national or combined effort to discover the means of its conservation? I do not say that the reproach of this rests on us as a profession, at least altogether; but I do say that it is clear enough, that if we want great results we must use corresponding means; and at any rate, must not omit to exert all that lies in our power.

I pass on to the second part of my proposal. Here I am met by the difficulty which so often confronts the best schemes; viz., the *indigentia pecuniæ*. No such inquiries as I propose can be carried out without some outlay; yet I think a moderate expenditure would be sufficient to do a good deal, and I am not without hope when I have expounded to you some of the benefits which I look for from these researches, that you will consent even to the unwelcome proceeding of putting your hands in your pockets. Let me take some examples, that I may show you what I desiderate.

Digitalis is a confessedly valuable remedy in a variety of instances. The most common and by no means incorrect notion of its action is, that it diminishes cardiac action and arterial impulse, slows and tranquillises the circulation when it is over active. The recent observations of Hirtz (*Bullet. de Thérapeut.* February and March, 1862) of the beneficial effects of digitalis in inflammations, are very accordant with this view. He finds the drug to have great power in slowing the pulse, and lowering the temperature; concurrently with which, resolution of the inflammation sets in. But many are well convinced that it can also increase cardiac action, give tone and power to a weak and failing heart; and that too when exhibited in the same doses as are believed to have the contrary effect.

How can this be? How shall we reconcile such opposite views? We think of its action upon other organs; and we remember that it provokes the kidneys to diuresis, the uterus to contraction, and the stomach and intestines to vomiting and purging. Its hæmostatic operation almost necessarily involves a contracting of the arterial coats, so as to diminish the flow of blood to the seat of hæmorrhage. All this looks like stimulation, rather than depression. We must say the same of two other results of empirical observation. One is, that digitalis does not exert its diuretic action nearly so well in persons of sthenic habit, of tense fibre, and cordy, *i. e.*, firm pulse, as in those of asthenic condition. Bloodletting and purgatives are recommended as preparatives for its administration to the former. The other is, that large doses of tincture of digitalis are not unfrequently followed by the best effects in cases of delirium tremens attended with great prostration of nervous power. (See case in *Med. Times and Gazette*, September 29th, 1860, by Jones of Jersey.) Mackenzie (*Lancet*, March 8th) records his experience of large doses of digitalis in delirium tremens. He states that, in two cases, they had the effect of changing a state of timidity into the fury of acute mania. One died; and the heart in one was found very flaccid, but almost empty. The



ate of emptiness seems almost to imply that it must originally—*i. e.*, at the time of death—have been contracted. Here, then, we must suspend judgment; we know not which view to take. Is digitalis a depressant, or a tonic? What is the truth respecting it? Here, it seems to me, we want the exact experimental observer, unbiassed to scientific investigation. And in this instance, I am glad to say we have, if not complete and final, yet very satisfactory and light-giving researches to appeal to.

Before producing these, suffer me to remind you of the following facts:—1. That the pneumogastric nerve has very positively an influence on the heart through its cardiac branches. 2. That the sympathetic nerves also influence its movements. The influence of the pneumogastric is shown by stimulating it, which slows and arrests the movements of the heart; and again by dividing it, which renders its movements greatly more frequent. The only observers who dissent from these statements are Moleschott and Schiff, who seem to regard the vagi as having the same influence on the heart as the sympathetic. From my own experiments, I cannot doubt that division of the vagi in mammalia at least does greatly accelerate the heart's action. In a cat whose vagi I divided, the heart beat more than twenty-four hours after the operation, at a rate of 200 to 220 in the minute; while, when the left vagus only was divided, the rate was 100 per minute.

One other point I wish to ask you to notice; that the rest of the heart's movements may take place in two different ways—*viz.*, either by paralysis of the muscular wall, rendering the heart incapable of driving on the blood which pours into it; or by persistent tonic contraction. In the former case, the cavities will be open, and distended with blood; in the latter, closed and empty. In either case, the arteries would cease to receive blood. It then becomes an interesting question which state is found in animals killed by digitalis. I have performed various experiments to investigate this point, and will shortly state the results. A young cat injected subcutaneously with  $m_{xx}$  to  $m_{xxx}$  doses of tincture of digitalis at one-hour intervals. Death occurred about five hours; and the left ventricle was found very firmly contracted, the cavity very small, the right ventricle somewhat less closed. In another, two drachms, at five hours interval, caused death, with a firmly contracted left and a moderately distended right ventricle. This cat, an adult, was killed by two and a half drachms of the tincture. A third cat, whose vagi nerves were divided, had injected in nine hours half an ounce of tincture of digitalis, and, though prostrated, was recovering; she was killed by sixty drops more in another hour. The left ventricle was found firmly contracted, the cavity almost wholly obliterated; the right ventricle was rather dilated.

The subject of the first experiment was killed by 110 drops in about five hours; the second, by 150 in about seven hours; the third withstood 240 in eight hours. It certainly looks as if the abolition of the influence of the vagi rendered the heart less sensible to the action of digitalis. Animals killed by the injection of tincture of aconite, or the inhalation of chloroform, had both sides of the heart evidently more dilated than those killed from digitalis.

I do not consider these experiments as at all conclusive; but they appear to me to justify provisionally the conclusions: 1, that digitalis, when it kills, does not necessarily do so by paralysing the heart; and 2, that division of the vagi seems to lessen, though not abolish, the action of digitalis on the heart. Berlin, I ought perhaps to mention, ranks digitalis with those poisons that directly abolish contractility in the muscular tissue, and is led by the results of his experiments to the belief that it has no action on the nervous system. He states, however, that immediately after death the heart is found contracted, rigid, motionless, and totally

empty—a condition which is certainly much more like tonic spasm than paralysis.

But now to cite the investigations of which I was speaking. (Schmidt's *Jahrbücher*, vol. cxiv, pp. 16, 182.) Traube divides the vagi nerves in a dog; paralyses his voluntary movements with curare, keeping up artificial respiration; adjusts a dynamometer to an artery; observes the force of the heart's contraction, as measured by a column of mercury; and then injects a strong solution of digitalis into the jugular vein. The height of the column before the injection being 124 millimètres, it gradually rises, and attains in about four minutes the level of 260, and again declines in about ten minutes from the beginning to 176. A second injection of digitalis was now made, which caused the column to fall rapidly, and the heart soon ceased to beat. This experiment proves that digitalis acts on the sympathetic, as well as on the vagi nerves; and that its action is first stimulating, and subsequently paralysing. With this latter statement I am not fully satisfied. I should wish to know whether the heart was firmly contracted, or the reverse; as it seems to me possible that the action might be arrested through excess of stimulus. Traube believes that the amount of arterial pressure depends on the varying degree in which digitalis acts on the vagi and sympathetic nerves. If it excite the latter and enfeeble the former, the pressure is increased; if the reverse be the case, the pressure diminishes.

Winogradoff's observations are to the same effect. He states one conclusion which, as he says, has an important bearing upon practice; that digitalis, as it does not diminish the arterial pressure, may be given safely in morbid states attended with diminution of the blood's force in the arteries, especially in heart-disease with insufficient compensating hypertrophy. He does not believe that digitalis acts on the vagi or the medulla oblongata in slowing the heart; because a weak galvanic current applied to this nerve, while it slows the heart, lowers the arterial pressure, which digitalis does not do. From examination of the urine, he finds that digitalis diminishes the metamorphosis of tissue. Germaine also states that digitalis does not enfeeble the contractions of the heart; but, while it slows them, augments their force. From the above investigations, it seems to be tolerably certain that digitalis, in the first and milder degrees of its action, is a tonic or excitant to the heart; and that subsequently, in its more energetic operation, it arrests its movement. But it does not to my mind appear clearly made out how this arrest takes place; whether the heart is, to speak shortly, paralysed or tetanised; whether it is rendered too weak to contract and drive on the blood, or too spasmodically contractile to relax to receive it. Yet the solution of this question is all-important to the right and safe use of this valuable drug. If it paralyse the heart, if it act like aconite, we must eschew it in cases manifesting anything like debility of the circulation, and reserve its use for those where the firm hard pulse tells of a strong impelling force. If, on the other hand, it excite the heart, and the risk be from over-stimulus, especially when the organ is irritable and active, we see that digitalis finds its opportunity in cases of enfeebled circulation, where there is no fear of the cardiac stimulus being too potent. That the latter is the correct view, I am much inclined to believe. How otherwise could it ever happen that digitalis should produce such remarkable benefit as it often does in cases of enfeebled heart? How is it that, in a disease of so much debility as delirium tremens often is, a dose of digitalis twenty times as large as that commonly administered causes no prostration, but the reverse? Now, if you are inclined to think me speculative and theoretical in all this, remember, I pray, that my speculations concern matters of the highest practical interest; and that what I urge is, that to turn this



speculation into certainty, labour and expense would be well bestowed. Should it prove so, as I have suggested, we might come to regard digitalis as our cardiac tonic *κατ' ἐξοχήν*, specially to be resorted to in cases of asthenia and peril from failing circulation, because in such there could be no fear of over-stimulating.

Let us next take opium—one of the most valuable drugs in the materia medica, yet one of whose mode of action we know, I fear, very little. We ask, with the examining doctors in Molière, “Quare opium facit dormire?” and we can give scarce any other answer than that returned by the candidate: “Quia virtutem habet dormitivam.” We know that opium has a powerful astringent effect, not only controlling and arresting morbid discharges, and even some inflammations, peritoneal and ocular, but locking up, as it is termed, even the natural secretions. We know also that opium has a sustaining power, enabling the system to endure severe fatigue, and to withstand better the exhaustion of disease. Its exciting influence on the brain prior to the stage of sopor is well known, and sometimes appears to be the only result of its administration. That it often causes diaphoresis is admitted, though I do not think this effect is by any means constant. How shall we refer these various phenomena to anything like a common mode of action? How shall we frame to ourselves a rational account of the operation of this remarkable drug? If we consider it as a direct narcotiser, or sedant of nervous tissue, how shall we explain the production of excitement, the averting of fatigue, and the arrest of diarrhœa? All these phenomena seem more likely to be prevented than produced by narcosis. I will again ask you to follow me in an attempt to explain these difficulties. The very important observations of Durham, Ackermann, and Bedford Brown, as to the state of the cerebrum in sleep, are material to this question. They find, you will remember, that the blood-vessels of the brain are empty during sleep, compared with their state of repletion during waking hours. Correspondingly we find, during opium-poisoning, the face pale and the scalp cool, showing a lessened circulation through the branches of the external carotid. The overpowering drowsiness, which exposure to intense cold produces, is very probably dependent on a similar anæmia of the brain; the congestion which is often found after death being no doubt the result of mere venous engorgement during the final stage. Dr. Ogston gives two cases of death from cold, in which the brain and its membranes were remarkably pale and bloodless; and another in which the membranes and surface were in the same state (*British and Foreign Medico-Chir. Rev.*, Oct. 1855). See Kussmaul and Tenner's twenty-second conclusion (New Syd. Soc. edition, p. 107). I am much inclined to believe that the soporific action of opium is, at least in part, dependent on a contraction of the cerebral arteries, occasioned by the influence of the drug on the vaso-motor nerves of those vessels. The supply of blood being shut off, the functions of the hemispheres are for the time in abeyance.

The above had been written several weeks before I happened to refer to Dr. Fleming's important and interesting experiment of procuring sleep by compression of the internal carotids. He well remarks, that it may be the means of throwing light on the causes of ordinary medicinal and hypnotic sleep, and of coma. (*Brit. and For. Med.-Chir. Rev.*, April 1855.) Perhaps the society will excuse my quoting also a piece of painful personal experience. Many years ago, when I was in very weak health from over-work, etc., I was quite unable to sleep at night from this cause. Though deadly weary and drowsy while sitting up, I had hardly laid my head on my pillow before the arteries of my head began to throb, and soon all feeling of sleep was banished, and I was wide awake and restless. Evidently the toneless vessels admitted an over-supply of

blood, which goaded the weary brain to renewed excitement.

This view is in accordance with the action of opium in restraining diarrhœa and locking up secretions, with its curative efficacy in some inflammations, and with its tonic and sustaining operation on the nervous system. It does not, however, account for the contraction of the pupil (which is widened by stimulation of the sympathetic); nor for the diaphoresis, when it ensues. It is however, probable that the former may be ascribed to special stimulation of the third nerve; and the latter to a similar action on the excitator nerves of the perspiratory glands. Such secretion-fluxes have been obtained by Bernard and others, by stimulation of particular nerves, and I can state, from repeated observation, that profuse salivation is a constant result of the administration of opium to cats. That a moderate dose of opium produces vigorous uterine contractions, is, I suppose, an admitted fact. Dr. Churchill speaks confidently of the beneficial effect of a drachm of tincture of opium in flooding, whether before or after delivery. The stimulant action of opium on chronic asthenic ulcers of the leg is well known, and has been excellently illustrated, with various other particulars, by Mr. Skey (*Lancet*, Feb. 3rd, 1855). He describes opium as “a most valuable stimulant of the vital powers, and as maintaining an equable balance of the circulation throughout the body.” This, however, is an example of its tonic action on the cerebral spinal nerves, not on the sympathetic. Mr. W. Cooper remarks, in his *Memoranda of Ophthalmic Surgery Pract.* (*Lancet*, June 28th, 1862), that the controlling influence of opium on the capillaries is well known. He uses small doses of opium, frequently repeated, in hæmorrhage; and finds that, in some cases of conjunctivitis, watery solution of opium has a most beneficial effect when locally applied. In other cases, it acts as an irritant, and aggravates inflammation. Here we have the stimulating effect of opium exerted either on the vessels or on the tissue. There is a noteworthy paper by Mr. Bell, on the Therapeutic Relations of Belladonna and Opium, which bears upon this subject (*Edin. Med. Journal*, July 1858). He quotes a case where a man, under the poisonous influence of opium, took six drachm doses of tincture of belladonna, which removed the coma, increased the respiration from 4 or 5 to 20 or 25 in the minute, dilated the contracted pupils, improved the strength and frequency of the pulse, and caused the cold and pallid countenance to become flushed, and the whole body warmer. Mr. Bell's own observations illustrate the converse action—the removal of flushing and congestion of the head-space, with other symptoms of poisoning from atropine injection, by the subsequent administration of morphia in the same way.

Mr. C. Lee has recently recorded several similar instances (*American Journal of Medical Science*, Jan. 1862). The doses of the antidotes were such as would have been poisonous had not an opposing influence been in play. I have myself experimented with a rabbit, produced well marked stupor by the injection of a grain and a quarter of acetate of morphia; which was speedily removed by the subsequent injection of an eighth of a grain of atropine.

A very important question here arises for consideration; viz., whether the same remedy can have a different or opposite action in different parts of the same body. Belladonna seems, beyond question, to dilate the arteries and capillaries of the head and face, herein directly opposing opium. Dr. Brown-Séquard, however, has satisfied himself that it contracts the blood-vessels of the cord. Can it act differently on the brain and on the cord? This wants looking into. It seems probable enough that the beneficial action of belladonna in epilepsy depends on its obviating the tendency to spasmodic constriction of the cerebral arteries, which appears to be an essential element of the disorder.



The general tendency of all the above considerations leads me to point towards this conclusion; that opium is to be regarded chiefly as a toner or exciter of the system; first, and in smaller doses, of the cerebro-spinal; secondly, and in its more potent action, of the sympathetic. The second action is, in some of its results, counter to the first. It causes cerebral anæmia and acts in the same way as it stills an intestinal flux, or arrests the flow of bile, or checks an uric hæmorrhage. On the above view, we can readily understand how opium so often disagrees with persons of irritable and weakly nervous systems, acting, perhaps, in the manner diametrically opposite to that intended. The cerebro-spinal nervous centres are more acted on than the vaso-motor nerves; and the result is, therefore, sedativeness and excitement. With regard to the local action of opium, I think it is, first, clear that it is not sedative in the same way as aconite; it is more or less useful in removing pain; but does not cause numbness. It is, also, commonly associated with stimulants, as morphia, camphor, turpentine, or ammonia, which do not seem at least to impair its efficacy. Further, it should be remembered that pain or dysæsthesia are very often closely connected with a state of debility; indeed, so intimately that it is difficult not to believe that the suffering nerve is in a like condition. Opium as a stimulant tonic may well relieve such states.

Now, do not let me be regarded as asserting these views as my settled opinions. I wish rather to offer them as suggestions to show you the kind of work that I wish able inquirers to undertake. They may wholly refute them, or they may confirm them. But, in either case, I believe medical science and practice would gain from the inquiry. If, for instance, it were determined that the brain during opium narcosis was in a state of anæmia, would not the recumbent position be strongly indicated, as well as vinous stimulants? If it should appear that the action of belladonna is the physiological opposite to that of opium, should we not have gained an important step in the treatment of poisoning? Many other instances might be alluded to, in which careful inquiry would do much to give us truer and more exact notions as to the working of remedies, and by these reflect much light on the processes of disease.

I will, that I may not weary you, allude to but one drug more. Quinine is considered by some good authorities to be an antidote to malarious poison, a chemical neutraliser of its effects. To me, I confess, the evidence seems well-nigh complete that it is nothing of the sort. If it were, it ought to be sufficient to cinchonise thoroughly the most obstinate case of malarious disease to obtain a cure, which we all know is often perfectly attainable. The various phenomena produced by quinine seem to me capable of being explained in a very interesting manner, by referring its action especially to the nervous system. The simplest case, perhaps, is the cure of a neuralgia—malarious, or non-malarious. Here it gives increased tone or power to the weak and suffering nerve, enabling it to withstand the morbid influence. The arrest of a remittent or intermittent fever depends on the same nerve-toning influence exerted on the sympathetic, as well as on the cerebro-spinal nerves. In proportion as they acquire tone, the febrile phenomena subside. Yet after they have apparently ceased, increase of the urinary excreta at the recurrence of the period of attack shows that the poison is still present, and affecting the renal and other nervous plexuses.

Unless strength is fully restored and maintained, no malarious sufferer has hope of escaping relapses. All debilitating agencies, bodily and mental, promote and intensify the action of malaria; all those of a contrary kind assist, or may even take the place of, quinine. The blindness or deafness which quinine produces may reasonably be ascribed to contraction of the arteries, and consequent anæmia of the eye or the ear. The enfee-

bling of the heart's action, and the slowing and shrinking of the pulse, are dependent on excitement of the vagi and arterial nerves. In these respects, quinine acts like digitalis; and it is worth remark that the latter has obtained some considerable repute in the cure of neuralgia and hemicrania. (See Serre's and Boisson's reports, New Sydenham Society's *Year-Book* for 1861, p. 164.) Would it not be worth while to test the truth of these views, and thereby the value of the recent neuropathology, which has so much to commend it to our notice? I must not quit this subject without adverting to the remarkable results obtained by several physicians with full doses of quinine in acute asthenic pneumonia, and on the continent even in acute rheumatism and acute idiopathic peritonitis. Almost incredible as the latter statement appears, it is reported on high authority, and appears more intelligible if we accept the above views of the action of quinine on the vaso-motor nerves, whereby the afflux of blood to an inflamed part would be checked in consequence of the contraction of the arteries supplying it.

I must hasten to conclude; but I cannot help alluding to the remarkable therapeutic action of the nitromuriatic acid, or chlorine bath, in enlarged spleen and liver; to that of the sulphuret of potassium bath in chorea; and of the sulphur fume in some skin-diseases; as subjects which earnestly invite attentive inquiry. Here are striking facts which empiricism has stumbled upon; shall we carelessly leave them unexamined, or shall we try to understand them, and so be led on to higher and wider views of morbid agency, and its counteracting?

I have been talking a good deal about tone; and I am desirous to add a few words to convey to you what I conceive to be the proper import of the word, as applied to the muscular and nervous systems. It is often used in conjunction with the term stimulus; but it has properly a very different import. The latter implies the calling into action of a force preexisting in the tissue, be it muscle or nerve. It excites vital phenomena, but at the same time uses up the power which produces them; it is, taken *per se*, wasteful, though essential for carrying on vital processes. Tone, on the other hand, is the quality which a muscle or nerve possesses of responding to a stimulus with more or less energy; it is essentially a vital force and the special endowment of the tissue. It is not exertion, but the capacity for exertion. A tonic medicine or regimen is, therefore, a means which increases this vital property, raises and sustains it, if depressed.

I have made a long, I hope not wholly fruitless, digression from the proposal I was commending to you; and I now return to it to consider very shortly the ways and means of carrying it into effect.

First, then, it seems to me not an extravagant hope that of our two thousand members, at least one-half might be found who would be willing to subscribe five shillings annually for the purpose of carrying out such investigations as I recommend. If this be so, we shall have £250 a-year, a sum quite sufficient, I should think, to cover the expense of a good deal of most important work in the way of chemical analysis and physiological experiment.

Secondly. I should propose that our Council, or a selected Committee, should entrust the examination of different subjects to competent inquirers, who should work gratuitously, but have all their expenses franked, and be acknowledged as the authors of their respective reports.

Thirdly. I hope that the hospital physicians among us would afford, as far as possible, opportunities to our scientific investigators of carrying on researches into the action of drugs on patients in their wards, who could be controlled, and made available for exact inquiries in a way that would elsewhere be impracticable.

Fourthly. I would appeal respectfully to many rural



practitioners, men of proved judgment and ability, at whose feet one might be willing to sit, who have long enjoyed excellent opportunities for observation, to put their hand to this work. I have long felt that our records of disease are taken far too much from the hospitals of large towns; while our country Nestors, from lack of time or inclination, too often allow an amount of most valuable information to lapse altogether into oblivion, or to remain as mere traditionary report, too vague to serve as the basis of accurate conclusions.

Lastly. I cannot but remark that those among us who have not the means themselves of making additions to our knowledge, may sometimes have it in their power to render invaluable service by transferring to others opportunities which would otherwise be wasted, and doing this quickly and timely. We know at present next to nothing of the true pathology of what is termed "infantile paralysis." An opportunity for a *post mortem* examination of a recent case scarcely ever occurs; yet it may to any of us; and if it does, though we should not be able to make good use of it ourselves, what a gain it would be to secure the information it would yield, if properly conducted, for the general good. The more I consider the subject, the more it presses on me, that combined work is essential to attain at all the perfection of which medical science is capable. Something, too, there must be of zeal and energy and enthusiasm in the matter; something of real earnestness and belief that the effort is right and good; and something of a readiness to put our hand one way or other to its furtherance. May it never be said of us that we were wanting to ourselves.

#### A CASE IN WHICH EXTENSIVE CANCER WAS REMOVED FROM THE ORBIT.

By CHAS. H. MOORE, F.R.C.S., Surgeon to the Middlesex Hospital.

THE chief object of the writer being to exhibit the patient herself to the members of the Association, the following report is proffered merely in explanation of the remarkable appearance which she presents. She is 71 years of age, in good general health, and as free from feebleness as could be expected in a woman of her age after the recent removal of a serious disease.

Upon her admission into one of the cancer wards of the Middlesex Hospital seven months ago, she presented a deep ulcerated excavation between the globe of the eye and the bones at the inner side of the right orbit. The lids had been detached by the ulceration from their internal connections and partly destroyed. What remained of them was fixed in the solid outer wall of the ulcer. The eye was shrunken and sightless, having apparently been perforated through the sclerotic by the ulcer, and evacuated of a part of its humours. The margins of the ulcer reached the upper and nearly the lower edges of the orbit, and terminated about the mesial line upon the bony nasal ridge. From the level of its edge, the ulcerated chasm had a depth of nearly an inch; its breadth was half as much, and it passed straight backward close to the lacrymal and adjoining bones; none of which, however, were bare.

The disease presented the ordinary characters of epithelial cancer. Dry scab, or pale pink nodules, which could not be called granulations, covered the ulcerated surface. The edge was sinuous, and was everywhere formed by a firm, solid, new material, which increased the soft skin to a thickness of about one-eighth of an inch. A tubercle of similar substance and of about the size of a large pea existed also in the upper eyelid. There was no glandular disease.

The growth had commenced at the inner part of the lids about three years and a half previously to her admission. It had steadily increased, and, having caused her little pain, had been subjected to no treatment.

For two months, various local applications were made to the ulcer, and to the parts adjoining it, but with no definite advantage. The disease continued to increase. She was, therefore, ordered minute doses of Donovan's solution of mercury, iodine, and arsenic, and she continued to take that remedy from February 20 to April 14. Although there did at first appear to be less thickening around the ulcer, yet on the whole period of this treatment the disease decidedly increased. A greater extent of the lids disappeared, and the solid deposition which presaged ulceration advanced over the forehead and cheek. But the most serious change in the disease was its progression inward. It crossed the bridge of the nose, and reached within three-eighths of an inch of the inner commissure of the healthy eyelids. This advance, as was evident, threatened the destruction of the remaining eye.

Had the patient been unhealthy, and likely to live but a short time, it might have been little worth considering whether she should undergo any operation for the sake of preserving her sight. But in the opposite circumstances, when the general health was sound, and the prospect of life good, I thought it important to interrupt the progress of the disease, at least toward the sound eye; even though I should be compelled to leave it to its natural course in other directions. The plan adopted was as follows.

On the 23rd of April, nine days after she had ceased to take the Donovan's solution, she was put under the influence of chloroform, and I made an incision in the healthy skin immediately surrounding the whole disease. The incision was carried beyond the margin of the orbit, both on the forehead and cheek, but descended on the outer side through the external remnant of each eyelid. On the inner side, it included all the structures between the lower part of the forehead above and the higher part of the nasal cartilages below, and swept round the left side of the nasal bones at the distance of a quarter of an inch from the left tendo oculi.

The parts included within this irregular incision were severed from the bones, and with the globe, the ulcer, and its walls, were excised. The bleeding mostly stopped under pressure; in parts where it continued, it was arrested by the actual cautery and the perchloride of iron.

Upon examining the cavity, it appeared that the disease had not been completely extirpated by the knife. The nasal, lacrymal, and ethmoid bones, near which the growth had first sprung, were perforated in several spots, and prolongations of cancerous disease were found in the apertures. Neither the frontal nor the cheek bones, moreover, were safely divested of the morbid growth, although none of it could be discerned upon them or on their periosteum. Over the whole of the surfaces which could be suspected of being diseased, I accordingly laid cotton-wool spread with a paste of the chloride of zinc, and took precaution against any of the paste, itself, or diluted with blood and serum, passing into the left eye. Before the patient awoke from the chloroform, I had a minute quantity of a saturated solution of morphia injected under the skin of the arm.

The patient was taken to bed, and slept soundly for several hours. On awaking, she had no pain in the wound. No bleeding took place. The zinc, blood, and wool hardened together, and became an inodorous mass, which came away only with the subsequent slough.

On the 24th, she had one epileptiform fit. She lost consciousness for about ten minutes, struggled, foamed at the mouth, and bit her tongue. Upon recovering, she was quite sensible, spoke freely, and complained of pain in the loins. Pulse 96.

The pain in the loins was her only complaint from that time forward. It prevented her from moving, kept her awake at night, and was the subject of loud and seemingly exaggerated complaint whenever she was spoken to. Of her head and of the wound she never



complained. Her urine was found healthy, both in appearance and in chemical examination. The seat of the pain shifted from day to day, and it appeared to be muscular. In a few days it was found not to interfere with her sleeping or her appetite; and in the course of a month, it slowly declined, though she continued for all that time vehemently to complain of it.

The entire slough was loosened in about five weeks from the time of the operation, and I had no difficulty in lifting it off. It included almost all the soft contents of the orbit which had not been removed by the knife, and a circle of bone, of greater or less thickness, from the whole circumference of the orbit. A part of the orbital plate of the frontal bone as large as a shilling had been detached; and rather more of the floor of the orbit, together with both the nasal bones, and some of the septum of the nose, and of the thin osseous plates which had enclosed the air-cells. No trace of the original disease appeared in any part of the wide excavation disclosed by the removal of the slough.

The cicatrization of the greater part of the wound was rapid, as it started forth, not only from the skin, but also from many edges of exposed mucous membrane. Only at the roof of the orbit was the healing at all delayed.

The gap left by the operation is of considerable size; but less deep than it would have been but for the loss of the edge of the orbit. It reaches laterally from the ascending plate of the left superior maxillary bone to the right temple, and from the depressed superciliary ridge downwards to about the middle of the body of the right superior maxillary bone and the nasal cartilages. Exposed in the gap are the antrum, the orbital plate of the sphenoid, the pulsating cranial wall in the place of the effective orbital plate of the frontal bone, some ethmoidal air-cells, parts of the three right turbinated bones, and, through the aperture in the septum, some of the inferior turbinated bone of the left side.

The cicatrix and the exposed parts are little sensitive, and not at all painful, when touched, and the local applications rarely even make her sneeze. The forehead, malar region and ala of the nose, and upper part of the right cheek, are not sensitive; but the upper lip readily perceives a touch. The superior maxillary nerve is, therefore, partly destroyed, the nasal, malar, and frontal wholly.

The method of operating adopted in this case, viz., the combination of excision with the action of caustics, presents nothing but what is common and approved in practice, particularly in epithelial cancers of the face. But an inspection of the patient manifests, much more than any description or drawing could do, the extent to which parts in this region may be safely removed, and the reason for the exhibition of the case to the members. The resulting disfigurement gives an exaggerated impression as to that extent and as to the severity of the operation; for much of the area of the cavity which is left was originally occupied by air-cells. Judged by the danger to life which it involved, the severity of the operation lay in the death of the bony plate at the roof of the orbit; and probably the fit on the day succeeding the operation was due to the irritation then suffered by the dura mater. Had that membrane been exposed, instead of being covered, as it was, by a slough mixed with the antiseptic chloride of zinc, the exposure would have probably been fatal.

A second remark appears necessary, and relates to the nature of the disease. This, it is most important to observe, was not a rodent ulcer, or a fibrous or medullary carcinoma, but an epithelial cancer; and though of some years duration, still free from any glandular affection. This disease, when commencing in the eyelids, is often slow in its progress, but wide in its ravages. It destroys the eyelids, leaving the globes uncovered and projecting in the midst of the ulceration, and it advances over the face in all directions. It differs from the rodent ulcer in

always spreading by a solid malignant deposit; and both from that disease and from lupus, in its slower progress and its later tendency to reappear after extirpation. It differs far more from those solid malignant tumours which come to the surface in the neighbourhood of the orbit; but which spring from the subjacent mucous surfaces, air-cavities, and bones. Recurrence is an earlier event, after even an apparently complete removal of the latter disease.

As to the prospect of life afforded to this patient by the operation, while I cannot question that it has been prolonged, it does not accord with experience or honesty to represent the disease as annihilated, because the tumour is removed. The purpose contemplated in the operation will have been obtained, if life be lengthened and the left eye be preserved; while some artificial means may be resorted to for adding seemliness of appearance to the comfort the patient now has, in the absence of the morbid and ulcerated deposit.

## A METHOD OF DETERMINING THE EFFECTS OF SYSTEMS OF TREATMENT IN CERTAIN DISEASES.

By W. FARR, M.D., F.R.S.

To heal the sick is the office of the physician; and as there are various kinds of diseases, the treatment varies. Our means of judging of the effects of treatment also vary. In some cases these effects are obvious; in other cases they cannot be appreciated.

There is a large intermediate class of cases which can be judged accurately by a method which I now beg to submit to your notice.

Our knowledge exists in different states. For instance, the knowledge of the stars which guides the mariner, is in a form very different from the knowledge which the astronomer has of the same objects. The husbandman knows a great deal about the wheat-plant; but it does not exist in the form which the knowledge of that plant assumed in the system of Linnæus. Linnæus seized certain characters which served the purposes of his method; and the same course is pursued in all the sciences.

Medicine was not many years ago taught in the country somewhat in this fashion. The apprentice learnt the nature of drugs by compounding them; and he became acquainted with disease by visiting the patients of his master, either at their homes or in hospitals. He distinguished diseases by their characters, precisely as the farmer distinguishes the various kinds of grain; and he followed up the plan of treatment which experience and tradition had handed down from generation to generation. The Greek schools of medicine pursued the same course.

It is a great mistake with the sceptic, to suppose that there is no certainty; and that no satisfactory judgments of the effects of treatment can be formed under this system.

The effects of taking up an artery are evident; so are the effects of some other methods of arresting hæmorrhage. The diarrhœal and choleraic discharges are also frequently stopped by medicine. Recovery from drowning is often the direct effect of Marshall Hall's method. The relief of constipation by aperients, and of retention of urine by the catheter, are instances of the direct cure of disease by removal. So are several amputations and the cutting away of various tumours, the extraction of teeth, tapping for hydrocele, and the operation for hernia.

Pain is assuaged by opium or by chloroform; ague is cured by quinine, scurvy by lemon-juice, anæmia by iron. These are examples of the medicaments which prevent and also cure diseases. And the evidence of their thera-



peutical efficacy is almost as incontrovertible as the evidence of the successful reduction of dislocations, of the setting of compound fractures, of the extraction of the impacted fœtus, or of the healing of ulcers.

The effects of blood-letting in cutting short inflammations, of mercury in syphilis, and of colchicum in gout, were judged in the same way, and were in past times considered equally certain.

In this class of cases ; in fever, in the exanthemata, in rheumatism, in consumption, in scrofula, in diathetic diseases, the processes go on for many days, and a certain number of them are fatal under any system of treatment. Here then judgment is difficult ; the opinions of the past are questioned ; and although right results are no doubt arrived at by sagacious men, a great deal of uncertainty and diversity of opinion necessarily prevail. The utility of medicine is denied by the sceptic ; the expectant does nothing ; the empiric vaunts his cures ; and amidst the conflicting methods of treatment the conscientious man finds it difficult to select the best.

The power of the physician of these days over the phenomena of life, and over life itself is vast ; for with diet, regimen, and the potent chemicals of the materia medica he can act on the patient in a thousand ways. He is indeed *ισόθεος* (Godlike) ; in some cases he stills disease, in others he gives life. He is the healer. But he is not allowed to assume that he cures every case he treats ; or that, because with Bouillaud he extracts four pounds of blood from the veins, he cures rheumatism ; or that salivation to the extent of three pints daily is a specific for syphilis. Some few practitioners still believe that when they treat a patient, either in the usual way, or heroically, or homœopathically, and his recovery follows, it is the inevitable direct result of the treatment.

Quacks live too upon this fallacy ; but it misleads no rational observer of the progress of disease.

Some method, then, of measuring the effects of systems of treatment is required ; and that method, while it does not supersede intuition, is necessarily founded on induction.

It is based on observation and records.

“Therapeutics” says Boerhaave, “is that part of medical institutions which teaches us to discern in sick persons what distempers they labour under, and thence to learn what is requisite to their cure.”

Therapeutics presuppose pathology. And for the purpose of our method diseases must be taken of which the correct diagnosis is possible under ordinary circumstances. The method supplies the formula for the prognosis.

The sick persons are to be saved from death, and to be restored to health. To test the efficacy of two systems of cure, we have then to determine the time that the sick persons remain ill ; so if it be found that one hundred patients treated in one way are cured in seven days, and that none die ; while in one hundred treated in another way or not treated at all, the illness lasts thirty-six days and ten or twenty die, the efficacy of the treatment is placed beyond doubt. But practically the great majority of diseases, like small pox, can only be cut short in a limited number of cases, while of the rest some terminate in death, and others terminate in recovery after several weeks of illness. The “cure” is really the diminution of the danger, that is the reduction of the mortality and the acceleration of recovery.

Now rates of mortality and the duration of illness cannot be accurately measured by the naked eye, if I may venture to use the expression. Hence the necessity of observation, of records, of instruments, and of a method to assist the mind in its determinations.

All diseases have a sort of natural life ; that is, they begin, grow, attain maturity, decline and terminate. Their evolution, like that of an animal, requires a certain term for its completion ; and that differs from their actual duration as the actual life and the mean life time of men

fall short of the *sæculum* in which their physiological development goes through its round.

A small-pox patient may die before the appearance of the eruption ; and an inflammation may not go on to suppuration. The death of the patient is the death of the disease ; for disease is a living process. Now we find that the danger which is accurately expressed by the mortality, changes in different stages of the same disease ; and the chances of ultimate recovery change every day. I will proceed to describe a construction which will enable you to measure the *chances of recovery*, and of death, when applied to large numbers ; and also to calculate the *after sick time*.

The tabular construction here given is derived directly from the observed numbers dying and recovering in each period of the disease (small-pox). It shows the chances of recovery, the duration of cases, and the mortality.

It gives an exact measure of disease from the therapeutic point of view.

TABLE I. *Small-Pox : Probability of Recovery and of Deaths at Various Periods of the Disease.*

Age of Disease in days.	Mean after-sick time.	Probability		The probability of ultimate recovery is about
		Of Recovery.	Of Dying.	
0	Days. 36·4	—	—	—
5	31·4	·6589	·3411	2 to 1
10	27·3	·6805	·3195	2 to 1
15	26·4	·7871	·2129	4 to 1
20	25·4	·9104	·0896	9 to 1
25	22·4	·9504	·0496	19 to 1
30	20·1	·9661	·0339	28 to 1
35	18·6	·9755	·0245	40 to 1
40	18·3	·9810	·0190	52 to 1
45	18·3	·9848	·0152	65 to 1
50	18·4	·9878	·0122	81 to 1
55	18·5	·9851	·0149	66 to 1
60	18·6	·9827	·0173	55 to 1
65	18·7	·9786	·0214	46 to 1
70	18·8	·9746	·0254	38 to 1
75	19·0	·9704	·0296	33 to 1

The Table may be read thus : The patients who have been ill already five days, remain ill on an average 31·4 days, which is called in one word *after-sick-time*. The mean probability that a patient will recover is ·6589 ; that he will die ·3411. The two fractions added together = 1·0000, which represents *certainty*.

TABLE II. *The Constantly Sick, Recovering, and Dying, in successive Periods of Small-Pox.*

Age of Disease in days.	Sick.	Dying.	Recovering.	Daily rate of Death per 1000.	Daily rate of Recovery per 1000.
0—5	—	—	—	—	—
5—10	4841	149	—	6·15	—
10—15	4442	631	18	28·42	·8
15—20	3843	521	28	27·12	1·5
20—25	3419	147	151	8·60	8·8
25—30	3090	61	300	3·95	19·4
30—35	2662	38	457	2·86	34·3
35—40	2148	21	512	1·96	47·7
40—45	1654	12	442	1·45	53·4
45—50	1240	8	367	1·29	59·2
50—55	934	1	235	—	50·5
55—65	638	3	354	—	55·6
65—75	373	2	170	—	45·6



The Table may be read thus : In a hospital containing 2 small-pox patients, ill ten and under fifteen days, deaths were 631, the recoveries 18 ; consequently rate of mortality per 1000 was 28·24 daily, the rate recovery ·8.

TABLE III. *Small-Pox—Sickness Table.*

Age of disease days.	Cases terminating in the next interval.			Cases to terminate		
	Total.	In Re- covery.	In Death.	Total.	In Recovery.	In Death.
— 5	—	—	—	—	—	—
—10	149	0	149	4915	3314	1601
—15	649	18	631	4766	3314	1452
—20	549	28	521	4117	3296	821
—25	298	151	147	3568	3268	300
—30	361	300	61	3270	3117	153
—35	495	457	38	2909	2817	92
—40	533	512	21	2414	2360	54
—45	454	442	12	1881	1848	33
—50	375	367	8	1427	1406	21
—55	236	235	1	1052	1039	13
—65	357	354	3	816	804	12
—75	172	170	2	459	450	9
—185	287	280	7	287	280	7

The diagnosis of some diseases is uncertain. But I here a list of the diseases, which might be investigated in the present state of pathology:—small-pox, measles, scarlatina, diphtheria, croup, whooping cough, mumps, erysipelas, metria, carbuncle, etc.

The observations for this method are made in nearly same schedule as that employed by Hippocrates, in reports of cases. The form of disease, its point of origin and its termination, are defined ; so as to leave no doubt about the thing to be investigated.

The varieties of the disease, if they can be clearly distinguished, as in small-pox modified and unmodified, are separately investigated. The results of treatment in hospitals, and in the homes of the poor, are ascertained.

The age and sex of patients, as well as their condition of life, are found to be important elements, and enter into the analysis.

Finally, the method is applied to measure the effects of systems of treatment. It is not necessary, and I think would be impossible and wrong to endeavour to determine the duration and mortality of diseases left to themselves. The object should be to determine those elements under the present system of treatment. Every method could be tested by this standard.

To heal the sick is the aim of medicine, and pathology as well as physiology are subsidiary to this grand object.

The public come to you for relief, for life, and you in the schools of this country have ever kept this end in view. You are now here in a position to make a great step in advance; and the progress of pathology since Hunter's time in England, in France and in Germany, now shows the field open to the therapist; so we shall perhaps see by the side of the *Pathological Society*, a *Therapeutical Society* flourishing and doing incalculable good. This branch is of such paramount importance and entirely within its province, that I do not despair of seeing the College of Physicians taking it in hand ; and listing in its support every practitioner in the kingdom who has the interest of medical science at heart. You can by a combined system of observation determine the mortality and duration of every definite form of disease, and you can at the same time measure disease; and the curative power of remedies in cutting it short and diminishing its dangers.

ON THE TREATMENT OF PNEUMONIA:  
WITH THE RESULTS OF 105 CARE-  
FULLY RECORDED CASES.

By J. HUGHES BENNETT, M.D., Edinburgh.

By pneumonia or inflammation of the lung I understand a disorder essentially composed of an exudation from the blood among the elementary textures, and into the air-vesicles of that organ, which gives rise to those well-known physical signs and functional symptoms with which we are familiar.

This, like most other inflammations, when acute, was formerly treated by so-called antiphlogistics ; that is to say, bloodletting, purgatives, antimonials, low diet, and other methods of lowering the strength of the patient. It is about eighteen years ago, in consequence of investigating the pathology of inflammation, that I began to doubt the propriety of such a treatment; and this for the following reasons. In the first place, the cause of the inflammation is an irritation of the textures—of the ultimate molecules of the part—in consequence of which their vital power of selection is destroyed, and that of their attraction is increased. The removal of blood by venesection cannot alter this state of matters, neither can other lowering remedies. If the inflammation be superficial and limited, local bleeding may relieve the congestion, as in conjunctivitis; but, if exudation have occurred, it cannot remove that.

In the second place, an exudation or true inflammation having occurred, it can only be absorbed by undergoing cell-transformation. Now this demands vital force or strength, and is arrested by weakness. Inflammations in healthy men rapidly go through their natural course; in weak persons, they are delayed or arrested; hence their fatality.

In the third place, the strong pulse, fever, and increased flow of blood in the neighbourhood of inflamed parts, have been wrongly interpreted by practitioners. They are the results, and not the causes, of inflammation, and show that the economy is actively at work repairing the injury. So far, therefore, from being interfered with and interrupted, they should be supported by nutrients.

It follows, fourthly, that if these views be correct, the true treatment of inflammation should be directed towards bringing the disease to a favourable conclusion by supporting rather than diminishing the vital strength of the economy; and this not by over-stimulating, as was done by Dr. Todd, but simply by attending to all those circumstances which restore the nutritive processes to a healthy condition.

Having been guided by these views in my practice for the last fourteen years, and having seen that gradually they have been adopted by the profession, it is, I think, in my power to offer you the most convincing proof of their correctness from an analysis of 105 cases of pneumonia that have been treated and carefully recorded by my various clinical clerks in the Royal Infirmary during that time.

Before proceeding to give the results of these cases, it should be observed that pneumonia, during the period when it was treated by bleeding, antimonials, and other antiphlogistics, can be proved to have been a very fatal malady. Andral tells us that the experience of ages has taught us to be more prodigal in the taking of blood in pneumonia than in any other disease; that there is no period of the disease, no condition of the pulse, no apparent debility of system, no age, which forbids its practice; yet it is curious to observe that—according to the analysis of Dr. Markham—of the 65 cases of the disease he records in the *Clin. Méd.* illustrative of his treatment, no fewer than 36, more than half, die. Of the uncomplicated cases, 9 only reach the stage of



engorgement, yet 2 of them die; 13 reach the second stage, and of these 5 die; 7 cases reach the third stage, and these all die. Of the 29 uncomplicated cases, 14, nearly one-half, die. He gives 36 complicated cases; and of these 22, nearly two-thirds, die.

The facts recorded by the physicians of the Edinburgh Royal Infirmary, between the years 1832 and 1837, as tabulated by my former resident clerk, Dr. Thorburn, give a mortality of 1 in 3 cases.

The statistics of Dr. John Reid, between the years 1839 and 1849, give nearly the same mortality of 1 case in every 3 of pneumonia. The numbers are: cases, 648; deaths, 222. And the carefully chosen cases of M. Louis, to test the effects of bloodletting, give exactly the same result. The cases were 107; deaths, 32.

Rasori thought it a great improvement in practice when, by means of his antimonial treatment, he reduced the mortality in cases of pneumonia from 1 in 3 to 1 in  $4\frac{1}{2}$ ; that is, in 648 cases, 143 died.

Grisolle, on diminishing the amount of bleeding, still further reduced the mortality to 1 in  $6\frac{2}{3}$ ; and Dietl, by a purely expectant treatment, brought it down to 1 in 13.

My practice is directed to support the strength of the economy, never to weaken it in any stage by antiphlogistics; although, if dyspnoea be urgent, cupping, or a small bleeding, may be practised as a palliative, more especially in bronchial or cardiac complications. During the febrile excitement, mild salines are administered. On the fourth or fifth day, when the pain has abated, good beef-tea and nutrients are administered; and, on the pulse becoming soft or weak, from four to eight ounces of wine daily. As the period of crisis approaches, slight diuretics are given, to favour the excretory process. In this manner I have now treated 105 cases of pneumonia in the clinical wards of the Royal Infirmary during the last fourteen years, with the following results.

*Results of 105 Cases of Pneumonia in Adults, treated publicly by me during the last fourteen years in the Clinical Wards of the Royal Infirmary.*

No. of cases, 105.

Deaths, 3, all complicated cases; one of intestinal ulceration, one of Bright's disease, and one a drunkard, with delirium tremens and cerebral meningitis.

Ratio of deaths, 1 in 35 cases.

Average age of cases,  $31\frac{2}{3}$  years.

	Cases.	Days.
Single uncomplicated,	58	13.5
Double	19	20
Complicated	17	15.8
Unsatisfactory (as to duration)	8	
Deaths	3	

105

Average residence in hospital of 77 uncomplicated cases of pneumonia (single and double),  $22\frac{1}{2}$  days. [This is too high. Some linger from weakness, from subsequent attacks of rheumatism or skin-disease. One remained in a fortnight after recovery, from having no shoes, etc.]

It has been supposed that, in consequence of this comparatively small number of cases, extending over so long a period as fourteen years, the disease is rare in Edinburgh; but it should be explained that the clinical professors are on duty alternately; and, as regards myself, I have never acted as physician to the Infirmary more than one-half the year, and in most cases only one-third of the year.

Again, it has been supposed that the cases there are unusually slight and trivial, or that the disease is not extensive. But it is not so. In Edinburgh, now as

formerly, many, and especially the double cases of pneumonia, have been very severe, with great dyspnoea and very urgent symptoms. I have also frequently pointed out instances of the pulse being hard and strong in vigorous young men, in whom, however, the most rapid recoveries were almost invariably observed.

It should also be noted that these cases were in no way selected, but do not include a few which were admitted *in extremis* at night, and never seen by the physician; nor such as were partly treated by other physicians in the hospital, and for which treatment I am not responsible.

From these facts I conclude—

1. That simple pneumonia, if treated so as to support instead of lower the nutritive processes, so far from being a fatal disease, invariably recovers.

2. That the cause of mortality in these cases is exhaustion, either before they come under medical supervision, or, as formerly practised, from an antiphlogistic or lowering treatment. All bleedings that do not exhaust must be regarded as palliative, rather than a curative; and their influence has yet to be determined with exactitude.

3. That the same rule applies to all inflammations, the amount of danger being in direct ratio to the weakness of the system and the existence of complications in other viscera, or from blood-poisoning.

I cannot dwell at greater length now on what appears to me are these important results. I shall only remark, in conclusion, that in my opinion they are not the effect of chance; of empirical experiment; of change in the nature of inflammation, or of the force of the pulse in man and animals; nor of an alteration in diet or of drink; nor of nervous susceptibility; nor of change in the type of disease,—all of which have been supposed by some explanatory of facts which can no longer be denied. The more I consider this subject, the more am I convinced that it is to the advancement of medical science only that it can be rightly attributed, and that it is our highest privilege and honour so to consider it. It is strange that some minds would rather attribute so manifest an improvement in the treatment of disease to hypothetical revolutions in nature which have no proof in their support, than to the increase of knowledge among ourselves, of which all fact and all experience serves to convince us. To me it seems certain that, if any one demand in what way our advance in physiology and pathology has benefited the treatment of disease, he will find no better proof of it than in the diminished mortality that everywhere now accompanies attacks of acute inflammation.

## ON AMERICAN METHODS OF APPLYING EXTENSION IN THE TREATMENT OF MORBUS COXARIUS.

By EPHRAIM CUTTER, A.M., M.D., Woburn, Massachusetts, N. A.

WITHIN a comparatively recent period, the idea of applying extension in the treatment of morbus coxarius has been promulgated; and the methods of Barwell of London, and Bonnet of Lyons, have now become adopted.

It is not my intention to allude to the *à priori* fitness of antagonising the contractions of the femoral muscle instinctively set up to maintain the limb at rest, but which also most effectively causes absorption of the bony structures by pressure.

It is proposed to point out, briefly and simply, the differences of the methods of Dr. H. G. Davis and Dr. J. A. Sayre of New York city, as compared with those ordinarily employed.

There are several kinds of splints, embodying the same principle. Allusion is made to two only.

Dr. H. G. Davis was the first to use extension in hip



ease in America, and has employed it for about four years. The present modes of treatment in America are back to him. His splint is remarkable for its simplicity, and embraces in itself and necessary appendages: 1. Adhesive straps and roller; 2. A perineal strap of elastic and non-elastic bands; 3. A tubular splint, which is applied on the outside of the limb.

*Adhesive Straps.* Four are required. These are made from stout twilled cotton cloth spread with lead plaster, an inch and a half to two inches in width, and three to four feet in length. At the lower ends the plaster is doubled on itself for about an inch, and is longly sewed to pieces of firm inelastic webbing. They are applied as follows, after having been warmed: one from the external malleolus to the great trochanter; another from the internal malleolus to the pubis; a third applied, beginning from the external malleolus, crossing the tibia in front diagonally, passing underneath the popliteal space to the outside of the thigh, back again to the inside longitudinal strip; a fourth is similarly applied, beginning at the internal malleolus, and terminating at the iliac extremity of the outside strip. The whole are then covered in with a bandage, and allowed a few hours for rest, in order to ensure perfect adhesion to the skin.

2. *The Perineal Strap* consists of two bands about an inch wide, one elastic and the other inelastic. The elastic band is intended to give a firm but yielding counterextension; the inelastic band is designed for preventing the superincumbent elastic band from stretching beyond a certain point. Both are provided with buckles for adjusting their length; and at the extremities rings are sewn, into which a cord of catgut is attached, which plays over a pulley located in the upper extremity of the splint.

3. A *Splint* is used, which is composed of a stout but light metallic tube three-fourths of an inch in diameter, and long enough to reach from above the external malleolus to the crest of the ilium. The upper part is somewhat curved. Attached to the distal extremity is a thimble, fixed, but capable of being turned round. On the inside is a female screw. Into this fits a second smaller metallic tube, of about one-half the length of the first, and cut with a male screw. By turning the thimble the splint is extended or shortened. The smaller tube is flattened out at its lower extremity into a triangular expansion, terminated with blunt teeth, and provided with a metallic button, to which a buckle is fastened. A compress of old linen is placed on the perinæum. When it is put the perineal strap attached to the splint. The webbed extremity of the outside longitudinal adhesive strap is brought over the lower end of the splint, and secured to the buckle. The length of the perineal strap having next been properly adjusted, the thimble is turned, and the extension effected to the amount desired. The splint is now applied.

The splint of Dr. Lewis A. Sayre, of New York city, embodies the same principle. In fact, he derived his idea from Dr. Davis. His apparatus differs from the preceding in the following points. 1. The perineal strap is made of India-rubber tubing (caoutchouc). 2. The splint is made of a hemicylinder of steel. 3. In addition to the long, he has a short splint reaching simply to the knee-joint.

1. *The Perineal Strap.* This is made of common vulcanised India-rubber tubing, half-inch to one inch in diameter, according to the size of the patient. This has the advantage of impermeableness to the secretions; elasticity, which is increased, if the ends be sewn tight, by the enclosed atmosphere forming an air-cushion; and of having no sharp corners to chafe the skin. It should be long enough to reach from the anterior superior process of the ilium through the groin to beyond the boss of the buttock. Rings are sewn to the extremities and attached to catgut.

2. *The Splint* differs from Dr. Davis's in being a flattened hemicylinder. At the upper extremity there is an expansion something like the bowl of a spoon, into which is fitted, by an universal joint, a small piece of brass with a pulley at the free extremity, in which plays the perineal catgut. Into the concavity of the splint fits a similar piece of metal, so closely as to be almost concealed. This is provided with a ratchet of brass for its whole length, besides an expansion fitted with a small brass roller at the end. By means of a notched key, extension for several inches can be effected, and a spring catch holds it in place. The splint is properly covered with leather and provided with padding at the iliac extremity.

3. *The Short Splint* allows free motion to the knee-joint. It is exactly like that just described, with the exception of its length, and that from the inner part a broad strip of steel is sprung, and bridges over the thigh so as to afford a point of attachment to the inner adhesive strip.

At night the splint may or may not be removed. In case it is withdrawn, the extension is to be maintained by weights attached to a cord which plays over a pulley and is fixed to the adhesive straps. If the thigh is flexed on the pelvis at a considerable angle. The patient is put upon a bed, the upper part of which is elevated to the same angle. Extension is applied by adhesive straps, cord, pulley, and weight, until the limb is brought into a line with the axis of the body. Then the splint is applied.

The writer regrets not having the splints to exhibit. The subject is mentioned on his own responsibility, with the belief that the following advantages attach to it. They are cheap, efficient, easily applied, simple, and are in constant use. They allow the patient to be peripatetic, and obviate in some measure the shortening and the pain.

Dr. Davis is paying great attention to this department of disease; and furnishes, not only his splint, but information concerning the subject. He deserves a great deal of gratitude and respect from the medical profession for his invention and labours.

Dr. Sayre has also written extensively upon the subject; but has, unfortunately, fallen into a controversy with Dr. Davis. However, his splint is very good. I speak from experience.

## ON THE WEIGHTS TO BE USED IN MEDICINE.

By THOMAS HODGKIN, M.D.

IF no other member of the Association is prepared to invite the attention of the members assembled at the present session, to the proposed alteration of the weights to be used in the preparation and dispensing of medicines, I would crave the indulgence of my medical brethren whilst I offer a few observations on the subject. The General Council for the United Kingdom will, before we meet in another year, not merely have adopted a new *Pharmacopœia*, which, for the first time is to be accepted by the three kingdoms, but it will have fixed by law the weights by which medicines are to be prescribed and dispensed, and there is no small danger that the new weights, instead of being an improvement on the old, will be very inferior to them, and prove prolific in confusion and error.

It would be a needless trespass upon the time of the meeting, were I to enter into a minute examination of the defects and dangers of the proposed new weights. They have already been ably pointed out by the writers in several of our professional periodicals. My object is merely to raise the question in the hope, I would almost say the confidence, that the Association, without much abstraction of its valuable time from other subjects, will



adopt such a resolution as may at least set aside the proposed innovation, and if it do not hasten the adoption of that system which has already received the approbation of a large portion of the civilised world, will leave us in the undisturbed use of those weights to which we have all been accustomed and which are universally understood wherever the science and art of medicine are exercised by qualified persons. The proposal to adopt new grains, scruples and drachms as parts of the avoirdupois ounce and pound, seems somewhat ominously to have commenced in Ireland, where it assumed the appearance of making the sum of the parts greater than the whole. The contrivers of the new *Pharmacopœia* were too shrewd to commit themselves to such a blunder, but at the same time they were caught with the facilities apparently presented by the Irish plan. There is generally something to be admired initiating the kind of blunder known as an Irish bull. They therefore filed, or swealed, or otherwise reduced the parts, so that when combined they should not exceed the whole, but then they retained old names to designate new things, and unless some distinction be appended to them amounting in fact to the adoption of a new name, doubt and confusion must be the inevitable consequences.

It has been said in defence of the new little grain, that no danger can result from the change, since it can only lead to smaller doses being given. This, however, is a one-sided view of the case; for we must not suppose that all the grains, scruple, and drachm weights now in use, will at once be discarded from every apothecary's and druggist's shop. In spite of law there will be a lingering adherence to long established usage; and when an apt scholar in the new system may in the use of the little grain, have brought his patient to the maximum dose of a powerful article, of elaterium for example, the prescription may afterwards be placed in the hands of a different and distant dispenser, by whom the larger old grains are employed. I need not offer other illustrations which will readily suggest themselves as likely to occur in practice.

I am not, however, so immoveably attached to our old system of weights, as to wish to prevent, or even to delay the adoption of a real improvement in our medical weights. There is, undoubtedly, a practical inconvenience in the simultaneous and concurrent employment of two systems of weights, the one for commercial, the other for medical purposes; and I will just mention an evil connected with it which I have never seen noticed, and which, though of no very great importance, is probably of very frequent occurrence, especially in country shops and other situations, in which the sale and dispensing of medicines are combined. All quantities amounting to a few grains are doubtless determined by the right description of weights, and with at least ordinary care in the use of them; but the avoirdupois ounce will without any fraudulent intention, and probably by mere accident on the part of a subordinate, be at times employed in place of the apothecaries', the half ounce for four drachms; and the quarter ounce for two drachms, in cases in which several doses of the articles prescribed in grains are to be made up.

All difficulties of this kind would be completely obviated by taking the lead of our countrymen, and employing the metrical system, now very generally in use with our continental brethren.

More than twenty years ago, I attended a meeting of the Academy of Medicine in Paris, when this subject was very earnestly discussed. Although the use of the *gramme* on the metrical system was in universal and approved employment throughout France for commercial purposes, some members of the medical profession were most conservatively attached to the apothecaries' weights in general use throughout almost all countries. Still, this section of our French brethren were unable to maintain their ground; and the *gramme* has become the general measure of weight with the prescribers and dis-

pensers of medicine, as well as with the scientific and manufacturing chemists.

This admirable system of weights is by no means new to this country. More than forty years ago, my late accomplished and amiable friend Dr. Andrew Duncan (generally called young Duncan, though he was probably fifty years of age) fully described them in his *Dispensatory*, and they have been very much used by English chemists in their investigations; but they have had to convert them into the apothecary's nomenclature for the use of their countrymen. I am not going to dwell on the merits of this metrical system, which have been amply set forth in the publications of the International Decimal Association, and more especially in those of my friend James Yates, who has devoted the most enlightened and persevering attention to these subjects; but would earnestly entreat, not only my fellow-members of the British Medical Association, but my British medical brethren generally, not merely to set their faces against the new grains, which will not remove old inconvenience but give rise to many new ones, but rather take the lead in introducing that beautiful and practically convenient system of weights and measures which, though devised by our nearest foreign neighbours, should excite no national jealousy, since it belongs alike to every portion of our globe. Having already been accepted in almost every part of Europe, the continued rejection of it by our countrymen is calculated to leave Britain in sort of Bœotian singularity.

## Illustrations

OF

## HOSPITAL PRACTICE

METROPOLITAN AND PROVINCIAL.

### ST. MARY'S HOSPITAL.

PRACTICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to the Hospital.

[Concluded from page 173.]

THE treatment of the papular eruptions is, on the whole, very similar to that of the squamous. Bloodletting, general and local, is to be resorted to in case where the dysæsthesia is severe, and the state of the system warrants it. Purgation, abstinence from exciting food or drink, cold or tepid baths, and weak acid or leucolotions, are to be employed in the earlier periods, especially of lichen. Mr. Green's cases of prurigo show very forcibly the importance of proceeding on the same principles in this disease. None of them, and the youngest was aged 60, were benefited until bloodletting had been performed, which in one case was repeated twice. Some of Mr. Hunt's cases are quite to the same effect, especially one of prurigo formicans, in which the patient lost over seventy ounces of blood in little more than six months, and took large quantities of colchicum, antimony and purgatives, besides twice having her gums made tender by mercury. No permanent depression, however, ensued. Can it be doubted, Mr. Hunt asks, that prurigo is sometimes expressive of a plethoric (sthenic?) condition of the system? Arsenic and the sulphur fume are as great remedies in these affections as in the squamous and to be used with the same precautions. Cazenave writes: "Il faut bien se garder dans le début d'employer les bains sulfureux ou alcalines; ils aggraverait la maladie; plus tard, au contraire, quand l'inflammation est décroissante, ils sont fort utiles." He also joins in recommending arsenic in lichen, but does not mention it in



igo. My own experience has satisfied me of the use of a mild course of hydrargyrum cum cretâ and Dover's powder in severe sthenic lichen, such as is usually met with in lichen agrius. Bichloride of mercury acts well in some cases. Arsenic, I think, is also useful in the more asthenic forms; but I have not the same confidence in it here as in the exudative affections. It is usually too irritating. In lichen scarius, it acts better. In prurigo, I have found antipruritic serviceable, followed by arsenic. In prurigo senilis, the use of one-eighth of a grain of bichloride of mercury three times a day has been of great benefit, either with cod-liver oil. With the bichloride I have associated arsenious acid in the declining stage of the disease; and I have found alkaline and sulphur baths to do good service in the same period.

It thus appears that the papular eruptions require a similar plan of treatment to the squamous, and that it must be conducted on essentially the same principles. Antipruritic measures are very necessary in a large portion of cases; but eliminatory are by no means usually indicated—certainly, I think, not so much as in the exudative. I see, therefore, very little to justify the assumption that these disorders result from a separable eliminable poison in the blood, or even that there is a material poison at all. The irritable and erethitic state of the nerves appears to be the main disorder; and it seems to me more probable that this depends upon the subtle imponderable agent, like the cause of ague or influenza, than on any product of morbid nutrition, such as lithic acid. If there be an unhealthy state of the blood, it scarcely shows itself otherwise than in the state of the skin. This, as before remarked, is not according to the analogy of syphilis or the exanthemata. Admitting, as I think we must, that nerve-disorder is the *grund-leiden* in papulous eruptions, it is very apparent from the results of treatment that this disorder is not by no means one of debility, but the reverse. The nerve-tissue is not in a state that will tolerate stimulation; it is essential to reduce it to more tranquillity. There is a wide difference between this condition and that of common neuralgia, which is so markedly benefited by tonics and stimulants. It is very evident, in comparing the three classes of skin-eruptions we have now reviewed, that they differ widely in the remedial action of arsenic upon them. In the exudative, one would scarce any doubt that the drug, properly administered, will cure in the great majority. In the squamous, it is by no means so confident of complete success; and in the papular one has still less ground to rely upon. The following figures illustrate this. Of the exudative cases, forty were benefited, four not benefited, and one doubtful; three took no arsenic. Of the squamous, seven were not benefited, three were doubtful, and twenty more decidedly improved; nine took no arsenic. Of the papular cases, there were benefited six, doubtful one, not benefited one; and nine took no arsenic. The benefit from arsenic in the exudative cases was generally much more complete and speedy than in the other two. Omitting the cases who took no arsenic, we have, of a total

Of 49 exudative cases, improved	81.6 per cent.
„ 26 squamous „ „	77 „
„ 13 papular „ „	46 „

I have observed one case in which the administration of iodide of potassium appeared to give rise to an eruption resembling lichen. This, however, is a very rare occurrence, and can only be referred to a peculiar irritability of the skin or its nerves.

CASE I. A. S., aged 15, was admitted Feb. 27th. Her previous general health had been good. She had had a papular eruption nine months, affecting the arms first, and then the face, where alone it was now. The tongue was clean; the conjunctivæ were much injected. There was no dyspepsia. She was ordered to have four

minims of the solution of arsenite of potash in an ounce of compound infusion of gentian three times a day, and to rub in mercurial ointment.

March 5th. The eruption was worse. Her face was swollen. The arms were also affected. There was conjunctivitis. She had great itching at night. She had alternations of heat and chills. She was ordered to take hydrargyrum cum cretâ and Dover's powder, two grains of each three times a day.

March 8th. The papules had formed in many parts acuminate vesicles; they were generally of large size. The medicine was continued.

March 12th. Gradual improvement was manifest. The face was much better.

March 19th. She was much improved. There were now low red papules on the face and hands, which were cool. She was ordered to take one-twelfth of a grain of bichloride of mercury in an ounce of compound infusion of gentian three times a day.

March 26th. There was relapse. The face and hands were worse; she had much itching at night. Hydrargyrum cum cretâ and Dover's powder, two and a half grains of each, were ordered twice a day.

April 2nd. She had improved, but relapsed to some extent last evening. The eruption was evidently papular, but showed a tendency to become eczematous. The mother said there was watery discharge. Skin cool; pulse weak. The powder was repeated twice a day; and she was ordered to take three minims of arsenical solution in a drachm of water three times a day.

April 9th. There was most marked improvement. The face was quite clear; the arms showed little more than the remains of congested papular spots. The treatment was continued.

April 16th. The face was quite well; the arms were better also. There were three boils on the pudenda. She ceased attendance.

This history shows the bad effects of giving arsenic prematurely, its good effects subsequently, and the power of a mild mercurial to control the morbid action while in a sthenic state. The tendency to assume the eczematous form is worth noting, as indicative of the affinity between the different forms of eruption.

CASE II. A. W., aged 44, was admitted May 20th, having been ill fourteen days. She had an eruption on both arms (in the flexures), on the legs, trunk, and neck, of papulose aspect, and itching frightfully. She was of weakly habit. Tongue clean; urine pale. She was ordered to apply sulphur ointment, and to take five minims of solution of arsenite of potash in an ounce of compound infusion of gentian three times a day.

May 27th. The skin was warm, dry, harshish; the eruption was more erythematous. Ten minims of colchicum wine were ordered to be taken three times a day in an ounce of citrate of potash mixture.

May 30th. She was no better. The medicine was continued; and five grains of tannin were given in a pill three times a day.

June 3rd. She was a great deal better. The pills were repeated.

June 13th. There was much itching still. The mixture and pills were repeated.

June 17th. She was much better; the itching was very trifling. The pills were continued.

June 24th. She was much better.

July 8th. Much better.

In this case also, I think, arsenic would not have cured. The saline and colchicum were no doubt of service; but the tannin seemed to be of most efficacy. It is a remedy on which I rely a good deal in cases where stronger tonics are inadmissible. It tones, without exciting.

CASE III. C. T., aged 70, was admitted April 30th. He had been ill three or four years, off and on, with severe prurigo senilis. There were black topped papules



all over the limbs and body. He was obliged to jump out of bed and walk about the room for two hours at night, and scratch himself. Skin cool; pulse rather large, and of good force; urine natural; tongue clean; bowels costive. He took at first one-sixteenth of a grain of strychnia three times a day, with morphia at night; but by May 17th this was changed for one-eighth of a grain of bichloride of mercury and ten grains of nitrate of potash in an ounce of solution of acetate of ammonia three times a day, with an ointment of zinc, lead, and mercury. He took also a warm bath twice a week.

June 14th. He was "quite in heaven to what he was". The eruption was much less, but still showed itself on the calves of the legs and thighs to some extent; it had left very marked brownish stains on the skin, giving it generally a dirty brown tinge. He took cod-liver oil, and persevered with the bichloride in decoction of elm-bark and the ointment. He continued under treatment till Nov. 3rd, the complaint being kept well under, but traces of it still remaining. One-twentieth of a grain of arsenious acid was combined with the bichloride during the last two months. The eruption did not return to any extent till the end of September the following year, when he was again put on the same treatment, and with the same success. He also had alkaline baths twice a week for more than two months, and appeared to derive real advantage from them. He was discharged April 30th.

This patient, though in very poor circumstances, and suffering severely from his skin-disease, showed very little depression, and appeared free from all those pains and dysæsthesiæ which are so commonly complained of by the weakly and neurolytic.

CASE IV. E. H., aged 70, was admitted July 23rd, having been ill three weeks. She had an eruption consisting of arcuate patches of congested and elevated skin, spreading evidently excentrically, and getting well in centres. There was a little appearance of prurigo, and a little also of lichen on the arms. The arcuate eruption affected the whole of the legs and most of the body; it had been on the chest, but had died away. She had no sleep from itching, night or day. Tongue clean; pulse rather excited. She was of feeble conformation. She was ordered to take one-sixth of a grain of tartar emetic and four minims of liquor opii sedativus, in half an ounce of camphor mixture, four times a day.

July 16th. She was decidedly worse. On the arms there were well-defined lumps, firm like peas, in the skin; they were now red, but were white when they came out; one group on the arm had an arcuate arrangement. There was a patch on the right arm of purpuric extravasation. Some of the lumps showed a central spot, where exudation had commenced. Pulse of fair force. She was very badly off. She was ordered five minims of arsenical solution in half an ounce of camphor mixture three times a day, and ten grains of Dover's powder every night.

July 30th. There was decided improvement, in the legs especially. On the arms, the small lumps still remained; the purpura was gone. She had slept well with the powders. The medicines were repeated.

Aug. 6th. The eruption went altogether away, but returned yesterday; it was not so copious, affected the arms and legs, and had the aspect of urticaria, here and there approaching to prurigo. She was ordered ten minims of arsenical solution in camphor mixture three times a day, to repeat the powders at night, and to have castor oil. She ceased attendance.

This case shows very well the blending of the characters of urticaria and the papulous eruption, as well as the beneficial action of arsenic.

CASE V. F., aged 3, was admitted May 11th. She was fairly healthy, but suffered from an eruption, which came out especially at night, and consisted of low largish papulæ on an inflamed base, itching very much. There

was no feverishness. She had all her teeth. The trunk, neck, and legs were the seat of the eruption. The bowels were generally inclined to be loose. She was ordered to take, three times a day, a drachm of a mixture containing half a drachm of solution of arsenite of potash in eighteen drachms of water.

May 19th. No fresh spots appeared now. The bowels acted naturally.

June 3rd. There were no more spots. She was in good health. The medicine had been omitted the last five days.

This little girl has continued to have the same eruption almost every year in the warm weather. Latterly arsenic has not acted satisfactorily; but a bath of decoction of oak-bark has been of great use. The influence of the warm weather in this, as in many other cases, was very apparent; it was to all appearance the *sine qua non*. The action of heat generally is to stimulate, but to enfeeble, nervous power. It is an *influenza*, not a poison. Is not this suggestive that other forms of skin-eruption may depend on like agencies? The disorder was, on the whole, nearer lichen than urticaria, while, in the preceding instance, the reverse was the case.

CASE VI. M. B., aged 50, had been ill seven years. She had extreme itching of the face, neck, and forearms. There was scarcely any appearance of disorder on the forearms; but the face was hyperæmic, the redness fading very little under pressure, and returning again quickly; it was also discoloured, of a brownish tinge, and rough, but not the seat of any visible eruption. There was some appearance of goose-skin on the neck, and brown discoloration, but no eruption. She compared the sensation in the skin to the stinging and itching of a nettle. She had no sleep at night from the irritation. Her health was pretty good. Tongue natural. The catamenia were regular. She had five grown-up children. Her bowels were costive; urine natural. She was a laundress, but found herself as bad out of as in the work. She knew no cause for the hyperæsthesia; it affected at first the backs of the hands. I tried the local application of half an ounce of tincture of aconite in an ounce of water, and internally fifteen minims of arsenical solution and five minims of tincture of aconite in an ounce of camphor mixture three times a day, with sulphur and tartrate of potash at night. This was of no avail; nor were small doses of iodide of potassium. She was only attended about a month—a space of time utterly too short to modify a disorder which had lasted several years. In another similar case, I found strychnia and tannin, in pretty full doses, of much service.

CASE VII. S. N., aged 55, was admitted May 12th, having been ill three weeks. She had a well-marked urticarious eruption on her neck, arms, upper thigh and pudenda, presenting on the arms extensive red patches, mingled here and there with distinct small papulæ; it tingled very much, especially when she was warm. It commenced at 4 A.M. on the 11th, with white bumps like the sting of a nettle. She had also on the head well marked discharging eczema, with red patches and papules on the neck. The skin of the shoulders felt sore, but there was nothing to see. She never had any eruption before. She had rheumatic fever twelve years ago. She felt shivering and ill three days before the eruption appeared. She ascribed her disorder to being exposed to draughts while warm. The urine was very clear; pulse weak; skin cool; tongue rough; bowels regular. She was ordered to apply a lotion of half an ounce of solution of acetate of lead in an ounce of glycerine and seven ounces of water; and to take three times a day five minims of arsenical solution, four grains of carbonate of ammonia, and twenty minims of tincture of henbane, in an ounce of camphor mixture.

May 15th. The head and arms were much better. Tongue much coated; bowels open; skin warm. She



no appetite. The mixture and lotion were retarded; and she was ordered hydrargyrum cum cretâ extract of henbane, two grains of each, in pills at once.

May 22nd. The arms were both well, but still itched; the neck was well; the scalp was better, but still charged at the back. Her aspect was improved. She was directed to take five minims of arsenical solution and a drachm of tincture of cinchona in an ounce compound infusion of gentian three times a day; and have an ounce of dilute ointment of nitrate of mercury.

June 2nd. She was getting well. She was ordered to continue the medicines, and to take a drachm of cod-liver oil twice a day.

June 16th. The oil had done a deal of good. She was a different person: all the eruption was gone. There can be no doubt that the two forms of eruption in this instance had a common cause; probably, as she supposed, a catarrhal influence. Both yielded to the same stimulant non-eliminative treatment. I do not know what other view we can take, than that the nerve-order in one part gave rise to the urticaria, in the other to the eczema, owing to some difference in the local quality of the two cutaneous tracts.

## British Medical Journal.

SATURDAY, AUGUST 23RD, 1862.

### THE TARTUFFE OF THE MEDICAL PRESS.

OUR correspondence proves that the objects of the *Association* and its coadjutor, in their late unscrupulous attacks on this JOURNAL, have not been misunderstood by the profession. It is happily plain to the eyes of all, that the proceeding was, from first to last, simply a commercial move—an attempt to burke the JOURNAL, and increase their own sale—a dodge worthy of the famous firm of “Brown, Jones, and Robinson”. The trick has, however, recoiled upon the authors. Tartuffe, like the astutest specimens of his kind, occasionally outdoes himself. His temper gets the better of his cunning; and then, in the ravour of his anger, he makes the mistake of writing himself down in his veritable character.

This is what our Tartuffe and his aide-de-camp have now done. Smarting under the manifest successes of this Association and of its JOURNAL; marking the growing influence which we are exercising over the profession; witnessing the daily addition of the highest and best names in medicine to the ranks of the Association; embittered at the sight of the really great assemblage lately met together; and anticipating the increased strength, and the deeper roots and the firmer hold upon the profession which this *national medical assembling* together will, as a matter of course, give to the Association; finding not one single word of just and true rebuke to cast against the Association and its JOURNAL; unable to suggest one single act of dishonesty, or of untruth-

fulness, or of truckling, or of unfair dealing, or of partiality, or of spite committed by the JOURNAL,—Tartuffe had but one available means of attack left; and he has availed himself of it. He has calumniated. He has even joined himself, for the business, in partnership with an acquaintance with whom he has heretofore lived on terms of the strictest enmity! Let us note how the two worthies now work the partnership affair.

Tartuffe and his friend draw upon each other's banks of issue. One starts the calumny, the other endorses it; and thus mutually reciprocating favours, they attempt to raise the credit of each other's paper. The Association has dwindled down, says the one, to 1500 members. Quite right, repeats the other, the Association has dwindled down to 1500 members. And who will venture to question a statement made by two such respectable journals as we are?

Tartuffe is too bold. The very document—the Report of the Council—from which he and his friend obtained their information told them, unless they forcibly shut their eyes, that our numbers, at the moment when they wrote, were 2120. And we have now the pleasure of informing them that we at present number very nearly 2200 members; including amongst us all the leading medical men in London and in the provinces. Have our friends the courage to retract their egregious error? We shall see. The plea of ignorance will not avail them now. The Report lies before them. Both have their representatives, members of the Association. Both, therefore, were and are fully capable, if desirous, of making themselves masters of the facts of the case. If the error was not designed, they will, therefore, now retract their misstatement.

Having disposed of the Association, Tartuffe then proceeds (of course still assisted by the friend at his heels) to attack its JOURNAL. And here they give us an unmistakable clue to their purposes. The Association may have *Transactions*. It may spend its money in *Transactions*, or in any other way it pleases, but a journal it must not have. Before it had a journal, the Association was a great fact; but since it had one it has been a miserable failure. And of what earthly use is the JOURNAL?

“What did the JOURNAL represent? Was it an independent organ of public opinion? Had it any influence whatever upon the progress of those events which have acted so momentously upon the interests of the profession? Certainly not” (boldly says Tartuffe,

“Answering the question which himself had asked,”)

“Inferior in every respect in its literary performance” [he says not whether inferior to himself or to his friend], “it conferred no honour upon the Association; as a mere commercial speculation, it was a wretched and miserable failure.”

Thus, then, we are bankrupt in purse; we exercise no influence over the profession; we have no independence; and no literary merit. For the truth



of all of which we have Tartuffe and Co.'s solemn assurance—the assurance of him who (our readers will remember) did his very best to betray the profession on an occasion “momentous to the interests of the profession”—of him whose independence, recorded facts show, has vanished at more than one critical period—of him who had the courage at the moment when he was inditing these very lines, to garble the address of our president, by purposely omitting the words of his which told of the “singular ability” and the “independent spirit” of the JOURNAL, and of its “fearlessly vindicating those honourable principles which ought to support and guide us all through the slippery paths of professional life.” One knows not, indeed, what to admire most here; Tartuffe's moral courage in daring to commit so mean a literary act; or the tacit confession of his own weakness and of our strength which the act of omission unmistakably indicates. What does all his bullying and bluster come to when tried and interpreted by the commission of such a wretched trick as this?

Then, again, he gives us his word that the meeting was not a success. The hundreds of associates who attended it may, if they please, declare and believe it to have been “splendid”, a “glorious” success; but *they* are all labouring under a delusion. Tartuffe swears it was a failure, and a failure owing “evidently to the disastrous influence which the JOURNAL”—still harping on the JOURNAL!—“has had upon the members.” On this point he backs his word by occult evidence. He says he has witnesses to attest the truth of his assertion. “That our opinions are shared by a large section of the Association we are well aware”, he tells us. Now, it is really a painful and unpleasant business to subject to this moral dissection bodies so far gone as are Tartuffe and Co.'s; but what can we do? Amongst our other duties, clearly it is one most important to oppose the immoralities of the medical press; and surely so, when we ourselves are the object of attack. We must therefore go on, scalpel in hand, and test the value of the evidence which Tartuffe calls to character. If he will bring such evidence into Court, he must submit to the consequences of cross-examination.\* “We are well aware,” says Tartuffe, “that our opinions are shared by a large section of the Association.”

Now does he really think people are so shallow as to swallow this assertion of his, unbacked by a tittle

of proof, and with all the force of *prima facie* evidence giving it the strongest negative? When he wrote the words, he must have been aware that not a “large section”, but that not a single member of the Association, had raised one word at the meeting to warrant his assertion. Is it credible that the “large section” should be utterly dumb on the subject? that not one word of remonstrance should have found its way out of one single mouth of the many mouths which go to the formation of a “large section”? Until Tartuffe produces some better evidence than his own assertion to such a manifest absurdity as this, he must excuse us for saying “Credat Judæus Apella,” etc.

Again, the Association is asked, what good it does with its money? Has it anything to show for it except a miserable abortion of a journal? But we ask, *per contra*, why such a question? If the Association is satisfied with its balance-sheet, why should Tartuffe break out in anger and indignation at what he holds to be the great perversion of so much honest money? His friends boast that *his* earnings reach a fabulous sum—say £5000 or £6000 *per annum*; but we never ask him what he does with his money; we never inquire how much of these “immense sums” are spent in the advancement of the science of medicine, or to the glorification of the profession. But surely we have just as good a right to make inquiries of him on this point, as he has of us. Besides, he has his agents in the Association; and why do they not get up at the right moment, when the associates are assembled together discussing accounts, and call upon them to stop all this waste and vicious expenditure? Why does he not speak out where his words can be discussed and answered.

One more phase in Tartuffe's character we must illustrate. He is not only an indignant moralist but he knows how on occasion to cast his pious eyes upwards, and affect martyrdom. This part of the character he has not neglected. In his sanctified person, he tells us, the British Medical Association attempted to lay foul hands upon the freedom of the British press; but, we need not add the martyr threw himself into this great immoral breach, and frustrated the design of “those who attempted to practise this ill-devised and childish monopoly”! Our readers have already been told the real history of this precious bit of bunkum, got up by our admirable actor. We have shown him—“*Gracchus de seditione*,” etc.—exclaiming against this villanous robbery of constituted rights, while actually engaged in the attempt to filch from the Association its literary property. Agents of his when our programme was issued, went about on the quiet endeavouring to obtain possession of the orations and papers which had been promised to the Association, and which, according to custom and common sense and ordinary practice in such cases

\* It is curious to note how the *facies non una, nec diversa*, runs through the whole proceedings of the *par nobile* in this matter. Tartuffe's friend, for instance, publishes an anonymous letter, purporting to be from an associate, which letter, of course, confirms all the abuse he has himself let on against the JOURNAL; Tartuffe immediately follows suit, and likewise publishes a letter from an associate, confirming *his* abuse, and almost *ipsissimis verbis*. One of the twain, as our readers know, has furnished us all with a copy of *his* associate's letter, at the cost of some thousands of pence to himself. We have therefore read it, and feel bound to say that it bears within it strong intrinsic evidence of having been written in the office of the journal from which it emanated.



passed into the custody of the JOURNAL of the Association. Yes; he actually attempted to get possession of the valuable property which had been called into existence through the force and influence of our Association; and, when arrested in the act, makes himself out to be a martyr and defender of the rights of the press! But here, again, his anger has led him to outdo the thing. He forgot, whilst singing confusion to "British Medical Exclusion", that it was patent to the whole world concerned in our "little miseries", that his reporters had the freest entry both to the mental and bodily feasts prescribed by the Association; and that, at the end of his song, forgetting the beginning, he actually contradicts himself, by confessing that he was offered slips of all addresses, papers, etc., from ourselves. But at this offer Tartuffe's proud stomach turned! Malign you, yes; calumniate you, yes; rob, yes; garble you, yes. These and such like things we can do; but accept your slips, no, no! His whole moral nature shuddered at the thought.

There is, we fancy, no need for us further to follow up this tale. We have shown in the plainest terms that all this "earnest desire" of Tartuffe and Co. "to see the Association placed in that position which its members, etc., justly entitle it to hold", means simply that they would like to put the JOURNAL down, and share the plunder. We have also shown the profession what is the kind of custody into which its honour would be committed if Tartuffe and Co. could only have their independent way. We venture to think that nothing we could say in behalf of the BRITISH MEDICAL JOURNAL so clearly demonstrates the necessity for its existence as do the facts which we have here laid before the profession.

Assuredly, no better proof could be given of the estimation in which the BRITISH MEDICAL JOURNAL is held by the profession than these most unseemly attempts to put it down.

Our readers may, indeed, measure our progress by the violence of Tartuffe and his friend. No better testimony could be rendered to the present success of the JOURNAL. Never did their abuse break out on any previous occasion with such a thorough will. At all events, we will venture to say that the *Chroniques Scandaleuses* of medical literature may be searched in vain for so scandalous a tale, or one which has eventuated in so thorough an exposure and such a complete discomfiture.

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### THE WEEK.

WE cannot refer without regret to another of the many cases in which medical men have appeared in a court of justice improperly pitted one against another. One sad result must manifestly be the consequence of this public exposure; and that is, that

medical evidence in a court of law will become a mere byword. If men high in rank in our profession will permit their names thus to be bandied about in a court of justice; if such men will, time after time, appear in those courts as the invariable representatives of railway companies, for example, in cases where damages are sought by injured plaintiffs; if they will, whenever called upon to do so, use their names and medical skill to explain away or to attempt to mitigate the injuries inflicted on such plaintiffs by railway accidents,—it is evident that they enter the witness-box as mere advocates—not to tell the bare truth, but, under the guise of scientific exponents, to bamboozle the jury and pervert the meaning of pathological symptoms. Is not all this very discreditable to our profession? Does it not degrade and sink us as witnesses in the eyes of the public? In the trial to which we are now alluding, it is impossible for any one to read the evidence without noting that some of the medical witnesses gave their evidence, not calmly and in accordance with the doubtful nature of the facts laid before them, but as paid advocates, and highly paid advocates, of the railway company. Is it decent that railway companies should have standing medical counsel, just as they have their standing legal counsel? Yet this is really what all this does or will end in. By all means let railway companies defend themselves against the impositions to which they are undoubtedly liable; it is their duty to do so. But most assuredly it is not the duty of members of our profession, and least of all of prominent members of it, to allow their high names and great knowledge to be used and applied in courts of justice for the mere advocate's purposes. We need do no more than give the words of the learned judge at the trial, to show the low condition into which medical evidence must fall, if this undignified system be pursued.

"Then came that which was the most important head of the plaintiff's claim—the probable effect of the injury on his future prospects in life. Here, unfortunately, the medical evidence was utterly contradictory; and it was certainly sad to see gentlemen of the medical profession giving evidence so entirely contradictory. It was suggested that the plaintiff was to a great extent imposing on the company. But his statement was supported by that of the medical man who attended him constantly; and, if the plaintiff were an impostor, it should seem that the medical man must have been a conspirator. On the whole, however, it would seem that, though there might be a little exaggeration, yet that, in substance, the plaintiff's statements were true. On the one side, there was the evidence of four or five medical men, who had seen and examined the plaintiff again and again; and, on the other side, there were three medical men, one of whom had not seen the plaintiff at all, and the others had only seen him some months ago."

SERIOUS accidents are recorded in this week's papers as having happened to three sensation-producing acrobats. We have more than once referred to the very degraded and morbid appetite which is supplied



with satisfaction at sights of the nature here spoken of. We look upon the existence of such spectacles as the distinct and public manifestation of the brutality of our human nature. Whoever assists at them assists solely for the purpose of enjoying the excitement of witnessing a performance in which he knows, or at least believes, a human being's life is risked. Those ancient heathens, of whose unchristian doings we are so pleased to descant, enjoyed the very same kind of excitement when they witnessed a couple of gladiators engaged in mortal strife, or a human being pitted in the arena against a tiger. In this acrobatic business, there is no kind of doubt that the Crystal Palace people led the way. They created a taste, which, it now appears, requires gratification in all parts of the kingdom.

THE new bye-laws and regulations of the College of Physicians of London, which have undergone long and laborious incubation, will shortly come into actual force. They have virtually received the sanction of the College, and only require a little legal retouching for their completion. The College will, therefore, soon take action under its new laws. Many of the changes introduced by these laws have already been laid before our readers; but the novelty which will especially surprise the world is, that the College of Physicians intends *in future* to assert its *ancient* right of examining in surgery. The Act of Henry VIII, under which the College was incorporated, distinctly provides for this particular. It runs thus:

"Inasmuch as the science of physic doth comprehend, include, and contain the knowledge of surgery . . . any of the said Company may practise the science of physic in all and every its members and parts."

Surgery was, therefore, manifestly held to be a part of medicine; and, indeed, Lumley founded a surgical lectureship, and for some time surgical lectures were actually delivered in the College. The College has, in fact, been forced into this renewal of its ancient privileges. For some time it attempted, with the best will in the world, to form a joint examining board with the College of Surgeons, for the purpose of granting a double license; but the surgeons snubbed the physicians, and would not come to terms. Hence the physicians, driven back on themselves, were determined to stand upon their rights, and, in fact, to occupy the position of presiding over the examination of the medical men of the country. The physicians resolved to grant a license perfect in itself, and which shall be to its holder full authority to practise medicine and surgery and midwifery in any part of Her Majesty's dominions. That they have the right and the power is certain; and that they will now exercise the right is equally certain. The College of Surgeons must awake from its dream of superb imperialism. It is high time they set themselves in order. They may be sure that the physicians will

have no difficulty in procuring an examiner in surgery. The physicians will not hesitate to seek for a competent person *outside* their Council and their Board of Examiners. It will indeed be strange if the man they select for their purposes should be one of those who ought to be at this time exercising their talents at the Examining Board of the College of Surgeons!

PROFESSOR FINIZIO of Naples has written to the *Gazette des Hôpitaux*, asking advice of his French *confrères*.

"He has, he says, in his obstetrical *clinique*, at the present time, four women whose pelves are greatly deformed, their antero-posterior diameter being between only five to seven *centimètres*. One of these women is in her sixth, the others between their third and fourth month of pregnancy. 'Here at Naples there are surgeons who would, in these cases, allow the pregnancy to arrive at full period, and then perform the Cæsarean operation. I differ from them, and would induce abortion. To relieve myself of responsibility, I called a public meeting for the discussion of the treatment proper in these cases. Young surgeons at the discussion considered one side of the question only; viz., the saving of the infant. Could M. Pajot be induced to state his opinion?' To this request M. Pajot has politely acceded, and writes in the above journal: 'I consider,' he says, 'and almost all accoucheurs in France are of the same opinion, that when the diameter of the pelvis is less than seven *centimètres*, abortion is the only proposable operation. At the full period, when the constriction is under six *centimètres*, I practise cephalotripsy according to my method; that is to say, I commence the operation when the orifice is sufficiently dilated. I repeat the cephalotripsy as often as it is necessary; but I never draw the foetus downwards (*sans jamais tirer*). Generally, the expulsion takes place spontaneously after the third or fourth operation. I have, however, performed it eleven times in the same case, and the woman has recovered. As for the Cæsarean operation, which belongs to the infancy of art, it should be reserved for those cases where a cephalotribe cannot be passed. Such contractions are extremely rare. In my opinion, to allow a pregnancy of the fourth month to go on to the full period, when the contraction of the pelvis is five *centimètres*, is not only bad surgery, but improper conduct.'"

WE are glad to see that one man at last in the French Academy of Medicine has hit the right nail on the head in the matter of hygiene of hospitals. Dr. Desormeaux gives the Academy the benefits of his experience of the mortality in a surgical ward in the Hôpital Necker. This ward was formerly badly ventilated; and afterwards freely supplied with air and light. During the first state of it, the mortality after operation was great. During the second state, the mortality was greatly diminished, although the patients were subjected to the same regimen, the same methods of dressing, and nothing altered in the other conditions of the ward.

A malignant disease, which Professor Simonds, of the Veterinary College, declares to be small-pox, has broken out in a flock of sheep in Wiltshire. He has had the whole of the sheep vaccinated.



MM. Trousseau and Piorry continue a logomachy at their Academy of Medicine respecting exophthalmic goitre, as the former gentleman calls that peculiar affection first clearly pointed out by Drs. Stokes and Graves. Their eloquence amuses the Academy, but, as far as we can judge, adds nothing to the stock of knowledge we possess on the subject they discuss. Eloquence is a grand faculty; but its utility is very doubtful. Those who possess it, as a rule, do not seem to think it necessary to descend to the vulgar task of gathering up and mastering common facts. The notorious absence of eloquence in our own societies is after all, perhaps, a thing not greatly to be regretted.

M. Bouchut, in a clinical lecture, details an example of what he calls "the curative properties, truly marvellous, of veratrine", in articular rheumatism. "As it possesses therapeutical virtues equal, if not superior, to sulphate of quinine in the treatment of rheumatism, and has none of the inconveniences attaching to quinine, I prefer using it in daily practice. To cure rheumatism with quinine, two or three *grammes* of quinine must be given *per diem*; and then it often produces its toxic action. Moreover, such large doses are very expensive. Therefore I prefer using veratrine." We wonder how many of our readers ever heard before that thirty to forty grains *per diem* of quinine were a sovereign cure for acute articular rheumatism! These *marvellous* remedies remind us of the discussion on acute rheumatism treatment which took place at the Royal Medical and Chirurgical Society a few weeks ago.

Dr. Vaullegeard of Condé-sur-Norieau has, it turns out, first claim to the title of successful ovariectomist in France. In 1847, he operated successfully on a girl twenty-five years old, removing a multilocular ovarian cyst, complicated with ascites. He had the courage to operate at a time when all surgical authority was opposed to the proceeding, and when the great oracle, Boyer, had declared, "The least reflection will satisfy any one of the dangers and of the impossibility of this operation, which has not, and probably never will be performed." In matters of medicine and surgery, it is evident that even authorities should be cautious in dogmatic prophecies.

M. Flourens has presented to the Academy of Sciences a note of a series of experiments performed by him for the purpose of showing the curability of wounds of the brain, and, what is more, the facility with which they are cured. He trepanned the skulls of dogs and rabbits, made a slight opening through the dura mater and into the substance of the brain, and then put bullets into the wound. These bullets gradually penetrated through the cerebral matter by their own weight. When the ball was small, he found that the whole thickness of the lobe of the brain or of the cerebellum might be traversed by it without occasioning any symptom, or accident, or

disturbance of functions. The fissure made by the passage of the ball remains for some time as a canal; it then closes up, and cicatrises. In one case of a rabbit, a ball was placed on the posterior part of the cerebellum, immediately above the vital point (Flourens' *neud vital*). When the ball had reached that part, and had exercised a certain degree of pressure, the animal died.

MM. Berthelot and Leon de St. Gilles tell the Academy that chemical affinity, which is usually considered as an instantaneous phenomenon, often, on the contrary, requires a long time for its manifestation. Thus, for example, the *bonification* of old wines depends upon certain affinities between the tartaric acid and the alcohol, which require several years for their development.

#### M. ADÉLON.

THE following summary is from the oration of M. Bécclard:—

M. Adélon was not only a *savant* of the first rank, but he was also a model of fidelity and devotion to his convictions and his friends. In all questions of honour, and in the midst of increasing weakness of purpose in men generally, he sustained at its highest standard the dignity of human nature.

Nicolas Philibert Adélon was born at Dijon on the 20th August, 1782. Inspired by Chaussier, who was celebrated as a teacher of anatomy and physiology at the Academy of Dijon, Adélon devoted his youth to the study of physiology. The first work which he published (and anonymously) was entitled *Analysis of the Lectures of Gall, or the Physiology and Anatomy of the Brain according to his system*. Phrenology was then in its infancy; and the young critic then gave it a formidable blow by anticipation. "We do not," he said, "pretend to pronounce judgment on phrenology. We do not belong either to those who consider phrenology as a dangerous innovation, which must be put down at any price; or to those who regard it as one of the most brilliant discoveries arrived at by the human intellect."

On the 8th June, 1809, he defended his doctoral thesis on the functions of the skin. Scarcely had he ceased to be a pupil when he became a teacher; so that, indeed, his fellow-students became his pupils. In 1826, he was called to the Chair of Forensic Medicine at the Faculty of Paris, and performed its duties up to 1861, *i. e.*, thirty-five years. In 1821, he entered the Academy of Medicine, which was founded the preceding year by Louis XVIII. During four years he performed the duties of Perpetual Secretary; and in 1831 was elected its President. His chief work is his *Treatise on Human Physiology*. The first years of his scientific life were devoted to the publication of this work. He contributed several papers to the *Dictionary of Medical Sciences*, the *Dictionary of Medicine*, and the *Annals of Public Hygiene*. He also assisted in editing the *Universal Biography*.

He was simple in his manners, and of modest tastes; and faithful in his affections and in the performance of his duties. He was married to the daughter of Sabatier, a person whose elevated understanding and modest graces formed the charm of his life. He died in the midst of his family, in the eightieth year of his age.

M. Adélon was buried at the cemetery of Mont Parnassus on the 22nd ultimo; M. Cruvelhier in the name of the Faculty, and M. J. Bédard in the name of the Academy of Medicine, paying him the last tributes of regret and respect.



# Special Correspondence.

## EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

No day in the year is attended with such a ferment of excitement in our medical school as the 1st of August. Then the goal which has been looked forward to for years is by many attained; the days of pupilage are over; the professional position has been won. The gay and thoughtless student of the past years then merges into the responsible physician. On that day, too, there is a new element thrown in, different from anything in the previous career; for then, for the first time, the student receives the reward of his labours, in the presence of kind friends interested in his success—an audience, too, entirely different from what has greeted him on any previous triumph; for the sober robes of professors and students are abundantly relieved by the gayer attire of the other sex. There is much excitement on that 1st of August; but it is scarcely the day of greatest enjoyment. The calm delight of the interval between passing an examination and obtaining the degree is unequalled in any part of the student's career. When one awakes in the morning after he has passed, and remembers that the care which has weighed upon him for weeks, perhaps months, is gone, there is a rare enjoyment; and this feeling, graduating into a calm content, is enjoyed by many of our students for a full month or more. But on graduation day it is a different story. This period of repose is past; the student must begin another career of effort; he has taken upon himself a new set of duties. His course of study is like the voyage of a vessel; at first through stormy waters; then passing, perhaps, not without difficulty, over an awkward bar; but thereafter running along in smooth water within the harbour; followed by the hurry and excitement of the landing on the quay.

There was a larger number of graduates the other day than had been known in the University for many years past. Upwards of a hundred students received the degree of Doctor of Medicine, and one the double degree of Bachelor of Medicine and Master of Surgery. A number of very excellent theses had been given in; and from their unusual merit the medical faculty had to increase the number of medals which they annually confer. Dr. Black received one of them for an able investigation of the Cerebral Circulation, which tended to disprove the views maintained by Dr. John Reid, and generally adopted in this school, and to show that Dr. Burrows was right in his inductions. Dr. Fraser and Dr. Traquair received medals for observations in Natural History; and Dr. Arthur Gamgee, for contributions to the Physiology and Chemistry of Fœtal Nutrition. Special praise was also accorded to Dr. Crichton Browne for an essay on Hallucinations; to Dr. Davy for some able reports of cases of Cerebral Disease; and to Dr. Macfarlan for some interesting observations on the Applications of Photography and the Stereoscope to the Science and Art of Medicine.

Dr. Laycock was promoter, and delivered an excellent

address, touching upon many subjects; to some of which I may briefly refer.

While declining to express an opinion as to the relative merits of the tutorial and professorial methods of teaching, he explained his views as to the functions of each. He thinks that a professor should be a teacher, who, starting from the stand of ascertained knowledge, should push forward into unexplored fields; while a tutor should simply aim at making the student acquainted with the existing state of knowledge. In the present condition of our universities, the professor must combine these offices; and exactly according to his success in so doing is his popularity and success as a teacher.

Dr. Laycock enlarged upon the advantages possessed by the English and Irish universities in their fellowships, bursaries, and other endowments; and suggested that the people of Scotland, who, during the past twenty years, have spent many millions in building up the ecclesiastical institutions of the country, might now, with advantage, direct the current of their liberality into the parched and thirsty fields of learning and science, which are the sisters of religion. Could the *perfervidum ingenium Scotorum* once be directed into this new channel, or rather this channel which has been so long neglected, a liberality would soon be manifested out of all proportion to the resources of the country. Another good proposal was that a college hall might be established, in which students might board together, and in common enjoy the privilege of tutorial instruction. He considered the question of compelling the candidates for medical degrees to take a degree in arts, and showed very satisfactorily that to enact such a rule here, would be most injurious, alike to the university and to the training of medical men throughout the country. He did not in the least undervalue the advantages of arts training, which, on the contrary, he very highly esteems; but simply showed that to compel such studies would be, on the whole, disadvantageous.

The address was able and discriminating; a result of careful thought; and clearly expressed.

Just when he had finished his summer course, old Professor Traill finished his career. A man of great kindness, of considerable ability, of remarkable erudition and information, he had long held in scientific circles a most honourable position. He was more remarkable for his knowledge than for his ability; and the former quality is much more apt to fall behind than the latter. Accordingly, some people inclined to say that he had "had his day," although he had not "ceased to be"; but there was none of them who did not regard him with a kindly respect, passing with those who knew him best into an affectionate veneration. In 1807, when Thomas Chalmers went on his first tour to England, his journal tells us how he spent the forenoon of Friday, April 24, in Liverpool, in the society of Dr. Traill, "a chemical lecturer and practitioner, with a great deal of ardour and philosophic simplicity"; the very qualities which fifty years later would have been remarked in the veteran professor of medical jurisprudence and editor of the *Encyclopædia Britannica*. It had been arranged, that the course which he had just completed was to be his last, by himself and the university authorities, as well as



y the Disposer of events; and the old man used, in showing his favourite specimens put up by himself many long years before, or associated in his mind with friends long departed, to say all summer through, that they would pass into the collection of his successor. It is expected that Dr. Douglas MacLagan, one of the Examiners of the University, will be appointed to the chair thus left vacant.

## Association Intelligence.

### NEW MEMBERS OF THE ASSOCIATION.

THE following New Members have joined the British Medical Association since the publication of the list on June 21st, 1862. Most of them were elected during the recent meeting in London.

Ash, T. Linnington, L.R.C.P.Ed., Holsworthy, Devon  
 Babington, Benjamin G., M.D., F.R.S., President of the Royal Medical and Chirurgical, and Epidemiological Societies, George Street, Hanover Square  
 Balchin, Richard, Esq., Godalming, Surrey  
 Basham, William R., M.D., Physician to the Westminster Hospital, Chester Street, Belgrave Square  
 Billing, Archibald, M.D., F.R.S., Grosvenor Gate, Hyde Park  
 Blenkarne, Henry, Esq., Dowgate Hill  
 Bright, John M., Esq., Forest Hill  
 Broadbent, W. H., M.D., Lecturer on Physiology and Pathology at St. Mary's Hospital, Upper Seymour Street  
 Brodie, Sir Benjamin C., Bart., Broome Park, Betchworth  
 Camplin, John M., M.D., Compton Terrace, Islington  
 Cheshire, Edwin, Esq., Newhall Street, Birmingham  
 Cooper, W. R., Esq., Ixworth, Suffolk  
 Couper, John, Esq., Finsbury Circus  
 Critchett, George, Esq., Surgeon to the London Hospital, Finsbury Sq.  
 Cutter, Ephraim, M.D., Woburn, Massachusetts  
 Dalton, P. H., Esq., Piccadilly  
 Davies, David, Esq., Bristol  
 Davis, Edward, Esq., Old Brentford  
 Dobell, Horace, M.D., Physician to the Royal Infirmary for Diseases of the Chest, Duncan Terrace, City Road  
 Drutt, Robert, M.R.C.P., Hertford Street  
 Duplex, George, L.R.C.P.Ed., Torrington Square  
 FitzGerald, Thomas G., Esq., Staff-Surgeon R.A., Army & Navy Club  
 Foster, Benjamin W., L.K. and Q.C.P.I., Medical Tutor, Queen's College, Birmingham  
 Fuller, Henry W., M.D., Physician to St. George's Hospital, Manchester Square  
 Gant, Frederick J., Esq., Surgeon to the Royal Free Hospital, Grenville Street, Brunswick Square  
 Gream, George T., M.D., Upper Brook Street  
 Halley, Alexander, M.D., Harley Street  
 Hancock, Henry, Esq., Surgeon to Charing Cross Hospital, Harley St.  
 Harris, Hasler, Esq., Gower Street  
 Hassall, Richard, M.D., Richmond  
 Hawksley, Thomas, M.D., Physician to the Margaret Street Dispensary, George Street, Hanover Square  
 Hird, Francis, Esq., Assistant-Surgeon to Charing Cross Hospital, Clifford Street  
 Hitchman, John, M.D., Superintendent of the Derby County Asylum, Mickleover, near Derby  
 Holthouse, Carsten, Esq., Surgeon to the Westminster Hospital, Storey's Gate, St. James's Park  
 Hounsell, Henry S., M.D., Torquay  
 Hulme, Edward C., Esq., Gower Street  
 Hutchinson, J., Esq., Manchester  
 Jackson, Thomas Carr, Esq., Surgeon to the Great Northern Hospital, Weymouth Street  
 Jerswill, George, Esq., Looe, Cornwall  
 Kidd, Charles, M.D., Sackville Street  
 Kingdon, John A., Esq., New Bank Buildings  
 Kirkes, William S., M.D., Assistant-Physician to St. Bartholomew's Hospital, Lower Seymour Street  
 Lawrence, William, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital, Whitehall Place  
 Leach, H. P., Esq., Woolpit, Suffolk  
 Lomas, William, Esq., Upper Eaton Street  
 Luke, Joseph, L.K. and Q.C.P.I., Claremont Square, Pentonville  
 Mason, Francis, Esq., Assistant-Surgeon to King's College Hospital, Conduit Street  
 Mayo, Thomas, M.D., F.R.S., late President of the Royal College of Physicians, Wimpole Street  
 Morgan, John, Esq., Sussex Place, Hyde Park  
 Morgan, J. E., M.B., Manchester  
 Oggle, John W., M.D., Assistant-Physician to St. George's Hospital, Upper Brook Street

Rawdon, Henry G., M.D., Royal Infirmary, Liverpool  
 Reece, Richard, Esq., Walton-on-Thames  
 Rees, G. Owen, M.D., F.R.S., Physician to Guy's Hospital, Albemarle Street  
 Scannell, D., Esq., Chapel Street, Belgrave Square  
 Smith, Henry, Esq., Assistant-Surgeon to King's College Hospital, Caroline Street, Bedford Square  
 Smith, William A., Esq., Bournemouth  
 Spurgin, John, M.D., Great Cumberland Street  
 Startin, J., Esq., Savile Row  
 Stone, William D., Esq., Munster House, Fulham  
 Storrar, John, M.D., Heath Side, Hampstead  
 Watson, Thomas, M.D., F.R.S., President of the Royal College of Physicians, Henrietta Street, Cavendish Square  
 West, James F., Esq., Surgeon to the Queen's Hospital, Birmingham  
 Williams, Edward A., Esq., Bromley  
 Wordsworth, John C., Esq., Queen Anne Street  
 Wright, E., Esq., Montague Place, Clapham Road

### MEMBERS PRESENT AT THE ANNUAL MEETING IN LONDON.

THE following Members and Visitors (with a few exceptions) entered their Names in the Book in the Reception Room. During the Meetings many other London Members were also present at various times.

Acton, W., Esq., London  
 Alford, S., Esq., London  
 Allison, W. J., Esq., London  
 Allwork, C. L., Esq., Maidstone  
 Anderson, F. B., Esq., Hessle  
 Anderton, H., Esq., Wavertree  
 Appleton, J. G., Esq., Luton  
 Arnott, G., M.D., Cheltenham  
 Ashton, T. J., Esq., London  
 Aveling, J. H., M.D., Sheffield  
 Bailey, H. W., Esq., Thetford  
 Baker, J. W., Esq., Derby  
 Ballard, T., Esq., London  
 Barker, T. H., M.D., Bedford  
 Barnes, J. W., Esq., Islington  
 Bartleet, E., Esq., Birmingham  
 Bartleet, T. H., M.B., Birmingham  
 Bartlett, W., Esq., London  
 Beale, L. J., Esq., London  
 Beales, R., M.D., Congleton  
 Begley, W. C., M.D., Hanwell  
 Bell, Rev. D., M.D., Goole  
 Bell, John, Esq., Grimsby  
 Bennett, J. Hughes, M.D., Edinburgh  
 Bennett, J. Risdon, M.D., London  
 Bickerton, T., Esq., Liverpool  
 Billing, A., M.D., London  
 Birch, S. B., M.D., Kensington  
 Bird, James, M.D., London  
 Birkett, John, Esq., London  
 Black, J., M.D., Edinburgh  
 Bottomley, G., Esq., Croydon  
 Bowes, R., Esq., Richmond, Yorkshire  
 Bowles, R. L., Esq., Folkestone  
 Boycott, T., M.D., Canterbury  
 Bree, C. R., M.D., Colchester  
 Brigham, W., Esq., Lymm  
 Bright, J. M., Esq., Forest Hill  
 Broadbent, E. F., Esq., Lincoln  
 Broughton, H. H., M.D., Preston  
 Brown, G. D., Esq., Henley-on-Thames  
 Brown, I. B., Esq., London  
 Brown-Séguard, C. E., M.D., London  
 Budd, W., M.D., Clifton  
 Burder, G. F., M.D., Clifton  
 Burnett, C. M., M.D., Alton  
 Burt, G. R., Esq., Ilminster  
 Burton, J. M., Esq., Blackheath  
 Bush, John, Esq., Clapham  
 Cadge, W., Esq., Norwich  
 Cameron, J., M.D., Liverpool  
 Cammack, T., M.D., Spalding  
 Camplin, W. J., M.D., Islington  
 Camps, W., M.D., London  
 Carpenter, A., M.D., Croydon  
 Cartwright, P., Esq., Oswestry  
 Ceely, R., Esq., Aylesbury  
 Chesterman, S., Esq., Banbury  
 Cholmeley, W., M.D., London  
 Church, W. J., Esq., Bath  
 Clark, H., M.D., Ferry Hill  
 Coleman, W. T., M.D., London  
 Collet, H. J., M.D., Worthing  
 Collingwood, C., M.D., Liverpool  
 Collins, F., M.D., Wanstead  
 Collyns, C. P., Esq., Dulverton  
 Conolly, J., M.D., Hanwell  
 Cookworthy, J. C., M.D., Plymouth  
 Cooper, Sir H., M.D., Hull  
 Cooper, R., Esq., Leek  
 Cooper, W. W., Esq., London  
 Coote, H., Esq., London  
 Cossar, T., M.D., Darlington  
 Costello, W. B., M.D., Paris  
 Cotton, R. P., M.D., London  
 Cowan, C., M.D., Reading  
 Craven, R. M., Esq., Hull  
 Cribb, H., Esq., Bishop's Stortford  
 Crompton, S., Esq., Manchester  
 Crosse, T. W., Esq., Norwich  
 Crowfoot, W. E., Esq., Beccles  
 Curling, T. B., Esq., London  
 Curme, G., Esq., Dorchester  
 Cutter, E., M.D., Woburn, Massachusetts  
 Dalton, P. H., Esq., London  
 Davey, J. G., M.R.C.P., Bristol  
 Davies, F., Esq., Pershore  
 Davison, T., M.D., Paris  
 Dayman, H., Esq., Milbrook, Southampton  
 De Mierre, Albert, M.D., London  
 De Morgan, C., Esq., London  
 Desmond, L. E., Esq., Liverpool  
 Dobell, H., M.D., London  
 Douglas, A., M.D., London  
 Downs, G., M.D., Stockport  
 Drage, C., M.D., Hatfield  
 Drutt, R., M.R.C.P., London  
 Duke, A., M.D., Rugby  
 Dulvey, J., Esq., Brompton, Chatham  
 Duncalfe, H., Esq., West Bromwich  
 Dunn, R., Esq., London  
 Edwards, T. F., Esq., Denbigh  
 Elliot, J., Esq., Kingsbridge  
 Elliot, R. L., Esq., Kingsbridge  
 Ellis, H. W. T., Esq., Crowle  
 Evans, S. H., Esq., Derby  
 Evanson, R. T., M.D., Torquay  
 Everett, D., Esq., Worcester  
 Farr, W., M.D., Bromley  
 Fayer, G., M.D., Henley-in-Arden  
 Fitz Gerald, T. G., Esq., Army  
 Fleming, A., M.D., Birmingham  
 Fletcher, B., M.D., Birmingham  
 Flint, R., Esq., Stockport  
 Foster, M., Esq., Huntingdon  
 Fowler, R. S., Esq., Bath  
 Frank, P., Esq., Fort Pitt, Chatham  
 Fraser, P., M.D., London  
 Freeman, S., Esq., Stowmarket  
 Gardner, J., Esq., London  
 Gaunt, J. S., Esq., Alvechurch  
 Gibb, G. D., M.D., London  
 Gibbon, S., M.D., London  
 Gidley, G., M.R.C.P., Sandgate  
 Giraud, F. F., Esq., Faversham



Godfrey, R., Esq., London  
 Green, T., Esq., Bristol  
 Greenhalgh, R., M.D., London  
 Griffith, T. P., Esq., Wrexham  
 Habershon, S. O., M.D., London  
 Hadley, J. J., Esq., Birmingham  
 Hall, C. R., M.D., Torquay  
 Halliwell, R. N., Esq., Dewsbury  
 Hanks, H., Esq., London  
 Hardy, H. G., Esq., Ferry Hill  
 Harley, G., M.D., London  
 Harrinson, I., Esq., Reading  
 Harris, W., Esq., Worthing  
 Hart, E., Esq., London  
 Hastings, Sir C., M.D., Worcester  
 Hatton, J., M.D., Belvedere  
 Haward, E., M.D., London  
 Haynes, J. B., Esq., Evesham  
 Hemingway, C. A., Esq., Dewsbury  
 Henry, A., M.D., London  
 Heslop, T. P., M.D., Birmingham  
 Hewitt, G., M.D., London  
 Hey, W., Esq., Leeds  
 Hillier, T., M.D., London  
 Hitchman, J., M.D., Mickleover  
 Hodgkin, T., M.D., London  
 Hodgson, J., Esq., London  
 Hodson, C. F., Esq., Barnet  
 Hoffman, G. H., Esq., Margate  
 Hollis, W., Esq., Alvaston  
 Holman, C., M.D., Reigate  
 Hornby, T., Esq., Pocklington  
 Hounsell, H. S., M.D., Torquay  
 Hughes, J. R., M.D., Denbigh  
 Humphry, G. M., M.D., Cambridge  
 Hunt, T., Esq., London  
 Husband, W. D., Esq., York  
 Iles, Albert, M.D., Fairford  
 Inman, T., M.D., Liverpool  
 Jackson, J. H., M.D., London  
 Jackson, T. C., Esq., London  
 Jeaffreson, S. J., M.D., Leamington  
 Jeston, T. W., Esq., Henley-on-Thames  
 Johnson, J., Esq., Kirkdale  
 Jones, G., Esq., Birmingham  
 Kennedy, E., M.D., Dublin  
 Kersey, R. C., Esq., Littlebourn  
 Kerswill, R., Esq., St. Germain's  
 Kidd, C., M.D., London  
 King, K., M.D., Hull  
 Kirkman, J., M.D., Melton  
 Kite, W. J., Esq., West Bromwich  
 Lancaster, J., M.R.C.P., Clifton  
 Lankester, E., M.D., London  
 Leppington, H. M., Esq., Grimsby  
 Lesouef, Dr., Paris  
 Lewis, T., M.D., Carmarthen  
 Lewis, W., M.D., London  
 Lingen, C., M.D., Hereford  
 Littleton, T., M.B., Saltash  
 Lochée, A., M.D., Canterbury  
 Locking, J. A., Esq., Hull  
 Lord, C. F. J., Esq., Hampstead  
 M'Intyre, J., M.D., Odiham  
 Mackay, A. D., M.B., Stony Stratford  
 Mackenna, W. J., Esq., London  
 Macrorie, D., M.D., Stroud  
 Manifold, W. H., Esq., Liverpool  
 Markham, W. O., M.D., London  
 Markusovszky, L., M.D., Pesth  
 Marshall, F. H., Esq., Moulton  
 Marshall, H., M.D., Clifton  
 Martin, A., M.D., Rochester  
 Martin, A., Esq., Evesham  
 Martin, P., Esq., Reigate  
 Martin, W., Esq., Brighton  
 Matterson, W., Esq., York  
 Mayne, R. G., M.D., Leeds  
 Mellor, T., Esq., Manchester  
 Merriman, J. J., Esq., Kensington  
 Merriman, S. W. J., M.D., London  
 Metcalfe, J. A., M.D., Cheltenham  
 Millar, J., Esq., London  
 Miller, J., M.D., Southsea  
 Mitchell, T. R., M.D., Swanage  
 Moir, J., M.D., Edinburgh  
 Moore, C. H., Esq., London  
 Moore, G., M.D., Hastings  
 Morgan, M. B., Esq., Lichfield  
 Morley, G., Esq., Leeds  
 Morris, E., M.D., Spalding  
 Munckton, W. W., Esq., Curry Rivel  
 Munroe, H., M.D., Hull

Murphy, E. W., M.D., London  
 Murray, G. C. P., M.D., London  
 Ness, J., Esq., Helmsley  
 Nichols, J., M.R.C.P., London  
 Nicholson, J. F., Esq., Stratford  
 Nisbett, R. I., Esq., Gravesend  
 Niven, D. G., Esq., Forest Hill  
 Norman, G. B., Esq., Ilkeston  
 Norway, S., Esq., London  
 Oates, P., M.D., London  
 Ogle, W., M.D., Derby  
 Osborn, A. G., Esq., Northampton  
 Owen, O., M.D., Guy's Hospital  
 Paget, G. E., M.D., Cambridge  
 Paget, J., Esq., London  
 Paget, T., Esq., Leicester  
 Pain, W. H., Esq., London  
 Paley, W., M.D., Peterborough  
 Partridge, R., Esq., London  
 Pearson, J. A., Esq., Buxton  
 Pemberton, O., Esq., Birmingham  
 Pinching, C. J., Esq., Gravesend  
 Pitt, J. B., M.D., Norwich  
 Pollard, W., jun., Esq., Torquay  
 Pollock, R. J., Esq., Kensington  
 Postgate, J., Esq., Birmingham  
 Pound, G., Esq., Odiham  
 Pranker, J., Esq., Langport  
 Priestley, W. O., M.D., London  
 Propert, J., Esq., London  
 Pyle, J., Esq., London  
 Quain, R., M.D., London  
 Ranking, W. H., M.D., Norwich  
 Ray, E., Esq., Dulwich  
 Reece, G., Esq., London  
 Reid, J., Esq., Canterbury  
 Retzius, M. G., Esq., Stockholm  
 Richardson, B. W., M.D., London  
 Rigden, G., Esq., Canterbury  
 Roberts, D. L., M.D., Manchester  
 Roberts, O., M.D., St. Asaph  
 Roberts, R. C., Esq., Ruabon  
 Robins, G., Esq., London  
 Rogers, R. J., Esq., Brighton  
 Rooke, T. M., M.D., Cheltenham  
 Ross, A., M.D., Waterloo, Portsmouth  
 Routh, C. H. F., M.D., London  
 Rumsey, H. W., Esq., Cheltenham  
 Sadler, P., Esq., Warrington  
 Sankey, W., Esq., Dover  
 Sansom, A., M.B., Islington  
 Seaton, J., M.D., Sunbury  
 Sercombe, E., Esq., London  
 Sharpey, W., M.D., London  
 Shurlock, M., Esq., Chertsey  
 Sibson, F., M.D., London  
 Sieveking, E. H., M.D., London  
 Sisson, A., Esq., Reigate  
 Skinner, T., M.D., Liverpool  
 Sladden, J., Esq., Ash  
 Smith, E., M.D., London  
 Smith, Henry, Esq., London  
 Smith, Heywood, Esq., London  
 Smith, T. H., Esq., St. Mary Cray  
 Smith, W. T., M.D., London  
 Solomon, J. V., Esq., Birmingham  
 Southam, G., Esq., Manchester  
 Spratly, S., Esq., Rock Ferry  
 Spurgin, J., M.D., London  
 Spurrell, F., Esq., Belvedere  
 Squire, W., Esq., London  
 Stanger, G. E., Esq., Nottingham  
 Stanton, J., M.D., London  
 Startin, J., Esq., London  
 Stedman, J. R., M.D., Guildford  
 Steele, A. B., Esq., Liverpool  
 Steele, H. C. B., Esq., Stoke Ferry  
 Stewart, A. P., M.D., London  
 Stilwell, G. J., M.D., Hillingdon  
 Stone, R. N., Esq., Bath  
 Stookes, A., M.D., Liverpool  
 Storrar, J., M.D., Hampstead  
 Street, W., Esq., Reigate  
 Swift, H., Esq., Liverpool  
 Sympton, T., Esq., Lincoln  
 Taplin, T., Esq., London  
 Tassell, R., Esq., Canterbury  
 Taylor, H., M.D., Nottingham  
 Terry, H., jun., Esq., Northampton  
 Thompson, C. R., Esq., Westerham  
 Thomson, T., M.D., Leamington  
 Thomson, T. R. H., M.D., Aigburth  
 Thorp, D., M.D., Cheltenham  
 Thorpe, G. B., Esq., Staveley  
 Thudichum, J. L. W., M.D., London  
 Tilley, S., Esq., Rotherhithe

Tippetts, R., Esq., Brompton  
 Toca, M. S. de, M.D., Madrid  
 Torrance, D., Esq., Rugby  
 Tuke, H., M.D., London  
 Turner, G., M.D., Stockport  
 Turner, T., Esq., Manchester  
 Tyacke, N., M.D., Chichester  
 Underhill, T., Esq., Tipton  
 Veasey, H., Esq., Woburn  
 Vinen, E. H., M.D., Bayswater  
 Vise, E. B., Esq., Holbeach  
 Vose, J., M.D., Liverpool  
 Walker, C., Esq., Wirksworth  
 Walker, J. W., M.B., Spilsby  
 Wall, A. B., Esq., Bayswater  
 Wallis, C. C., Esq., Castle Carey  
 Wallis, W., Esq., Hartfield  
 Walshe, W. H., M.D., London  
 Ward, W., M.D., Huntingdon  
 Waters, A. T. H., M.D., Liverpool  
 Waters, E., M.D., Chester  
 Watkins, J. W., M.D., Newton-le-Willows  
 Watkins, R. W., Esq., Towcester  
 Way, J., M.D., London  
 Webb, C., Esq., Basingstoke  
 Webb, F. C., M.D., London  
 Webber, W., Esq., Tunbridge Wells  
 Webster, G., M.D., Dulwich

Wells, E., M.D., Reading  
 Wells, J. S., M.D., London  
 Wells, T. S., Esq., London  
 Westall, E., M.D., Caterham  
 Wheeler, T., Esq., Bexley  
 White, J., Esq., Nottingham  
 Whitfield, H., Esq., Ashford  
 Whitlow, S., Esq., Manchester  
 Wilkinson, E., M.D., Manchester  
 Williams, A. W., M.D., London  
 Williams, E. A., Esq., Bromley  
 Williams, G. H., M.D., Oswestry  
 Williams, H. L., M.D., Kensington  
 Williams, J., Esq., Brecon  
 Williams, J., Esq., Holywell  
 Williams, J., M.D., London  
 Williams, J., Esq., Helston  
 Williams, P. H., M.D., Worcester  
 Williams, T. W., Esq., Birmingham  
 Wing, C., Esq., Hammersmith  
 Wise, R. S., M.D., Banbury  
 Wollaston, R., M.R.C.P., Wolverhampton  
 Wood, G. B., M.D., Philadelphia  
 Wood, W., M.D., London  
 Wordsworth, J. C., Esq., London  
 Workman, J. W., Esq., Reading  
 Wright, E., Esq., London  
 Young, T., Esq., London

### SOUTH-WESTERN BRANCH: ANNUAL MEETING.

THE Annual Meeting of the South-Western Branch was held on Tuesday afternoon, July 8th, at three o'clock, at the Athenæum, Plymouth; JOHN WHIPPLE, Esq., President, in the Chair. There were also present eleven other members.

The retiring President, Dr. BARHAM, thanked the members of the Branch for the kindness and courtesy which he had invariably received throughout his year of office. In the discharge of his duties as President of the Branch, he had found, unhappily, that there was very little to do. He had often wished that he had had more to do, and that their Branch had shewed a little more activity. He wished that more exertion was made for the advancement of medical science and the investigation of medical polity. It was very true that it was most agreeable for them to meet together once a year; and a very pleasant thing it was to enjoy themselves over a good dinner after the meeting. He always welcomed the day. But he very much regretted to see the small attendance. In the midst of such a large community, there must be a considerable body of medical men, and a number of members of the Branch. He would only mention, in conclusion, that, in the course of next month, Cornwall would witness an assembling of antiquarian gentlemen from Wales. The Cambrian Archaeological Society would for the first time pay a visit from the principality to the duchy; and he apprehended that this visit would not be without its interest to medical gentlemen, interested as they were in all questions of ethnology. He trusted that, when the antiquarians visited Cornwall, they would find there attractions besides its tords and its wild and romantic scenery; and in the questions to be discussed, something especially interesting to medical men would be found, which would draw them into the far west. He doubted not that many would avail themselves of the opportunity to go back in their researches to the time of the old Druids and the monuments which were scattered through the west of Cornwall. Gentlemen of the highest eminence would read papers explanatory of the objects to be visited; and of this examples would be found in the persons of Professors Babington and Westwood, who, with Dr. Simpson of Edinburgh, would be in attendance. Dr. Williams of Swansea would also be there; and he thought these names would be sufficient to justify him in stating that the medical man would not deviate from the proper sphere of his profession in joining the antiquarians. He concluded by resigning the chair to Mr Whipple.



*President's Address.* Mr. WHIPPLE, the new President, then delivered an address, which will be published in the JOURNAL.

Mr. THOMPSON (Launceston moved—

“That the best thanks of the meeting be given to Dr. Barham, the retiring President, for his able conduct in the discharge of the duties of his office.”

Whilst Dr. Barham was President, he (Mr. Thompson) visited Truro; and he could testify to his untiring zeal in the discharge of the great amount of trouble which Dr. Barham took in making the members comfortable at Truro. His hours had been attended with great success, and he received their warmest thanks.

Mr. CLARK (Saltash) seconded the motion, and it was carried.

Dr. BARHAM returned thanks. He thought they should do something in the west, and that attention should be directed to the important point of considering how they could carry out the utilisation of the Society. With respect to a question which had been touched upon by the President, as to how homœopaths should be treated by the profession, he, as an individual, entirely disclaimed any feelings of personal hostility; but, looking at the matter from a professional point of view, he thought it was difficult to draw the line. If they believed a man who followed Hahnemann's line of practice to be a knave or a fool, then they, as professional men, must of necessity eschew intercourse with him, and simply keep aloof from his society.

The PRESIDENT said he knew a gentleman practising homœopathy in Plymouth; and he wished to know the opinion of the meeting on this point: Whether, if he met him in society, it would be unprofessional?

Mr. SWAIN (Devonport) said that if he met a homœopathist, he should consider himself by no means justified in withholding from him the ordinary courtesies of every day life. But he wished to refer to a subject which affected the profession. A medical gentleman lately came to the neighbourhood, and had printed a long list of certificates as to his capabilities for practice. He wished to know whether it was proper for them, as professional men, to meet a man who advertised himself in that manner. One of the duties of that Branch was to regulate the conduct of the profession; and he put it to them, whether they would associate professionally with gentlemen who had published certificates, as in the manner described.

After some discussion of this subject, in which it came out that the gentleman alluded to had circulated his testimonials amongst the members of a sick benefit society, for which he was a candidate, and at the same time, had sent copies to many other people living in the same place, it was proposed by Dr. NANKIVELL,

“That any gentleman circulating his testimonials amongst the members of the society to which he was a candidate for an appointment, acted quite in accordance with the usages of the profession; but that circulating testimonials beyond the members of such society was not professional.”

Dr. LITTLETON (Saltash), returning to the question of homœopathy, thought it impossible for an educated man to believe in Hahnemann's doctrine.

Dr. NANKIVELL (Torquay) concurred in this opinion.

Mr. CLARK thought that on any grounds the profession could not hold out the right hand of fellowship to the homœopathist.

Dr. LITTLETON then moved the thanks of the meeting to the President for his able address, and for the arrangements he had made for the reception of the society.

Mr. CLARK seconded the proposition, and it was passed.

*Next Annual Meeting.* It was then proposed by Mr. KERSWILL, seconded by Dr. NANKIVELL, and carried,

“That the next annual meeting of the South-Western Branch be held at Exeter.”

*Secretary.* Thanks were then voted to Mr. C. H. Roper, and he was reelected Secretary.

*Branch Council.* Mr. HARPER moved that F. Mackenzie, Esq., of Tiverton; C. B. Nankivell, M.D., of Torquay; S. Budd, M.D., of Exeter; A. Drake, M.D., of Exeter; and J. Edye, Esq., of Exeter, be elected members of the Branch Council.

This, on being seconded, was carried.

*Representatives in the General Council.* As new members of the General Council, were chosen: C. Barham, M.D. (Truro); Arthur Kemp, Esq. (Exeter); R. W. P. Kerswill, Esq. (St. Germans); C. B. Nankivell, M.D. (Torquay); W. J. Square, Esq. (Plymouth); J. Whipple, Esq. (Plymouth); with C. H. Roper, Esq. (Exeter), *Secretary.*

*Dinner.* The dinner took place immediately upon the termination of the annual meeting, at the Globe Hotel, Plymouth; the President, J. Whipple, Esq., in the chair; P. W. Swain, Esq., of Devonport, occupied the vice-chair.

At half-past eight, the President gave a *soirée* at his residence. The assembly was very numerous, and during the evening some remarkably interesting microscopic exhibitions were given by Mr. Swain and Mr. Dansey. Mr. Hearder, of Plymouth, exhibited a very compact electrical battery. The whole of the proceedings passed off most successfully; and the arrangements of the President gave general satisfaction.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 24TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CONTRIBUTIONS TO THE STATISTICS OF CANCER.

BY W. M. BAKER, ESQ.

[Communicated by JAMES PAGET, ESQ.]

THE cases of cancer from which this paper was constructed were five hundred of those recorded by Mr. Paget between the years 1843-1861, and all of which had come under his own observation. Only the external or so-called surgical cancers were included in this number.

The first part of the paper showed the proportion of cases in each organ and each sex, and the percentage of the several kinds of cancer—each part of the body being attacked, as a rule, by one form of the disease almost exclusively. The greater frequency of cancer in females was found to be due to cases of scirrhus of the breast; in the cases, in almost all the other external organs, especially those subject to epithelial cancer, the proportion of males was greatest.

The influence of age was next noticed, and the increasing liability to cancer as people advance in life; the absolute number among the five hundred cases at each age being given, and also the relative frequency in proportion to the whole population living at the same period. In external organs, medullary was found to be the most frequent variety in youth; scirrhus and epithelial in middle and old age. The number of females affected with cancer, in proportion to the whole population, was found to increase rapidly from the earliest age up to 40-50, and then more gradually decline. In males the number increased up to the age 50-60, and after this declined again, the rise and fall being both of them more gradual than in females. The kind of cancer to which each sex was most liable accounted for the difference.

The condition of the female patients—whether single, married, or widow—was noticed, and also the influence of each on the production of cancer. The proportion of



cases of cancer in the breast was found to be greater in the married than in the single, both absolutely and in proportion to the number in which the two classes exist in the community.

The state of health of the patients at the time of the beginning of the disease was ascertained, and found to be good, in a very large majority; a rather larger proportion of the medullary and epithelial than of the scirrhus being in bad health at this date.

The question of cancerous inheritance was in the next place considered, and answered in the affirmative, twenty-four per cent. of the patients giving a history of cancer in other members of the family; the percentage, too, in the private cases, in which the family history would be better known, was considerably greater than in the hospital. The variety of cancer was not always the same in all the members of the family attacked.

Tables of the date of recurrence after operation were given, and the several kinds of cancer compared in this respect; the average number of months which elapsed between the date of removal of the primary disease and the recurrence was greatest in scirrhus, and least in epithelial, but a larger proportion of cases of the last variety remained without any recurrence for a period far beyond the average.

The date of recurrence after early and late operation was compared; the difference between the two being but small, probably from the acute cases being the earliest to be removed and to return. One or two of the cases, remarkable by their long-deferred recurrence, were given more in detail. The last part of the paper was devoted to considering the duration of life, especially with the object of comparing the cases of operation with those in which the primary disease was not removed. The greatest difference in the two sets of cases was found to exist between the epithelial cancers, and the least between the medullary; but a marked increase of life on the side of the operations was present in all the varieties. Part of this result is, of course, due to the selection of cases for operation. Some of the organs were compared separately, and the same advantage on the operation side was shown in each, with one exception—viz., the bones, in which the duration of life was exactly the same on both sides. The influence of early and late operations in respect to the duration of life was also considered, and, as in the recurrences, only a slight difference was observed; indeed, the length of life was greater in the cases in which the operation was performed at two to five years after the first observation of the disease than in those at one to twelve months, the former being all chronic cases. Lastly, the duration of life in the hospital and private cases was compared, and the advantage shown to be on the part of the hospital. Some of this difference may, however, be accounted for by a larger number of the hospital cases being submitted to operation.

#### CASE OF ANEURISM OF THE INTERNAL ILIAC AND COMMON FEMORAL ARTERIES, TREATED BY DIGITAL PRESSURE.

BY HENRY LEE, ESQ.

The history of the case was given at length. From the symptoms observed, it appeared that the digital pressure had the effect of producing a very firm coagulum in the sac of the aneurism. But as the artery was unusually brittle, the upper part of the aneurismal sac had become completely separated from the lower part. The coagulum formed was consequently unsupported by any of the coats of the artery, and after a time gave way. The blood was effused in the thigh and in the pelvis; and those portions of periosteum which were in contact with the effused blood had numerous minute fresh formations of bone upon their surface. These little bony formations could be readily detached with the nail. From the description of the remains of the aneurismal sac, and from the drawing which accompanied the paper, it appeared how impossible it would be in such a case to tie the

arteries from within the sac, as had lately been proposed in the Society. The ligature of the external iliac artery in the case related would not have succeeded. The upper and lower portions of the artery having been completely divided, any coagulum which formed, whether in consequence of ligature or compression, must ultimately have given way.

#### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

TYLER SMITH, M.D., President, in the Chair.

*A Report on a Twin (?) Abortion, exhibited to the Society by Dr. Langmore on June 4th, 1862.* By GEO. HARLEY, M.D., and T. H. TANNER, M.D. In this case a lady aborted on the 22nd of May, 1862. A foetus, of about four months gestation, was expelled; it was flattened, more or less atrophied, and had evidently been dead some time. The placenta was removed; and afterwards a smooth, soft body was peeled off the upper part of the uterine cavity, which proved to be a second bag of membranes. The chorion and amnion were unruptured, healthy, and transparent; and through them an embryo of about five or six weeks could be plainly seen floating in clear liquor amnii. The embryo appeared fresh and perfect, and not at all atrophied. Was this an instance of twin pregnancy, or of superfœtation? Drs. Harley and Tanner were directed by the Society to investigate the question. In their report these gentlemen gave the results of an examination of the preparation. They then appended some remarks on the structure of the decidua, and concluded thus:—"We are led to assume that the case under consideration is an example of superfœtation, for this reason: If the second, healthy six weeks ovum were the product of the same conception as the first four months foetus, which had been dead some time when expelled, then we must believe that, although the latter perished some days before its expulsion, and manifested symptoms of putrefaction, yet the small second ovum died when six weeks old, was retained for about ten weeks afterwards, and nevertheless when removed, was perfectly healthy, and did not present any trace of decomposition. We cannot subscribe to this improbable view. As, theoretically, we see no physical obstacle to the occurrence of superfœtation during the first three months of pregnancy, so we think the specimen now reported upon proves, as far as anything of the sort can prove, that superfœtation is a positive fact."

*Enormous Development of Hydatids in Omentum simulating an Ovarian Tumour.* By W. NEWMAN, M.D. Stamford. (Communicated by Dr. Harley.) A woman aged 43, began to suffer from enlargement of the abdomen eleven years ago. In 1861, an incision was made in the right iliac region, when a quantity of pus and hydatids escaped. The opening closed, but the abdomen again enlarged; and the patient died in May 1862 with symptoms of acute peritonitis. On examination the omentum was found stretched over a mass of glistening cysts. Masses of hydatids were embedded on the surface of the right hepatic lobe. From them ran an unbroken chain of cysts right across the spinal column and down into the left iliac fossa. The right ovary, as well as the mesentery, also contained hydatids.

*A Case in which Air was expelled from the Vagina.* By GEORGE HARLEY, M.D. The chief points in the case were these:—The expulsion of the air was accompanied with a loud noise, and, although odourless, was attended with great personal discomfort. It began about eighteen months ago, at a catamenial period, and has recurred with increasing severity at each period, until now there were several discharges in the course of a few minutes. The patient was married. The vagina was carefully examined in order to find if any communica-



existed between it and the rectum, but none was void. Dr. Harley took a full-sized male catheter, to which was attached a long India-rubber tube with a cock at the other end. The catheter was introduced into the uterus, the end of the tube with the stop being placed in a tumbler of water. No air escaped when the instrument was in this position; but, on bringing the open end of the catheter in the vagina, an instantaneous discharge of gas took place. Soon afterwards the water was found to be sucked up through the tube into the vagina; and, after one or two other experiments, it was found that the vagina sucked in and expelled the air by spasmodic action. It was further observed, that the abdominal muscles materially assisted in producing this result; and, although the patient had the power of commencing the action, when once it was begun and gone on for a few minutes, she had the power of continuing it.

Dr. DRUITT was glad to find that the phenomena of this case had been described by so acute and exact an observer, otherwise the case might have been narrated as one of physometra. He had once been consulted at the case of a lady who, after her confinement in a foreign country, complained of want of sexual feeling, and of discharges of air from the vagina. He had attributed both maladies to relaxation, and prescribed alum baths. Air would readily enter a relaxed vagina in large quantities; for example, when a woman was placed upon her hands and knees for the purpose of examination.

Dr. GRAILY HEWITT had seen a case of the kind mentioned by Dr. Harley. The lady, to whom the passage of flatus from the vagina was very distressing, was the subject of enlargement and hypertrophy of the vaginal orifice of the cervix uteri. No fistulous opening existed between the rectum and the vagina. In this case, Dr. Gaily Hewitt considered that the air passed into the vagina by a kind of suction-movement. The rigid flatness of the vagina constituted by the indurated cervix acted as a dilator of the vagina; when, during certain movements of the body, the uterus was drawn upwards, air entered the vagina.

Dr. BRAXTON HICKS remarked, that the admission of air into the vagina was by no means rare. It might be observed not unfrequently in those whose vulvæ were enlarged and uteri heavy, when they lie down on the examining couch; the weight of the uterus causing it to press on to the sacrum in the recumbent posture, whereby air was drawn in; while, on assuming the erect position, it was expelled again by the descent of the uterus.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, JULY 7, 1862.

Dr. BABINGTON, M.D., F.R.S., President, in the Chair.

DIPHTHERIA IN PERU. BY ARCHIBALD SMITH, M.D.

Dr. SMITH had known Peru since 1825, but he had never heard of or seen diphtheria there as an epidemic until 1858-59. In the former of these years the disease proved very fatal among children; in 1859, it was less prevalent, and consequently attended with fewer deaths.

The affection was superinduced on the following epidemic sequence as noticed in Lima, the capital of Peru. Lima is situated six miles from the sea, at an elevation of 600 feet, with a winter temperature of 60° to 64° Fahrenheit as minimum, and summer heat of 80° to 84° Fahrenheit maximum. Atmosphere generally humid, and the climate relaxing. Barometer all the year, 29½ to 29¾. Malarial and pythogenetic causes are always fertile sources of disease—such as intermittent, remittent, and malarial fevers. The sewage gas is often extremely noxious; and it is by no means uncommon to see the remittent pass into the declared typhoid form, while

pure typhus *per se* is seldom seen in civil practice, judging from Dr. Smith's own experience. In 1851, reigned, in August and September, a catarrhal fever or influenza, which extended all over Peru. 1852: A mild, adynamic fever, with a red cutaneous eruption, which attacked all but destroyed none, like the *polka* of Brazil, which Dr. Lallemand called the first stadium of yellow fever. 1853: What may be called an epidemic of nascent yellow fever, terminating with a few cases of black vomit by end of autumn. 1854: Yellow fever in aggravated form. 1855: No yellow fever, but epidemic intermittents. 1856: Intermittents disappear, and the yellow fever returns. 1857: In August and September, catarrhal influenza. 1858: Diphtheria as an epidemic. 1859: Diphtheria on the wane, and small-pox prevalent. "This last year," remarks Dr. Smith, "on the third or fourth day of high fever, I was called to see a youth, when I observed the false membrane in the throat and fauces, and next morning, on return, found the diphtheria vanished, and the eruption of small-pox fairly established."

ON HIRSCH'S RESEARCHES IN HISTORICO-GEOGRAPHICAL PATHOLOGY. BY HERMANN WEBER, M.D.

Dr. WEBER read an analytic summary of the important work of Dr. Hirsch of Dantzic, entitled *Handbuch der Historisch Geographischen Pathologie*; and which the author has dedicated to the London Epidemiological Society, "in acknowledgment of their efforts and services in the promotion of public hygiene." The first volume was published in 1859, and the first part of the second volume last year. It is the first systematic attempt to treat in a worthy manner the great and difficult subject of the chronological and geographical distribution of all epidemic and endemic diseases throughout the world. The amount of research among the medical literature of Europe generally displayed by the author is not surpassed by that of Dr. Copland himself in his herculean task; and the impartiality and discriminating judgment are on a par with the erudition. Dr. Weber concluded his summary by pointing out the great desirableness of having an English translation of Dr. Hirsch's work, and the especial duty of English medical men availing themselves of the singularly favourable opportunity which they enjoy above their professional brethren of any other country in investigating epidemic diseases in the numerous and widely dispersed dependencies of the British empire.

ON THE VITAL STATISTICS OF TASMANIA. BY S. HALL, M.D. OF HOBART TOWN.

The total registered deaths in the colony during the year 1861 were 1472, to which must be added the deaths of seven convicts not stated in the public records. As the population of Tasmania on April 7th, 1861, amounted to 89,977, the death-rate that year would be a trifle over 16 per 1000 of the inhabitants, or one death in about 60 or 61 individuals. Among the exclusively rural population, estimated at between 53,000 and 54,000, the death-rate did not much exceed 11 per 1000; but even this low rate is above what it ought to be, as there is a considerable number of preventable deaths constantly occurring from the neglect of sanitary precepts.

The proportion of children in the population of Tasmania is much greater than in England and other European countries. According to the census of last year, the children under fifteen years of age, constituted about 38 per cent. of the whole population; while in England, at the census of 1851, this proportion was only 35; and in France it did not exceed 30 per cent.

Of 1479 deaths, 323 were in children under one year; 124 occurred between one and two years; 53 between two and three; 22 between three and four; 40 between four and five; and 67 between five and ten years. The three last groups were all above the usual proportions,



owing to the prevalence of measles, which had not visited Hobart Town for six or seven years previously.

Of the deaths in middle and advanced life, 23 occurred between eighty and ninety years of age, 3 between ninety and a hundred, and 2 in persons upwards of a hundred. Everything seems to indicate a great salubrity of climate.

The total registered births in the colony during 1861, were 3207; but as many escape registration, Dr. Hall estimates the natural increase of the population at nearly 4000.

In 1861, the rainfall, a trifle over 28 inches, exceeded the mean of the twenty previous years by upwards of 6 inches.

## Correspondence.

### THE LANCET'S ATTACKS ON THE JOURNAL.

SIR,—Pray what is the matter with the editor of the *Lancet*, that he should, in his leader of last week, pour forth such a torrent of abuse against the high character and usefulness of the British Medical Association? Why should he go frisking about at the meeting, and then bray out a discordant note against the great and unmistakable success of the undertaking? Aye, there's the rub! It is not the first time the editor of the *Lancet* has dipped his pen in the inkstand of gall, and written bitter things against the Association. We expected such an article; and feel that the editor must be greatly chagrined at finding that the virulence of his attacks have been harmless.

How tenderly he deals with the Association in its infantine struggles—its annual meetings of peace and unity—its *Transactions*, as most important contributions to medical literature; but when that Association grows into boyhood, strong and healthy, able to compete with rival institutions, and finds it imperatively necessary to publish a weekly journal to disseminate amongst its members medical knowledge, which can scarcely be obtained elsewhere at a much dearer rate, then, and then only, does the editor fear that this JOURNAL of the British Medical Association may rival the mere trading, commercial speculation. How truly and nobly he speaks of the important position which the Association once held; but when it identified itself with a journal, and this journal a successful rival of the *Lancet*, then the praise of such an Association must be turned into censure. He chuckles and crows at the idea that this sickly periodical costs the Association seventeen and sixpence out of every pound subscribed by the members; but never mentions the proportion of cost to the purchasers of the *Lancet*, nor the profit of the latter periodical.

Much as the editor has despised this great and friendly meeting of the *élite* of town and country of the medical profession, the pages of the *Lancet* has this week being occupied to at least a third of its contents, with the astounding information of as much more matter next week, so that the medical profession, throughout the universe, shall, through its pages, read of the success of the thirtieth annual meeting of the British Medical Association. There are many errors in the leader of the *Lancet*, especially with regard to the numbers of the Association, and the mode of collecting subscriptions from its members, which will be noticed hereafter.

The associates may now congratulate themselves as being the representatives of the profession in this country. In a few years, their JOURNAL will have no competitor. The annual meetings will be looked to with pride and satisfaction, as meetings where an interchange of thought with the great and good of the profession, in town and provinces, conduces so much to the health and happiness of all concerned.

M.D.

SIR,—I beg to enclose you a circular that reached me by post. Amongst the numerous tradesmen's puffs that reach me, or are put into my hands, and which consign to the rag-bag, this appears to me to be the most impudent. It is the grossest attempt to improve property I ever met with. But, sir, this attempt, the part of a certain journal, from its antecedents, does not surprise me. But I must own I have read with much surprise and concern the attack on the JOURNAL of the *Lancet*. That one of the journals would like to have the extra circulation that might accrue to it upon the Association ceasing to publish a journal of its own, we can well imagine; but that it should be worth the *Lancet* while to write such an article; to vilify and abuse the association because it publishes a journal, is most remarkable.

It has been generally understood that the *Lancet* sometime has been a prosperous concern; but certain the article on the Association alluded to would lead to believe that such a report is not founded on truth. A prosperous journal would condescend, I think, to attempt to injure a rival upon such terms.

Although a London practitioner of some standing had not joined the Association until last year; and I am so, not that I thought the Association in itself was of so much importance to the welfare of the profession, but because I found myself, in the matter of "consultations with homœopaths," I may say sold by the other journals, who, for reasons best known to themselves, and of which the profession formed their own opinions, were silent on the occasion. I then saw the incalculable advantage to the profession having a journal that could not by any power be thus influenced. I feel satisfied that if the Association JOURNAL had not taken that subject up and carried it out, it would not have been settled to this course. That the Association requires a journal to report its proceedings, the garbled report given of the President's address, by the *Lancet*, at the late meeting, clearly proves.

Now, the paragraph which the *Lancet* did not publish shows, either that it had very indifferent reporters, or that it has committed a breach of good faith with regard to a rival journal that must for ever stamp it in the minds of all honest men, with an impression that cannot redound to its reputation for common honesty.

If, sir, the Association were to discontinue the JOURNAL I feel assured that the Association would soon cease to exist itself. These journals, it seems, do not object to any amount of money spent on *Transactions*, but money must not be spent so as to interfere with the weekly circulation.

I am, etc.,

A LONDON PRACTITIONER.

### SCOTTISH WIDOWS' ASSURANCE COMPANY.

#### LETTER FROM ALEXANDER ROBERTSON, ESQ.

SIR,—Permit me to offer a few remarks on the leading article, which appeared in your JOURNAL of the 17th instant, under the above title.

In commenting on that provision in the "Scottish Widows'" policy, by which the Company defeated the claim of the assured, that provision is described as being utterly unjust and indefensible, and of a very extraordinary nature. That the provision is both unjust and indefensible, you have clearly shewn; and its practical effect, as stated in your article, is that, however honest and faithfully a man may endeavour to make provision by life assurance, he may be deprived, through no fault of his own, of the benefit of that assurance. But it is only right and fair to the "Scottish Widows' Fund" Company, that the public, for whom you write, should be informed that that unjust and indefensible provision is not confined to the "Scottish Widows' Fund" policy. On inquiry, you will find that a similar objectionable



se is unfortunately neither extraordinary nor uncommon; but, on the contrary, that it has a place in the policies of all life assurance offices, with only one excep-

the true meaning and legal effect of an ordinary life policy is, that the assured must pay the specified premiums regularly, and trust to the honour, or caprice, it may be, of the directors of the company for the fulfilment of their part of the contract.

The public are indebted to Dr. Bayley for his courage in bringing the case into a court of law, and to your influential and largely circulated JOURNAL for your exposure of the annulling provision; but it would be hopeless for Dr. Bayley to attempt to get that legal decision reversed; the clause in his policy, however unjust, is too plain in its effect to admit of any legal question.

It is not often that the practical effect of an ordinary policy is so clearly brought to the attention of the public; the legal effect of the annulling clause has been so authoritatively fixed by courts of law, and is so well known to lawyers, that, when life companies choose to rely upon it, the advisers of the assured are compelled to recommend their clients either to abandon their claims, or to settle them by compromise on such terms as can be got from the life company. Hence it is that so obvious and unjust a provision is permitted to have a place in all ordinary life policies, and that life companies, who may have refused to pay many claims, can with truth say that they never disputed a policy in a court of law.

It is to be hoped that your valuable remarks on this pension case, which must be read by so large a portion of an influential profession, may oblige all life companies to make their policies certain and indisputable documents.

I am, etc.,

ALEX. ROBERTSON.

Indisputable Life Assurance Company of Scotland,  
8, Queen Street, Edinburgh, July 23, 1862.

We understand that this company, *under no circumstances whatever*, disputes the claims of those whose policy it accepts for assurance, even though fraud has been practised upon them. Ed.]

#### QUALIFIED AND UNQUALIFIED ASSISTANTS.

SIR,—Being a constant reader of your valuable JOURNAL, I am perfectly persuaded that your object is always to uphold and defend the position of the members of the medical profession, will you kindly allow me to make a few remarks upon a subject which hitherto has not attracted much attention. It is the unfavourable position of unqualified assistants, who are often miserably remunerated and slightly treated by principals and the public. As most of the qualified assistants are to become the practitioners of future years, I think it is only right, that the gentlemen who engage their services, should treat them as gentlemen and brethren; and assist them in every way to mount the ladder of life, instead of retarding their progress as is too often the case.

I am perfectly aware that the public do not properly distinguish between qualified and unqualified assistants, and that many men of mature age are allowed to attend to the health of patients, without ever having given any proof they are fitted for their duties.

In the case of young men, it is to their advantage to take every possible step to acquire knowledge by assisting in general practice, at the time they are preparing themselves by diligent study to become qualified members of the profession. But I think it unfair that men should be allowed and encouraged to go on all their life time acting as visiting assistants, without possessing any diploma, or without ever having undergone the prescribed course of medical education.

Unqualified assistants are liable, and in some instances subject to annoyance from these last named persons,

especially if they happen to be their juniors. There is one very necessary branch of our profession, which does not require a lengthened course of study; it is the compounding and dispensing of medicines. This might be practised by unqualified gentlemen with safety and advantage in many cases; but the more serious and responsible duties of visiting and prescribing for patients ought only to be performed by such gentlemen as are possessed of some recognised diploma, or those who may have gone through the necessary education for such but have been by unavoidable circumstances prevented from passing.

In none of the public services or institutions are unqualified assistants employed; therefore, I think it only proper that practitioners requiring assistance should engage those only who are qualified. Perhaps the above ideas may lead to some useful controversy upon a subject of great importance to every member of the profession, also to the public welfare. Apologising for occupying so much of your valuable space.

I am etc.,

A YOUNG SURGEON.

July, 1862.

#### DR. PORTER'S CASE OF SUPPOSED HYDROPHOBIA.

SIR,—There appears in your issue of July 19, the report of "a case of supposed hydrophobia" by Dr. Porter of Peterborough. I differ from him in the diagnosis of the case; and I trust I may be allowed a short space to express my opinion.

I think the symptoms all point to the case being an ordinary one of traumatic tetanus and not hydrophobia: tetanus occurs from the most trivial wounds (see cases in BRITISH MEDICAL JOURNAL, March 10th, 1860); and probably in the case before us so slight a wound, if made in any other way, would have been overlooked, whereas the instrument by which it was inflicted, namely, the dog's tooth, has been magnified in importance above the wound itself, and has led the diagnosis astray. Every symptom detailed is consistent with traumatic tetanus; the violent and hasty spasm, the great difficulty in swallowing, were not produced by the sight of the teaspoonful of liquid, but by the attempt to exercise the muscles of deglutition in swallowing that liquid, and were such symptoms as are most common in tetanus, in which any attempt to set those muscles in use is followed by violent spasm. Again, the patient took beef-tea, milk, porter, fluids of all kinds in considerable quantities, with difficulty of swallowing it is true, but, as far as we are told, without any dread of their approach, or any sign of horror at the sight of them. This difficulty of swallowing is always present in tetanus; I never heard of a case of hydrophobia where there was an entire absence of the aversion for liquids.

The period at which the attack came on after infliction of the wound is more in favour of tetanus than hydrophobia; the fourth day being the most common date at which the former occurs, while the latest period of the latter is usually more prolonged.

Taken altogether, I think it requires a strong effort of imagination to assimilate the symptoms to the diagnosis; and it is rather going out of the way to indulge a fanciful view of the case to set it down as hydrophobia: scarcely a symptom of hydrophobia is there; every symptom of tetanus is present, except the more severe one of episthotonos. The absence of this is not surprising when we are told that the patient was nearly sixty years of age, of drunken habits, and that he sank rapidly under the disease. It is most unusual, if not unknown, for hydrophobia to prove fatal with mitigated symptoms; by no means unusual for tetanus to terminate fatally without the more powerful paroxysms occurring. A case in point occurs in the same number of the JOURNAL alluded to in the early part of this letter, where



tetanus occurred in a butcher of intemperate habits, from a slight scratch on his neck. He lived eight days; and during that time only one slight attack of episthotonos occurred. The absence of this symptom, therefore, is no argument in favour of hydrophobia.

That "the wound inflicted by the dog was the only cause of the symptoms and death," I think no one will dispute; but not in the sense in which Dr. Porter uses those words. He means to say that the wound by the dog produced hydrophobia. I deny it; the wound produced tetanus in an unhealthy subject, who sank and died without the symptoms ever being very strongly marked. Dr. Porter has laid too much stress upon the instrument that caused the wound, and has strained the symptoms to meet an erroneous diagnosis. He has challenged the judgment of others; and I think he will find the verdict against him. I hope some more experienced head than mine will be found to criticise the case. It would be interesting to know what the treatment was. It surely was not confined to fifteen minim doses of chloric ether in saline mixture; yet that is all we are told of it. I should also like to hear more of Dr. Porter's theory that hydrophobia may occur from the bite of a perfectly healthy dog. I enclose my card.

I am, etc., M. T.

### THE PROPOSED NEW GRAIN.

LETTER FROM G. F. BURDER, M.D.

SIR,—An alteration of weights or measures which shall combine a reasonable approach to perfection with a due regard to facility of transition, is as difficult, as the invention of a perfect system without such restriction is easy. It was not, therefore, to be expected that any scheme devised by the *Pharmacopœia* Committee for the improvement of our present system should meet with universal approval. Yet it might have been anticipated that a body of learned men would have refrained from proposing a plan, of which the chief feature is that it destroys the single element of certainty which has heretofore existed.

Amidst the inextricable confusion surrounding the system now in use, there has been always a possibility of referring to the grain as to a term which invariably meant the same thing and might be used as a common standard of reference. If the Committee's proposal should be finally adopted, such a simple standard of reference will no longer exist, and will indeed be "confusion worse confounded." Nor will such an aggravation of existing evils be balanced by corresponding advantages; the assimilation of the measures to the weights, though in itself desirable enough, being a comparatively trivial benefit.

A simpler plan would have been to adopt the avoirdupois pound, to retain the present grain, and to abolish all the intermediate weights, substituting for them such weights as would accommodate themselves to our decimal system of numeration; namely, weights of 10, 100, and 1000 grains. The adaptation of the fluid measures to this system of weights might be effected by making the minim correspond to the grain, and the pint to the pound; while intermediate measures should be introduced in accordance with the intermediate weights, and the present imperial gallon (equivalent to ten of the new pints) retained without alteration.

Such a plan, while itself offering a near approach to a complete decimal system, would pave the way for still further improvements in the future. Thus, the pound might ultimately, with the sanction of the legislature, be made to consist of 10,000, instead of 7,000 grains, and the pint (still corresponding with the pound) might contain 10,000 minims. The hundredweight might, without excessive violence, be defined as 100 of the above pounds, and the gallon as 10 of the above pints.

I am, etc.,

GEORGE F. BURDER.

Clifton, July 26, 1862.

## Medical News.

UNIVERSITY OF EDINBURGH: DEGREES IN MEDICINE. The "capping" of one hundred and nine graduates of the University of Edinburgh, who had passed the examination for the degree of Doctor of Medicine, took place on August 1st, in the Assembly Hall, in presence of a large number of spectators. Principal Sir David Brewster presided on the occasion, and he was surrounded by the other members of the Senatus Academicus. The proceedings having been opened with prayer by the Rev. Professor Crawford, the names of the graduates were intimated by Professor Balfour, and the young men were "capped" in succession by the Principal. The following is a list of the graduates. Those who obtained prizes for their dissertations being marked *a*; those deemed worthy of competing for the dissertation prizes, *b*; and those commended for their dissertations, *c*:—

### Scotland.

<i>a</i> Black, James Watt, M.A.Aber.	<i>c</i> Macnair, Robert, M.A.Glas.
<i>c</i> Brisbane, Thomas	Malcolm, John Vicary T.
<i>b</i> Browne, James Crichton	Maxwell, Peter
Cairns, Thomas	<i>c</i> Milligan, John Laidlaw
<i>c</i> Campbell, William Watson	Muir, Peter
Christison, James	<i>c</i> Muirhead, Claud
Cunynghame, Robert J. B.	Muirhead, William Muir
Dewar, Alexander	Murray, David
Dewar, James	Neilson, James
<i>c</i> Dick, Forbes	Rattray, Andrew M'Lennan
Dickson, James	Reid, Arthur Grant
<i>c</i> Duncan, John, M.A.Edin.	Renton, David
<i>c</i> Fyfe, George	Robertson, Adam
Gentle, James	Robertson, James Davison
Gentle, Peter	<i>c</i> Ross, David
Girdwood, James M'Ewan	Russell, William
Gordon, William	Shepherd, John
Grant, James	Skæe, Francis
<i>c</i> Hardie, James	<i>c</i> Smart, Andrew
Hope, John	Smith, John
Houston, Patrick C., M.A.Ab.	<i>c</i> Smith, John Gordon
<i>c</i> Ketchen, William	<i>c</i> Somerville, Walter
<i>c</i> Lightbody, John	Stephen, Andrew
Macdougall, John	<i>c</i> Traquair, Ramsay Heatley
<i>b</i> Macfarlan, Alexander J.	<i>c</i> Wallace, John, M.A.Aberd.
M'Iver, James Robertson	Wemyss, John Watson
M'Lean, John M., B.A.Edin.	<i>c</i> Wright, George Vint
Macleod, Roderick	

### England.

Arnott, John Lovell	<i>c</i> Land, Robert Turner
<i>c</i> Boulton, Percy	Lord, Richard
<i>c</i> Brittain, Thomas Lewis	Mallett, Frederick Blakesley
Brody, William Turnbull	Nash, William
<i>c</i> Clapham, Edward	Nicholson, John
<i>b</i> Davy, Richard	<i>c</i> Ross, William George
Deane, Charles Maslen	Sharood, Edward Julien
<i>c</i> Dixon, William Henry	<i>c</i> Thorold, Ellis Frederick
Foote, Harry	Thursfield, William Nealon
Hains, Frederick A. P.	Veale, Richard Sobey
Jones, William	Wright, George Edward
Kennedy, David Makin	Wright, William Smith

### Ireland.

<i>c</i> Alexander, Robert	Jolly, Robert
Carson, Alexander Tertius	Todd, John
Clarke, Alexander Carson	

### Wales.

<i>c</i> Hughes, Thomas Henry	Williams, John
<i>c</i> Turner, John	

### Canada.

Macleod, Donald	Whyte, George
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### Cape of Good Hope.

Smidt, John de	Reid, James Gerhard
<i>c</i> Reid, Duncan	

### Barbadoes.

<i>c</i> Sealy, John	Thomas, Lynch
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### Florence.

<i>a</i> Gamgee, Arthur	
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### New Brunswick.

Smith, Peleg Wiswall	
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### Nova Scotia.

Morse, Clinton James	
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### Jamaica.

Niven, John Duncan	
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### East Indies.

Russell, Charles Martin	
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### West Indies.

Cheesbrough, Henry A.	
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### Mauritius.

Labonté, Jules	
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### Demarara.

Forte, Augustus Carmichael	
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### Monte Video.

<i>c</i> Conyngham, Valentine O'C.	
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### Bahamas.

Corlett, Joseph Benson	
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*Bengal.*  
Hill, James Henry George  
*Calcutta.*  
Fraser, Thomas Richard  
The following candidate received the degrees of M.B. and C.M.:—  
Groves, Charles Henry, B.A., T.C.D.  
*The Academic Position of Medicine.* Dr. Laycock  
delivered an eloquent address.

**APOTHECARIES' HALL.** On August 7th, the following candidates were admitted:—  
Barham, Herbert Frederic Henry, Maidstone  
Barker, Robert Arnold, Burton Street, Burton Crescent  
Croft, Thomas Hardman Wilson, Snitterfield, Warwickshire  
Mortimer, William, Trewellwell, Pembrokeshire  
Sutton, Charles Frederick, Wragby, Lincolnshire

### APPOINTMENTS.

LEICHER, Thomas W., M.D., elected Physician-Extraordinary to the Cork Fever and Cholera Hospital.  
BUCKNILL, John C., M.D., appointed one of the Inspectors under the recent Lunacy Act.  
LIVER, Donald, M.D., appointed Resident Medical Officer to the Birmingham and Midland Counties Lying-in Hospital.  
DORE, John D., M.D., appointed House-Surgeon to the Lancaster County Lunatic Asylum.  
LE, Thomas T., M.D., elected Surgeon to the Seaham Harbour Infirmary.  
RICKLAND, Edmund, Esq., elected House-Surgeon to the Halifax Infirmary.  
ALFORD, Augustus D. C., Esq., appointed Superintendent of the Birmingham and Midland Counties Lying-in Hospital.

**ARMY.**  
COCK, Staff-Assistant-Surgeon N., to be Assistant-Surgeon 35th Foot, *vice* R. T. G. Catton.  
ALEXANDER, Surgeon-Major A., late 4th Hussars, to have the honorary rank of Deputy Inspector-General of Hospitals.  
KINSON, Deputy Inspector-General T., M.D., retiring on half-pay, to have the honorary rank of Inspector-General of Hospitals.  
CATTON, Assistant-Surgeon R. T. G., 35th Foot, to be Assistant-Surgeon 3rd Dragoon Guards, *vice* C. J. White.  
LARKE, Staff-Assistant-Surgeon A. F. S., M.D., to be Assistant-Surgeon 42nd Foot, *vice* F. Wilkes.  
LIMO, Staff-Assistant-Surgeon W. H., M.D., to be Assistant-Surgeon Rifle Brigade, *vice* J. Storey.  
CALL, Staff-Assistant-Surgeon A. R., to be Assistant-Surgeon 52nd Foot, *vice* A. T. McGowan.  
TOWARD, Surgeon E., 20th Foot, to be Surgeon-Major, having completed 20 years full-pay service.  
BONSIDE, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 71st Foot, *vice* W. Leach.  
LAUNSELL, Staff-Assistant-Surgeon T., to be Assistant-Surgeon 48th Foot, *vice* J. J. Chappell, M.D.  
MURPHY, Surgeon M. W., 91st Foot, to be Surgeon-Major, having completed 20 years full-pay service.  
PELL, Staff-Assistant-Surgeon W. N., to be Assistant-Surgeon Rifle Brigade, *vice* N. Norris.  
VALTERS, Staff-Assistant-Surgeon J., M.B., to be Assistant-Surgeon Rifle Brigade, *vice* Williams.

### To be Staff-Assistant-Surgeons:—

LEACH, Assistant-Surgeon W., 71st Foot.  
MCGOWAN, Assistant-Surgeon A. T., 52nd Foot.  
NORRIS, Assistant-Surgeon N., Rifle Brigade.  
STOREY, Assistant-Surgeon J., Rifle Brigade.  
WHITE, Assistant-Surgeon C. J., 3rd Dragoon Guards.  
WILKES, Assistant-Surgeon E., 42nd Foot.

### ROYAL NAVY.

ALLEN, John, Esq., Assistant-Surgeon, to the *Royal Adelaide*.  
ANDERSON, William, Esq., Assistant-Surgeon, to the *Asia*.  
BARTLETT, Walter F. C., Esq., Assistant-Surgeon, to the *Liffey*.  
CURRAN, Frederick A., Esq., Actg. Assist.-Surg., to the *Rattlesnake*.  
DREW, George A. F., Esq., Surgeon, to the *Rattlesnake*.  
FRAZER, Thomas, M.D., to be Surgeon to Devonport Dockyard.  
M'BEAN, James, Esq., Acting Assistant-Surgeon, to the *Argus*.  
MEADE, Edward, Esq., Acting Assistant-Surgeon (additional), to the *Rattlesnake*.  
MULLAN, Andrew, Esq., Assistant-Surgeon, to the *Vindictive*.  
PICKTHORNE, George R., Esq., Acting Assistant-Surgeon (additional), to the *Marlborough*.  
PURCHAS, T. B., Esq., Surgeon, to the *Argus*.

### MILITIA.

DYER, C., M.D., to be Surgeon City of Edinburgh Artillery Militia.  
OSBALDESTON, L. F., Esq., to be Assistant-Surgeon Hertfordshire Militia.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

SALE, T., M.D., to be Assistant-Surgeon 1st Isle of Man A.V.

### To be Honorary Assistant-Surgeons:—

JACKSON, V., Esq., 32nd Staffordshire R.V.  
VIVIAN, B. T., Esq., 8th (Duke of Cornwall's) Cornwall A.V.

### BIRTH.

COLLINS. On August 18th, at Chew Magna, Somerset, the wife of \*C. Howell Collins, Esq., of a son.

### MARRIAGE.

\*DUNN, Robert William, Esq., of 14, St. Clement's Inn, to Miss E. M. Dagg.

### DEATHS.

DOWNES. On July 28th, at Handsworth, Maria Ann, wife of \*William Downes, Esq.  
HODDING. On April 13th, at Worksop, aged 54, Susan, widow of W. H. Hodding, Esq., Surgeon.  
MACKINTOSH, Richard D., M.D., at Exeter, aged 88, on August 2.  
THORNHILL, David C., Esq., Surgeon, late of Stratford Green, at Atherstone, aged 30, on August 10.  
WAGSTAFFE, Matthew F., Esq., Surgeon, of Kennington, at Rugby, aged 59, on July 13.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.** The Library of this Society was closed on Monday, Aug. 18th, and will be reopened on Monday, Sept. 15th.

**THE WILL OF GEORGE DARLING, M.D.,** of Russell Square, has been sworn under £35,000 personalty. He has left £100 to the Society for the Relief of Widows and Orphans of Medical Men.

**EXEMPTION OF PHARMACEUTICAL CHEMISTS FROM JURIES.** By a recent Act of the legislature, chemists, who are members of the Pharmaceutical Society, are exempted from serving on juries. The exemption was not obtained without considerable opposition from the Government.

**ALCOHOL FROM COAL GAS.** A method of extracting alcohol from coal gas has been discovered at St. Quentin, by a young chemist named Cotellet. The report of this discovery created a sensation among the manufacturers of the north. The *Progrès de l'Oise* asserts as a matter of fact that a joint-stock company was formed with wonderful rapidity, with a capital of 400,000f., to carry out the patent. The inventor announces that he can sell his alcohol at 25f. the hectolitre, while the most inferior spirit produced from other articles is selling for 75f. the hectolitre.

**PHYSIC v. GAMBLING.** The inhabitants of Ems have signed a petition for the closing of the bank at that fashionable summer watering-place. The immediate motive for this is said to have been a declaration made by a distinguished Berlin physician that, so long as there was gambling at Ems, he would send no patients there, except those whose maladies could not be equally benefited by recourse to bathing places at which no play was carried on. If medical men in general would adopt this plan it would, doubtless, be a serious blow to the summer hells of Germany.

**THE SOUTH-WESTERN RAILWAY COMPANY AND THE LATE DR. BALY.** At the late half-yearly meeting of the South-Western Railway Company, a shareholder adverted to the moral claim which he considered Miss E. Baly had on the company, in respect of the fatal accident to the late Dr. Baly, her brother, who had been her chief support. Her Majesty the Queen had very kindly considered her case, and allowed her a pension of £100 a year; a subscription was being raised among her friends, and he (Mr. Helps) proposed that the company should vote £1,000 towards the object in view. His proposition could not be accepted. But the chairman proposed a subscription for the purpose indicated.

**THE PROPOSED NEW GRAIN.** "The time which must elapse before a change of the proposed kind is fully established in common use the Medical Council have probably never considered. We can help them to some



materials for forming a conjecture on the subject. The imperial pint was first introduced into pharmacy in the London Pharmacopœia of 1836; but there are yet many medical men who prescribe a pint and mean *sixteen ounces*. Avoirdupois weight was introduced into the Dublin Pharmacopœia of 1850, nearly twelve years ago; and yet an eminent Irish physician has recently expressed to us his belief that if the question, 'How much is a scruple?' were put to all the medical men in Ireland, not a quarter of them could answer it correctly without a reference. There is some excuse for this ignorance, because, inasmuch as the Irish College did not meddle with the grain weight, the Irish scruple consists of 18·229166 standard grains,—a difficult number to get into a head which had always before understood that twenty grains made a scruple. We have no doubt that for the next twenty years whenever grains are prescribed it will always be a question with a pharmacist, 'which grain?' unless the prescriber takes the trouble to write the word new or old before grain." (*Chemical News*.)

THE QUEEN'S COLLEGE, BIRMINGHAM. At a special meeting of the Council, held on Wednesday the 13th inst., the Right Hon. the Earl of Lichfield in the Chair; the Dean of the Faculty reported that the honorary prizes had been awarded as follows. *Surgery*: Certificate and Medal, Lloyd; Certificates (equal), Hinds, Steward.—*Medicine*: Certificate and Medal, Carreg; Certificate, Lloyd.—*Anatomy*: Certificate and Medal, Taylor; Certificates, Mackay, Owen, Payn.—*Physiology*: Certificate and Medal, Melson; Certificate, Hinds.—*Practical Chemistry*: Certificate and Medal, Lloyd.—*Theoretical Chemistry*: Certificate and Medal, Mackay; Certificate, Beach.—*Demonstrations*: Certificate and Medal, Taylor; Certificates, Owen, Payn.—*Botany*: Certificate, Mackay.—*Medical Jurisprudence*: Medal, Melson; Certificate, Lloyd.—*Midwifery*: Medal, Cheatle; Certificate, Gibbs; Special Certificate, Taylor.—*Materia Medica*: Certificates, Baxter, Lewis.—*Clinical Medicine*: Prizes, Taylor, Carreg. The Dean of the Faculty reported that the scholarships, the Warneford gold medal, and the Surgical Clinical prize were under adjudication. Professor Postgate was unanimously invited to deliver the introductory address of the ensuing session.

VACANCIES. The following appointments are vacant: Professor of materia medica at King's College; medical officer to the Crowland District, Peterborough Union; surgeon and assistant-secretary to the West Herts Infirmary, Hemel Hempstead; poor law officers for the Loughborough Dispensary District of the Westport Union, County Mayo; for the Leadenham District of the Sleaford Union; and for the Fulbeck District of the Newark Union; surgeon to the Clayton Hospital and Wakefield General Dispensary; parochial medical officer for the parish of Dailly, Ayrshire; assistant physician to University College Hospital; professor of chemistry and a professor of practical chemistry at St. Mary's Hospital Medical School; medical officer for the Inchageelagh Dispensary District, Macroom Union, co. Cork; medical officer for the Caxton and Arrington Union, Cambridge-shire, (Gamlingay District); resident medical officer to the Public Dispensary, Carey Street, Lincoln's Inn; medical officer to the Hungerford District and the Workhouse of the Hungerford Union; physician's assistant and apothecary on board the Dreadnought Hospital Ship, and dispenser to the Birmingham and Midland Eye Hospital.

VIVISECTION AND CRUELTY TO ANIMALS. Last week a congress, assembled under the direction of the Royal Society for the Prevention of Cruelty to Animals, was held at the Crystal Palace, Sydenham, in co-operation with the Société Protectrice des Animaux, Paris, for the purpose of discussing the general subject of cruelty to animals, and especially vivisection and other operations

upon living animals for the purpose of instruction in surgery. Mr. Long gave some instances of the horrible cruelties practised on animals for the purpose of promoting science, and contended that no animal ought to be tortured for the purpose of attaining such a result. Letters were read from many eminent medical men, expressing sympathy with the objects of the meeting. Savage, in his letter, stated his conviction that vivisection was a most atrocious thing, and that it had never been of any use to the medical profession. Others said that most eminent physiologists had long since ceased to draw any inferences from such data. Accounts were given of a conference held during the past week on the same subject at Hamburg. Delegates attended from Paris, Dresden, Trieste, Hanover, Berlin, and other important towns. Mr. George Macilwain, contended that vivisection was unnecessary and useless, and that it had never under any circumstances, contributed to the treatment of disease. He cited Abernethy, Hunter, and Sir Charles Bell, in support of his views. Dr. Fraser followed.

TREATMENT OF LUNATICS AT MELBOURNE. We have lately had a *cause célèbre* in a libel case, "Bowie against Wilson"—the plaintiff being the surgeon-superintendent of the lunatic asylum called the Yarra Bend, the defendant one of the proprietors of the *Argus*. Animadversions were pointedly directed against the surgeon-superintendent in proof of his inefficiency in the management of the asylum. He brought his action for libel. The result was substantially a verdict for the defendant. The evidence showed that the plaintiff is a practitioner of the old school, who retains the exploded theory that restraint is indispensable. To some extent he is made the scapegoat for the inefficient state of the institution but against this it appears that he not only did not remonstrate or "make requisitions", but pertinaciously maintained the sufficiency of the establishment against the opinions of other competent authorities. In short, he trusted to harsh restraints in lieu of watchful attendants. The result of the complete exposure of abuse effected by this trial has been to direct public attention to the state of the institution, and it can hardly be doubted that early next session the legislature will make more ample provision for the custody and treatment of lunatics than it has hitherto been induced to do. It is understood that Dr. Bowie is to be allowed to retire upon an allowance of half his present salary, and the government will probably endeavour to obtain an experienced surgeon from England.

AMERICAN WAR ITEMS. Dr. Horace Green has offered twenty dollars to each of the first fifty volunteers in the County of Westchester, New York.—Dr. Brown writes: "About five hundred of those wounded at the battle of 'Fair Oaks,' who reached Fortress Monroe on transports, were examined by me. A large proportion of these, I think a majority, were wounds in the lower part of the body, showing that their enemies had practised the lesson 'fire low.' The wounds of a considerable proportion, which had lain some hours upon the field, had become a *nisus* for the larvæ of flies, and were occupied by myriads of these at various stages of development, and this was the same where the raw surface was of any greater extent than that pertaining to orifice of entrance or exit, whether it had been made by a missile or by the surgeon's knife in amputation. Nearly all the amputated cases were at the thigh, and were primary operations which had been very creditably done."—"Hitherto, writes the *American Medical Times*, we have advocated the distribution of the sick and wounded widely along the northern seaboard. The great and obvious advantage of this disposition of the invalided of the army is their more rapid recovery under the combined influences of a more invigorating climate, an ample supply of delicacies, better nursing, etc. But this policy has also its drawbacks; first, it gives great facilities to the convalescent to go



on furlough, vast numbers of whom do not return in due time to their regiments, while many do not return at all; *secondly, every soldier who returns to his former residence is an object of great interest, and naturally entertains his friends with stories, generally greatly exaggerated, of his sufferings and heroism. The effect of this is to retard enlistments.*"

**ROYAL MEDICAL BENEVOLENT COLLEGE.** The annual celebration of the "Founder's Day" of this institution was held on the 17th July. The proceedings commenced, as usual, with divine service, after which the scholars assembled, and were addressed by the Rev. Archdeacon Robinson; and on his proposing "the health of the founder," they honoured the toast with three times three and hearty cheers. Mr. Propert, in acknowledgment, spoke most kindly and encouragingly to the scholars, and trusted they would carry with them the spirit of the Royal Medical College through life. The school-room was then the scene of the proceedings. The speeches of the scholars were delivered so as to elicit the admiration of the company. The prizes for proficiency in good conduct, consisting of books of high class and handsome binding, were then distributed by the Bishop of Oxford, who in the most encouraging terms complimented the successful candidates. He expressed the high satisfaction he felt in his connection with the college, and assured the pupils that no amount of ability would secure success without perseverance, and instanced the conduct of Mr. Propert as a striking example of that truth. God had given him not only the heart to conceive, but the power to carry his project into effect—the provision of a home for his less fortunate professional brethren, and the means of procuring for their children an education which would place them in the most honourable positions in English society. Mr. Propert tendered his thanks to the Earl and Lady Manvers, which were gracefully acknowledged. He also paid a just tribute to Lord Chelmsford, the President of the College, who, he lamented to say, was prevented joining them by a domestic calamity. A handsome cold collation was prepared for the visitors; after which the health of "The Queen and the Royal Family" was drunk. Her Majesty had graciously permitted the new wing of the college to be called the "Albert wing." On proposing "The Church," Mr. Propert acknowledged the assistance he had received from his Grace the Archbishop down to the humblest rate. The Bishop of Oxford, in reply, proposed "The founder's" health, which was drunk with three times three. The founder of the college then thanked the assembly most sincerely for the good feeling they had exhibited towards him, and assured them that his efforts would never flag so long as he had strength to work for the benefit of the college. He thanked the head master for his excellent management of the school; and referred to the Earl Manvers, who was one of the earliest promoters of the institution. The Ven. Archdeacon Robinson gave the health of the "Rev. Dr. Thornton, the Head Master," and complimented him on the successful results of his mode of training and good management, and the character, the tone, the social and moral bearing of the pupils. The Rev. the Head Master, in acknowledgment, described the system by which the school was conducted, and spoke in the highest terms of the valuable aid he had received from the other masters. The health of the "Residents of the College" was then given by Mr. Propert, and acknowledged by Mr. Trash. After some other toasts had been drunk, the visitors retired and promenaded the beautiful ground, while the more juvenile portion repaired to the new school-room, where dancing was for some time kept up with great spirit. During the day the pupils, under the superintendence of Serjeant Hough, went through their martial exercises in the grounds, the band being formed entirely from amongst themselves.

## Varieties.

**SUICIDE IN FRANCE.** A curious calculation respecting suicides in France has just been published. It shows that the number of suicides committed in France since the beginning of the present century is not less than 300,000.

**LONDON MEWS FOCI OF DISEASES.** Medical officers of health have, from time to time, urged the necessity for more attention to be paid, particularly in the summer months, to the condition of mews; and it was recommended that some plan should be arranged for the regular removal of the refuse and the prevention of those accumulations which spread an impure atmosphere to some distance around. A deputation had waited upon the Chief Commissioner of Works, for the purpose of opposing this wholesome proposition. These mews are mostly of considerable extent, formed behind rows of large and fashionable houses, by which they are hidden from the general view; and the circumstance of their being thus built in increases the necessity for the use of every sanitary precaution, not only for the preservation of the health of those dwelling around, but also of the animals which are lodged in the mews, and the men, women, and children who dwell, in numbers of cases, above them. During the winter months, when those engaged in the culture of land are at leisure, the refuse of stables, and, indeed, every other description of decomposing matter, is eagerly sought for and readily removed. In the summer and autumn time, when there is in crowded towns the greater call for attention to the purity of the atmosphere, farmers, being engaged in their fields, do not care so much as at other times for manure, which is often allowed to remain unmoved. Those dwelling near mews in well-conditioned houses know the unpleasant smells, particularly when the atmosphere is hot and dense, which comes from them; and the evil gases they generate cause, no doubt, many attacks of sickness for which it seems otherwise difficult to account. (*Builder.*)

**THE REGIONS OF CRYPTOGAMIA.** "These vast mountain systems," says the Rev. Hugh Macmillan, "with their culminating regions in the Andes, Alps, and Himalayas, and their subsidiary branches or ribs in the Grampians, Doffrefels, Ural, and Atlantic ranges, are clothed on their sides, summits, and elevated plateaus almost exclusively with cryptogamic vegetation, and enable us to form some conception of the immense altitudinal range of these plants. Then there are whole islands in the Arctic and Antarctic Oceans whose vegetation also is almost entirely cellular. The northern part of Lapland, the continent of Greenland, the large islands of Spitzbergen, Nova Zemla, and Iceland, the extensive territories of the Hudson's Bay Company, the enormous tracts of level land which border the Polar Ocean from the North Cape to Behring's Straits across the North of Europe and Asia, and from Behring's Straits to Greenland, across the north of America—a stretch of many thousands of miles. All these immense areas of the earth's surface—where not a tree, nor a shrub, nor a flower is to be seen, except the creeping Arctic willow and birch, and the stunted moss, like saxifrage and scurvy grass—are covered with fields of lichens and mosses far exceeding anything that can be compared in that respect amongst phanerogamous plants. Thus to the rugged magnificence of the Alpine scenery, and the dreary isolation and uniformity of the Arctic steppes, and the boundless wastes of brown desert and misty moorland, to these great outlets from civilisation and the tameness of ordinary life, which allow the soul to expand and go out in sublime imaginings towards the infinity of God, these humble plants form the sole embellishments."



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.  
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.—Royal Orthopædic,  
2 P.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communica-  
tions, should authenticate them with their names—of course not  
necessarily for publication.

ERRATUM.—In Dr. Radclyffe Hall's speech (JOURNAL, August 16th,  
p. 183, col. I, line 1), for "I will not attempt to laud by any  
eulogistic words of mine a single epithet of those addresses to  
which you have listened," read "I would not lower by a single  
epithet those addresses to which you have listened."

COPIES OF ANY OF THE PHOTOGRAPHS exhibited by Dr. W. Budd at  
the annual meeting of the Association in the College of Physi-  
cians in London, may be had at McLean, Melhuish, and Co.'s,  
Haymarket, at prices varying from two shillings to half-a-crown  
each.

P. S.—Dr. Radclyffe Hall, in his eloquent after-dinner speech, called  
upon all members of the profession in Ireland who had derived  
instruction from their compatriot Dr. Walshe, all members of the  
profession in Scotland who looked with pride on Professor  
Sharpey, and all members of the profession in England who  
placed before them as their exemplar Mr. Paget—to join the ranks  
of the Association; and then, and not before, we would rest  
content.

MR. F. TROUP.—We fear that the case alluded to is only one of the  
too many instances met with in daily life of ingratitude, stu-  
pidity, and want of delicacy. There is, unfortunately, no remedy  
for such a case.

BAYONET WOUNDS.—SIR: In reference to a paragraph in your im-  
pression of August 9th, commenting upon the fact of no mention  
being made of bayonet wounds in the late American actions, I beg  
leave to state that in the experience derived from presence on the  
field in upwards of thirty actions, I have only seen two bayonet  
wounds: one occurring in barrack, the result of a quarrel between  
two soldiers; the other, an accidental wound in the leg, received  
by the commanding officer of the regiment to which I was then  
attached, from the awkwardness of one of our own men. The im-  
pression upon my mind, therefore, is, that bayonet wounds are  
most rare on the field of battle. I am, etc.,

60, Torrington Square, Aug. 15th, 1862. GEORGE DUPLEX.

MURDER OF A POOR-LAW MEDICAL OFFICER.—SIR: In the early  
part of last month, you kindly gave insertion to an appeal I made  
on behalf of the widow and family of the late Mr. Puckett, who  
was murdered and decapitated by an insane pauper; that appeal,  
I am happy to announce, has already been responded to most  
liberally, and upwards of £800 have been subscribed. My object  
in now writing is to inform your readers that I shall feel obliged  
by those who desire to subscribe, or who have promised subscrip-  
tions but have not sent the money, that they will, in the course of  
this month, forward their subscriptions either to myself or to the  
banks of Messrs. Eliot, Messrs. Williams, or the Wilts and Dorset,  
all of Weymouth, in order that I may make out correct lists for  
publication. In my next, I will explain the way in which the  
money has been applied. I am, etc., R. GRIFFIN.

12, Royal Terrace, Weymouth, August 16th, 1862.

PERMANGANATE OF POTASH AS A DEODORISER.—SIR: In your  
number for May last, I observed a paragraph taken from *Casper's*  
*Vierteljahrschrift*, stating that Dr. Pincus, of Insterburg, had dis-  
covered permanganate of potash in solution to have the power of  
entirely removing the odour left on the hands after *post mortem*  
examinations. There can be no doubt of the fact that this, as  
well as other salts of permanganic acid, possesses the property of  
destroying all the products, offensive and other, resulting from the  
decomposition of organic matter. As the main ingredients of  
"Condy's Disinfecting Fluid," those substances (permanganates)  
are in constant use in this country for every possible purpose con-  
nected with disinfection. As Mr. Condy's publications and pre-  
parations have been before the public since the year 1857, there  
can be very little ground for Dr. Pincus being entitled to rank  
himself as the discoverer of any of the disinfecting uses of per-  
manganate of potash. Mr. Condy's researches having been full-  
brought to the notice of the Académie de Médecine of Paris in  
September 1861, and published in the *Bulletin* of that body (vol.  
xxvi, p. 127), there can be no excuse even for continental doctor  
and chemists at this time of day setting up claims for so-called  
discoveries in connection with the disinfecting properties of the  
alkaline permanganates. I am, etc., GEORGE SHAW.

Portland House, Battersea, July 23rd, 1862.

AN AGUE CHARM.—SIR: In this locality, contiguous to the marshes  
ague, of course, is occasionally prevalent; and, notwithstanding  
we have reached the year of grace 1862, charms for its cure are  
still greatly in vogue amongst the illiterate. The accompanying  
charm is so unique, and, I am assured, so immensely potent, that  
I cannot forbear giving it to suffering humanity through the  
columns of your JOURNAL. It was given to a friend of mine by a  
labouring man, who professed to have cured thousands with it. It  
was in a sealed paper, and was directed "to be worn in the  
bosom". My friend sacrilegiously broke the seal, and unfor-  
tunately the spell at the same time, for it did not cure his ague.  
The following is a literal copy.

"Wen Jeasus saw the plais wair he was to be crusey feyed he  
trembeled then sais the jues hunto him hath though hand ha-  
gue Jeasus saith hunto them hif hainey man ceap these wools  
he shal never be a trubeled with hay gues nor feavers sow the  
help this thy survent that puts is trust in the."

Faversham, July 21st, 1862.

TABLET IN ALL SAINTS CHURCH, NORTHAMPTON.—"Sacred to the  
memory of her affectionate husband, Sir James Stonhouse, Bart.  
Doctor of Physic. The projector, friend, and Physician of the  
County Infirmary, established in the year 1743, where the lame  
walk, and the sick are healed. He was for many years rector of  
Great and Little Cheverel, Wiltshire, and exemplary as a minister.  
But in that immortal state on which he has now entered, his  
dim is human excellence. Reader, it is his superior honour at  
this period that he was a partaker with her in the Christian char-  
acter with whom he was united in the conjugal relation. He  
died the 8 Dec. 1795, in the 80 year of his age."

MR. W. W. MORRIS asks us to publish in the JOURNAL a list of  
items which we are entitled to deduct from receipts in calculation  
for the income-tax. Perhaps some one of our readers can answer  
his question.

COMMUNICATIONS have been received from:—Dr. HANDFIELD  
JONES; Dr. WM. BUDD; Dr. BREE; Mr. DAYMAN; Mr. RICHARD  
GRIFFIN; Mr. H. W. RUMSEY; Dr. DUPLEX; Mr. B. TOWNSON;  
Dr. F. J. BROWN; Mr. BELL; Dr. C. L. THORNE; Dr. EDWARD  
COPEMAN; Mr. J. E. ERICHSEN; Dr. HITCHINSON; Mr. J. GOR-  
HAM; Dr. R. FOWLER; Mr. W. S. COX; Mr. A. G. OSBORN; Mr.  
B. MASKELL; Mr. GODFREY; Mr. W. DOWNES; Dr. HUGH  
BENNETT; Mr. C. HEATH; Dr. HYDE SALTER; Mr. APPLETON;  
Dr. GIBBON; and Mr. MOORE.

## BOOKS RECEIVED.

1. Hints for Clinical Clerks in Medical Cases.
2. Introduction to the Art of Laryngoscopy. By James Yearsley.  
L.R.C.P. Edin., M.R.C.S. Eng. London: 1862.
3. On the Growth of the Recruit and Young Soldier, etc. By W.  
Aitken, M.D. London: 1862.
4. Our Domestic Animals in Health and in Disease. By John  
Gamble. Edinburgh: 1862.
5. The Spas of Europe. By J. Althaus, M.D. London: 1862.
6. A Chart of the Principal Constituents of the Urine. By William  
Strange, M.D. 1862.



# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### COMPOUND COMMINUTED FRACTURES OF THE SKULL.

By A. WYNN WILLIAMS, M.D.

THE subject of the paper, which I have been accorded the privilege of reading before the members of this Association, is one that has occupied the attention, more or less, of all surgeons from the time of Hippocrates to the present day; and I may, probably, be charged with some degree of presumption in supposing that I shall be able to add anything new to the vast amount of facts which are recorded in the published cases that adorn the surgical works of both ancient and modern authors.

The limits of my paper will not permit me to enter on the whole subject of injuries of the head, were I even so inclined. I shall, therefore, confine my remarks to compound comminuted fractures of the skull; and commence by relating, as briefly as possible, a few of the cases which came under my care when practising in Carnarvon.

The first case is that of R. E., aged 28, who consulted me in May 1851. He was a fine powerful man; but of exsanguined appearance. He informed me that two years and a half previously to his consulting me, whilst working in Mr. Assheton Smith's slate quarry, he was struck on the head by a small piece of slate rock, which had been thrown by the force of a blast of gunpowder a considerable height into the air, and afterwards fell perpendicularly on his head. He was knocked down by the force of the blow, and rendered senseless, and remained considerably confused for some days. He, however, so far recovered as to be able to walk about; but from the date of the accident, had been unable, owing to debility, to do any work. The patient was attended, at the time of the accident, by the "bone-setter," who, as the man stated, did nothing for him but put a bit of plaister on his head. He had also been seen at different times by several surgeons, who had not thought it advisable to interfere in the case. The man had had a wound in his head since the occurrence of the accident, through which three or four small spicula of bone had on various occasions worked out.

On examining his head, I found a depression over the upper and frontal end of the right parietal bone, in the centre of which was a fistulous opening discharging offensive pus; introducing the probe, I detected several pieces of loose bone. I made a crucial incision through the integuments, and, after dissecting back the flaps, perceived a fissure in the skull of about half an inch in length from before backwards, and somewhat less from side to side. After cutting away the callus that partially filled it up, I succeeded in picking out eighteen small roughened spicula of bone. I could then distinctly see the pulsations of the somewhat roughened dura mater. Considering it possible that there might be still some spicula remaining, I filled up the wound with lint to prevent its healing. At the expiration of a week, finding that the wound continued to discharge offensive pus, I made another examination with the probe, and discovered a piece of bone, lying under what appeared to

be healthy bone, which I was unable to draw out with the forceps. Not liking to remove a piece of sound bone out of my patient's skull if it could be avoided, either by the trephine or the saw, I notched the bone on each side of the opening with a pair of strong bone-nippers, and through the opening, thus enlarged, succeeded in abstracting a piece of the inner table quite smooth on its under surface, of the shape and size of the half of a half-a-crown piece, together with several smaller ones. The whole number on this and the previous occasion amounted to twenty-four. I kept them by me for several years; but on my removal from Carnarvon to London they were, unfortunately, lost. After their extraction, the wound closed, and the man shortly returned to his work.

The second case is that of E. W., aged 35. He consulted me in December 1853. This man received the injury from which he was suffering about a year and a half previously to my seeing him, in a manner precisely similar to the man whose case I have just related. The fracture was situated on the upper and back part of the left parietal bone. I operated in the same way as in the preceding case; and succeeded in removing, at the first attempt, all the loose pieces of bone, three in number. They were not roughened as in the first case; and, with the exception of one piece removed from my first patient on the last occasion, were of larger size. This man, after the removal of the pieces of bone, made a rapid recovery.

The third and last case which I shall relate is that of A. R., aged 56. I was requested to see him on July 12th, 1858. He had met with a similar accident to the two others three days previous to my seeing him. He had suffered on more than one occasion anterior to the accident from phrenitis. I found him lying in a state of semi-stupor. Occasionally, however, he would become excited, and even violent. On examining his head, I found a starred wound in the scalp situated on the right side of the upper and back part of the frontal bone, extending through both tables. Feeling with my finger some detached pieces of bone, I at once enlarged the wound in the scalp, and removed five fragments of bone, filled up the hole with lint, and placed a piece wrung out of cold water over all, with orders to renew it as often as required. I prescribed a pill containing two grains of soap and opium pill, and extract of henbane, with one of calomel, to be taken every four hours, with a saline mixture; to have milk diet. I did not see him again until the 14th, when I found him quieter and more rational, and he had had several hours sleep. He was ordered to take the pills and mixture three times a day. On the 17th, as the bowels were acting too freely, a chalk mixture with aromatic confection was substituted for the saline. His gums became slightly affected on the 22nd; the pills were then discontinued; but as there was still more or less restlessness and irritability of the system, a saline draught with four drops of Battley's solution of opium was given three times a day. From this date, he progressed steadily, requiring no medicine except an occasional aperient. The wound was, however, kept open by means of tents; and on the 18th of August, I succeeded in removing with the forceps three more fragments of bone. After this the wound healed up, and my patient returned to his work, six weeks after the date of the accident.

I may here remark that the medicines prescribed, especially the calomel, were ordered more on account of the man's antecedents than because of the accident.

In the February following, whilst at work in the quarry, he was again attacked with phrenitis, and died. I did not see him at the commencement of the illness; but was informed that he had been drinking hard several days previous to the attack. From the appearance of the cicatrix over the seat of the injury, and taking into con-



sideration the fact that, prior to the accident in July, he had suffered from similar attacks, I think that the injury to the head seven months previously had little or nothing to do with his death.

It may be considered remarkable that such serious injuries could have been inflicted on the skull without injuring, at the same time, the brain or its membranes beyond the mere concussion; but when it is remembered how readily the shell of an egg may be broken without injury to the membrane by which it is lined, when struck by a peculiar, sharp, and, at the same time, light blow, the fracture of the skull, without injury to the brain or dura mater, need no longer be a cause of surprise.

The splintering of the inner lamina of the skull to a greater extent than the outer, has, until very lately, been attributed to its greater brittleness. Mr. Erichsen, however, does not consider this to be the only cause. He remarks, "I should rather attribute it to the direction of the fracturing force from without inwards, causing a certain loss of momentum in passing through the outer table"; and instances the case of a man who discharged a pistol into his mouth, the bullet passing out through the vault of the head, the larger fracture being in the outer lamina. For my part, I think there is another cause besides the brittleness of the inner table, or the loss of momentum in the fracturing force; and I hope to be able to demonstrate to you that the third cause is the main one. It is this: the support given to the layer first struck by the layer last struck prevents the former from being fractured to the same extent as the latter, which has no such support. For instance, take a piece of slate, and knock a hole through it with a sharp pointed hammer, and the place of exit will be much larger than the place of entrance. Now, as both sides of the slate are equally brittle, we may, I think, dismiss the different degrees of brittleness without further comment.

As regards the loss of momentum, suppose we take a piece of slate rock, of somewhat less than a quarter of an inch in thickness, and split it into three thin slates; take two of these slates and place them in exact apposition; strike them with the pointed hammer, with sufficient force to drive it through both; and, of course, the slate last struck will have a larger hole than the slate first struck. But, if you now place the three slates in exact apposition, and strike them with the hammer, you will find, on examining them, that there is little or no difference between the first and second struck, because the first was supported by the second, and the second by the third; whereas, the hole in the third will be considerably larger than in the first or second, because it had no support at the point of exit.

It is the opinion of all late writers on injuries of the head, that when small fragments of bone are driven down upon the dura mater, inflammation is almost certain to be set up and be propagated to the brain.

The late Mr. Liston wrote, "The presence of numerous sharp spicula of the internal table for even a short period upon the surface of the dura mater (and the more so if any of them have penetrated), is almost uniformly followed by internal inflammatory action, propagated to the brain and its more immediate investments."

Mr. Prescott Hewett, in Holmes's *System of Surgery*, says: "But in the punctured fracture in which sharp splinters of the inner table are driven down upon or into the dura mater, inflammation almost invariably arises sooner or later; and of all compound fractures of the skull, the punctured fracture is on this account the most dangerous, and the one which most imperatively calls for the use of the trephine."

Mr. Erichsen states: "In the punctured fracture, it" (the trephine) "is applied, not to remove symptoms of compression which, in all probability, may not exist, but with the view of preventing inflammation, which would, to a certainty, be set up, if the splinters of the inner table were

allowed to continue irritating the membranes or brain. Hence it is a rule in surgery, in all cases of punctured fracture, to apply the trephine at once, so as to prevent the injurious after consequences which must otherwise necessarily arise."

I need not detain you longer quoting opinions; suffice it to say, that all modern writers express very much the same opinions. I confess, to me, it does seem somewhat remarkable that men, whose talents are so well known and appreciated—men who are occupied in the propagation of surgical science—should, one and all, express their opinion on this subject in pretty much the same words. Now, I would ask, are these opinions founded on facts? I think you must agree with me after having heard the history of the few cases I have read to you, that no such intense inflammatory action is likely to be set up; and also that, unless the brain and its membranes have themselves received injury at the time of the accident, either laceration, contusion, or compression, no brain-symptoms beyond what are produced by the concussion are likely to occur. In the first related case, numerous sharp spicula of bone—probably not so numerous as they afterwards became, owing to the natural process of removal wherever the fragment were surrounded by healthy granulations—lay in contact with the dura mater for the period of two years and a half; in the second case, a year and a half; and in the third case, a portion of the fragments were allowed to remain five weeks; without, in either instance, exciting more inflammatory action than would have been set up in a similar injury inflicted on any other flat bone of the body. The amount of pus secreted is not more than is required for the natural process of repair. It is only, as in other parts of the body when matter is allowed to lodge and burrow between the membranes and the bone, that it becomes injurious. This I have seen exemplified in cases where there has been a comminute fracture without a wound in the scalp. In such cases, when pus is formed, it has no outlet, and generally burrows between the dura mater and the bone, creating irreparable mischief, if the surgeon does not without delay turn the non-compound fracture into a compound one by making an incision through the integument. By thus giving exit to the pent-up matter, all symptoms of compression and injury to the brain will cease.

I have discovered one author only who has written of injuries of the head, who appears to agree with me in believing that the brain and its membranes are not particularly prone to take on inflammatory action. This is that very talented writer, and accurate observer of nature, and all her efforts at repair, Sylvester O'Halloran Limerick, who published a work on external injuries of the head in 1793, only a few years after Percival Pott published his work, wherein O'Halloran very justly blames Pott for his rash and unjustifiable abuse of the trephine. He, at the same time, calls in question the antiphlogistic treatment of injuries of the head, adopted by Mr. Pott and other previous authors, on account, they presupposed, of "a high tendency to irritability and inflammation in the cerebrum and its coverings." It goes on: "But is this supported by facts? It undoubtedly is not. Every observation proves they have very little tendency to either; at least, the most violent external injuries offered to them establish the fact." Further on, he writes, "To a certainty, then, neither the brain nor its envelopes are subject to inflammation or irritability; at least, from external hurts."

With regard to the treatment, I have little more to say than has been stated in the history of the cases. Of course, as there is so little tendency to that bugbear inflammation, you need not bleed your patient; but after the immediate effects of the concussion have passed away, an opiate will often afford great relief to the peculiar restlessness of the patient. With respect to other remedies, as a rule, your patients will do as well with



hem as with them. Surgically, compound comminuted fractures of the skull should be treated on the same general principles as would guide us in the treatment of similar accidents occurring to other bones of the body. There is, however, one surgical point which I most particularly wish to impress on the members of this Association and others; it is the advisability of substituting, when compelled to operate in a case of fracture of the skull, the bone-nippers (wrongly called bone-forceps) for the trephine and saw. If the operator can only introduce the point of one of the blades through the fractured bone, he will be surprised to find how easily he can enlarge the opening in this or that direction, as may be deemed necessary, without removing more of the skull than is absolutely required for the extraction of the loose pieces of bone, or for the liberation of those depressed.

### ON THE VALUE OF URINARY ANALYSIS IN THE DIAGNOSIS AND TREATMENT OF HEPATIC DISEASE.

By GEORGE HARLEY, M.D., Professor of Medical Jurisprudence in University College, London.

THE following is an abstract of Dr. Harley's communication.]

Dr. Harley began by saying that, as the practice of medicine had been simplified in direct proportion as our means of physical diagnosis increased, he was glad to have the opportunity of calling attention to the fact that knowledge of the state of the urine was as valuable in affections of the liver, as in those of the kidney. Hitherto, the only physical means we possessed of detecting and distinguishing between the various forms of hepatic disease, did not extend beyond the acquiring a knowledge of the position and size of the liver by percussion; of the presence of bile from the stools by inspection; and of the presence of the biliary pigment in the urine by the application of nitric acid to that secretion.

Every one, however, must have occasionally met with cases where these means of research proved totally inadequate to their wants. This circumstance had led several practitioners to seek for further aids to our diagnosis; and consequently at various times during the last few years valuable suggestions had fallen from different members of our profession on this very subject. For example, Dr. Eiselt of Prague had called attention to the fact that, in cases of melanotic cancer of the liver, the nature of the affection could occasionally be ascertained during the life of the patient, by the presence of melanine in the urine (a specimen of which Dr. Harley showed to the members present). Urine containing melanine, although of the ordinary colour when voided, gradually assumes a dark hue on exposure during several hours to the action of the air; the oxygen of which appears to combine with the melanine. In some cases, after twenty-four hours exposure, the urine is nearly as dark as porter.

Frerichs, again, in his admirable treatise on *Diseases of the Liver*, had called attention to the fact, that in acute or yellow atrophy of the liver, two substances, tyrosine and leucine, which were formerly only known to the scientific chemist, are constantly present in the urine. Through the kindness of Dr. Wilks, Dr. Harley had had the opportunity of verifying this fact, and, moreover, in the case of a gentleman whom he had seen along with Dr. Prance, he not only found both tyrosine and leucine in the urine as chronic atrophy of the liver set in, but ascertained that the quantity of these substances increased as the disease went on to a fatal termination. In this case, distinct crystals of tyrosine were found in the urine after death. The author thought that in all cases of obscure hepatic disease these substances ought to be

looked for, and at the same time pointed out an easy way of ascertaining their presence.

The next thing to which Dr. Harley called attention was the method he recently laid before the profession of distinguishing, by means of the presence or absence of bile-acids in the urine, between jaundice the result of suppression, and jaundice arising from obstruction—the two varieties so ably described by Dr. Budd. After alluding to the great differences of opinion which have been hitherto held, regarding the presence or absence of the biliary acids in the renal secretion in cases of hepatic disease, he pointed out how these discrepancies arose from the fact that the observers had tested the urine without sufficient regard to the cause of the jaundice. He next proceeded to show how easy it is to detect the presence of the bile-acids by means of sulphuric acid and sugar. As the treatment in the two forms of jaundice differs in almost every particular, it is easy to see how important it is to be able to form a correct diagnosis in such cases. Dr. Harley concluded his remarks by saying that he believed that the presence of bile-acids in the urine of jaundice might be regarded as positive evidence of the existence of obstruction in the course or termination of the common duct.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

CASES OF CERTAIN PAINFUL AFFECTIONS OF THE LOWER EXTREMITIES.

Under the care of JAMES RUSSELL, M.D.

[Concluded from page 106.]

I PLACE together the next two cases, because it is possible that there may be an analogy between them. The former of the two is a simple illustration of a very troublesome disorder of the lumbar muscles, passing under the name of lumbago, which is common in labourers, bricklayers, and others, who are much exposed to the weather, and at the same time continually employ the muscles of their loins and hips in their avocation. In some cases which have presented themselves at the hospital, the disease has assumed a more severe character than in the one now detailed.

The nature of the second case is more obscure. The occupation of the patient, that of a gardener, exposed him to the operation of similar causes of disease with those just alluded to; yet, in certain important particulars, his case allies itself with the chronic rheumatic arthritis, though the wide extent of the pain renders it difficult to refer his sufferings to that cause, whilst the anatomical details also differ from those of the arthritic disease.

CASE VII. [Mr. Birt.] Thomas Birch, aged 25; labourer in a farm. He was admitted, complaining of stiffness in the region of the loins, which he feels chiefly when he attempts to pick anything up. He states that when he stoops to raise a weight, he cannot straighten himself, unless he rest his hand upon his knees. He has no positive pain, except a little over his hip when turning in bed, and over the right ankle when rising in a morning.

He first felt this stiffness six weeks before last Christmas. He then found himself unable to raise a burden as usual; and if he stepped down a foot from the



ground, "it caught him in his loins." He is often wet in his work, but has never strained himself; nor can he assign any special reason for his illness.

He suffered from a like attack about four years ago, and was confined to bed with it for a fortnight. From May to October he was equal only to light work. He attended as an out-patient fourteen weeks on the present occasion before his admission.

He is a remarkably fine healthy-looking man; has enjoyed good health; and has not drank for two or three years. He has never had rheumatism; nor is there any distinct history of rheumatism in his family.

His spine is healthy. There is only slight tenderness over the last lumbar process. He directs attention to the right mass of lumbar muscles, as the chief seat of his complaint.

CASE VIII. [Mr. Harvey.] William Parker, aged 60, gardener. A history of spinal or cerebral disease is connected with some members of his family. Between the ages of 20 and 54, he had five epileptic fits; and ten years ago he seems to have suffered from the spasmodic jerkings of his limbs, frequent in epileptic subjects.

He has never had gout, nor pain, nor swelling in his joints; he has been subject to indigestion for many years, but his urine has never been thick nor high coloured. He is often in the habit of digging in the wet, and has suffered from pain in the back in consequence. His habits have been temperate.

He has suffered from his present complaint for ten years; more severely the last three months. The right leg, which he uses most in digging, was affected four years before the left. When bearing much weight on either foot, he has often felt a "crackling" in the hip-joint.

His complaint was of pain in each hip and lower extremity; it was seated in the nates, and was most intense midway between the tuber ischii and the tip of the sacrum; but it extended over the entire gluteal region, "in all the sinews there," and down the back of the thigh, over the calf of the leg, "to the ankle bone." He subsequently indicated the posterior part of the iliac crest and the entire sacral region as the seat of pain. He eased the pain by firm pressure on a spot covered by the end of the thumb, midway between the great trochanter and the crest of the ilium, which pressure occasioned numbness down the leg. The muscles of the calves were painful when pressed. In front he suffered deep seated pain in each groin, extending along the entire groin up to the iliac crest; he also pointed to the hollow over the adductor muscles of the thigh as the seat of tenderness and pain. He suffered most in walking; and during one period of his attendance as an out-patient, he had performed a walk of two miles; but was obliged to sit down every two hundred yards. The pain was also severe when he was warm in bed; but he was always better in the morning, and could walk more easily. He was worse in damp, and better in clear and cold weather.

His legs had become stiff, and he now cannot stoop to tie his shoes, unless he sits down. He used to be a good rider; but now he cannot stride across a horse, though he thinks he might across a narrow-backed pony; he cannot stand with his legs wide apart; we found eighteen inches or two feet the extreme distance to which he could separate his legs. He complains that his thighs sometimes yield, and that he must be very careful in descending a hill or he would fall.

He has the aspect of tolerable health. The muscles of the hips and lower limbs are tolerably well nourished. The position and prominence of the trochanters are normal. His gait is stiff, and there is a slight limp with his right leg. He has great difficulty in raising his thighs, on account of stiffness of his hips. Passive motion is very limited; flexion can be effected to a right angle; abduction, as stated already, to a very limited

extent, and occasions pain in his groin; rotation can be performed more freely; no grating was ever felt in the hip during repeated examinations. He has tenderness on deep pressure in the groins, and also in the thighs, and in the region of the calves.

There is no impairment of motor power; micturition is free; no abnormality of sensation; no cramps nor startings of his limbs. His heart-sounds are healthy.

He was under observation for twenty months without material change. His health continued good. Various medicines were tried, together with cod-liver oil; and injections of morphine and of atropine beneath the skin, and the use of the veratrine ointment.

Instances of sympathetic pains in the limbs might be multiplied indefinitely, and would present wide differences, according to the nature of the cause; whether the pain resulted from irritation at the roots of the nerves, as in spinal meningitis or spinal tumours, or whether from pressure in the course of the nerves. The second of the two cases which follow defied diagnosis until within a week or two of death; the first is a good example of sympathetic pain from a complaint of no infrequent occurrence, retroflexion of the uterus, and well illustrates the importance of an accurate diagnosis. Until careful inquiry was made, the patient was supposed to be suffering from hysterical or muscular pain in her back; a conclusion to which her nervous manner and enfeebled health naturally pointed.

CASE IX. Maria Travill, aged 30, widow. She has had one child and one miscarriage. She lost her husband about eight years ago, and then went into service; she has had good places, and has not been overworked. Her menstruation has been regular, and performed without pain. She has suffered from leucorrhœa for twelve months.

A little more than six months ago, she took a walk of twenty-one miles; not the first walk of this length she had taken. She only felt a little sore and stiffness about the hips after the effort; but was all right in two days. She was not menstruating at the time. About a fortnight afterwards, she began to feel pain across the sacral region, chiefly towards evening. For three months the pain continued in the same place, gradually increasing in severity. It was of a gnawing, aching character; it hurt her much if she turned in bed, and for two months she lay constantly on her left side. She was easier when in motion; and when not occupied, was continually walking about, even during meal times. Lately she has taken her meals whilst lying down; and during the last two months, could scarcely sit still. The pain was not increased at the menstrual periods.

For the last two months, the pain has extended down the back of the thighs and legs, affecting especially the right gluteal region, and right lower extremity; but was not confined to the course of the sciatic nerve. It was especially severe for the first three hours of the day, and prevented her from stooping, so that if she wished to pick anything up she went down upon her knees.

The process of defæcation now produced intense increase of the pain; sometimes she was obliged to arrest the passage of the fæces, and stand erect; and could not restrain herself from screaming. She was never freed from this symptom unless when taking opening medicine. She had tenesmus, and irritation in passing urine.

She has lain by for a week only; but her health has been declining for some time; she lost flesh and appetite, her bowels were costive. She suffered slightly from piles six months ago. She has never had any hysterical symptoms; her spirits have been good; nevertheless, she is plainly of a nervous, susceptible temperament, and feels pain acutely. She is small made, and is thin, but looks healthy.

Upon examining the patient by vagina and rectum, the cervix uteri was found long, the os patulous; both occupied their normal position. The body of the uterus



was enlarged, exceedingly tender, and curved backwards, so as to form a considerable tumour, compressing the rectum. All the parts, besides the body of the organ, were perfectly tolerant of pressure. The uterine sound could not be made to enter the cavity of the organ. There were no piles.

The treatment adopted was, leeches to the os uteri, perfect rest, tonics, occasional laxatives, and a generous diet. She recovered completely; and when dismissed at the end of six weeks, the body of the uterus, though still large, had regained its normal position, and the sound entered its cavity readily.

CASE X. William Purser (for a full report of this case, *vide* JOURNAL, October 15th, 1859), aged 48, porter. He died from medullary cancer, which had destroyed the right ischium, and had evidently involved the obturator and great sciatic nerves (though, from the difficulty of the dissection, these nerves were lost), together with the origin of some of the muscles of the thigh. No external evidence of this disease appeared during life, until within a short period of the man's death, and the symptoms were consequently unexplained.

For three months, he suffered severe pain in the regions of the right sciatic notch and tuber ischii; he had also occasional pain, and deep seated tenderness, in the right groin. He maintained the thigh in a semiflexed position, and the pain was increased by extension or rotation of the limb; it was worse at night, and deprived him of sleep. He was sufficiently benefited by counterirritation and by sedative applications to be able to walk; but the symptoms soon afterwards returned with increased severity.

## Original Communications.

### ON THE PULVERISATION OF MEDICATED LIQUIDS.

By A. DIEUDONNÉ, M.D., Paris.

MUCH discussion having taken place lately in France, before several learned societies, about Dr. Sales Girons's new method of pulverisation of medicated liquids, we think it advisable to bring the subject before our readers.

This new process is carried on at the Hôtel Dieu of Paris by M. Trousseau; in the Maison de Santé by Dr. Demarquay; and in private practice in France by numerous practitioners. There has been a good deal of objection to it. First, it was said that the liquids thus pulverised did not even penetrate the larynx. Several private cases which have been published by Drs. Auphan, Moura Bonrouillou, Sales Girons, and lastly by M. Trousseau, have carried the point of the efficacy of the method in vocal and laryngeal disease beyond any doubt; and the most learned and staunch adversary, Dr. Durand Fardel, president of the Society of Hydrology in Paris, and justly renowned in the European scientific family, has fairly given up that point, and denies only the therapeutical effects of the pulverisation in bronchial and thoracic affections, recognising its grand value in the disease of the pharynx and larynx.

In the present state of the question, I could answer that several experiments have been performed, in which pneumonia has been produced in rabbits by the inhalation of pulverised liquids, containing two per cent. of perchloride of iron; but Dr. Durand Fardel objects, and very properly too, that rabbits are not human beings. We have only, then, to give a fair trial to the method. Our direct therapeutic means are so limited in the proper diseases of the lungs, that if we can find a method of bringing the pulmonary cells

directly into contact with the various therapeutic agents, it is certainly advisable to see if we cannot derive any benefit from it. *Adversus hostem æterna Auctoritas esto*, said a great philosopher. Consumption is this dreadful enemy. Far be it from me to say that in this new method we have a cure for phthisis; but I do think really that, if by this we could subdue, in some degree, the inflammatory state of the lungs which accompanies the development of tubercles, or the evacuation of the tubercular tissue, we certainly should do a great deal of good, and much aid the efforts of nature, which certainly generally tends to the cure of phthisis, in the way indicated by Laennec, Andral, Louis, and others. To know the perfect evolution of a disease, is the very first rational step in applying the cure; and if these great physicians deserve our admiration and thanks, it is not for having given a successful treatment, but for having clearly illustrated the manner in which cure is effected by nature when the cure arrives, which is not, perhaps, so rare as thought generally.

With our actual amount of knowledge, there is, in my opinion, no doubt that the inflammation, local and circumscribed pneumonia, which accompany the development of tubercles, are concomitant symptoms, which favour much the evolution of a new crop of tubercles. Patients never die of a first crop, but of successive crops of tubercles, which are much favoured by the cough and inflammation which accompany the firstborn tubercles. Against the cough and inflammatory symptoms, I have found the use of pulverised tar-water very useful; and I will relate one remarkable case. I have used also with great advantage sulphurous water to relieve the apnoea and cough which accompany emphysema.

I will give a brief account of Dr. Sales Girons's method, and describe his instruments, and in comparison the instruments of my friend, M. Mathieu.

But before proceeding with the description, I will state in a few words what is understood by pulverisation of liquids. This was a great desideratum in the treatment of the disease of the larynx and of the chest. What benefit we shall derive from it for the chest is not yet quite known; I mean, it remains yet to state exactly in what disease of the chest it will be useful. For my part, I have derived great advantage in chronic bronchitis, asthma, and emphysema; and I have been able, as I have already stated, to subdue very rapidly in some cases the inflammatory symptoms which accompany the evolution of tubercles; and by this to diminish in a great measure the intensity of the cough.

But, as regards disease of the voice and of the larynx, most satisfactory results have been obtained by the several physicians and surgeons who have used it. I have lately treated successfully an artist (tenor) with sulphurous water of Labassère, pulverised by the method mentioned here, in the comparatively short time of three weeks. The disease had resisted all local applications; and the emission of the high notes, as fa 3, sol 3, was hoarse and impossible. Examinations with the laryngoscope showed nothing but redness of the mucous membrane of the glottis and epiglottis. Two daily pulverisations with the sulphurous water restored completely the impaired organ of the artist.

I beg to refer to a case of œdema of the glottis mentioned by M. Trousseau, and to the cure effected by the method, with tar and rhatany, on M. Bataille, a celebrated French professor at the Academy of Music, and author of a very remarkable work on *Phonation* (Paris, 1861.)

Although some readers are acquainted with the method of pulverisation of liquids, this knowledge is limited to a certain number of medical men. I will, therefore, briefly describe it. It is well known that certain therapeutical agents have proved of great advantage in the diseases of the lungs and larynx. Such are the various sulphurous waters, tar, balsam-resin, etc. If by some means we



could bring the cells of the lungs into direct contact with these agents, we should certainly have made a great step. For instance, if in a case of hæmoptysis we could touch, with a tannin solution, the bleeding parts, it would certainly be good to do so; if in a case of syphilitic ulceration of the larynx we could gargle this organ with iodide of potassium, as we do the mouth, it would certainly be advisable.

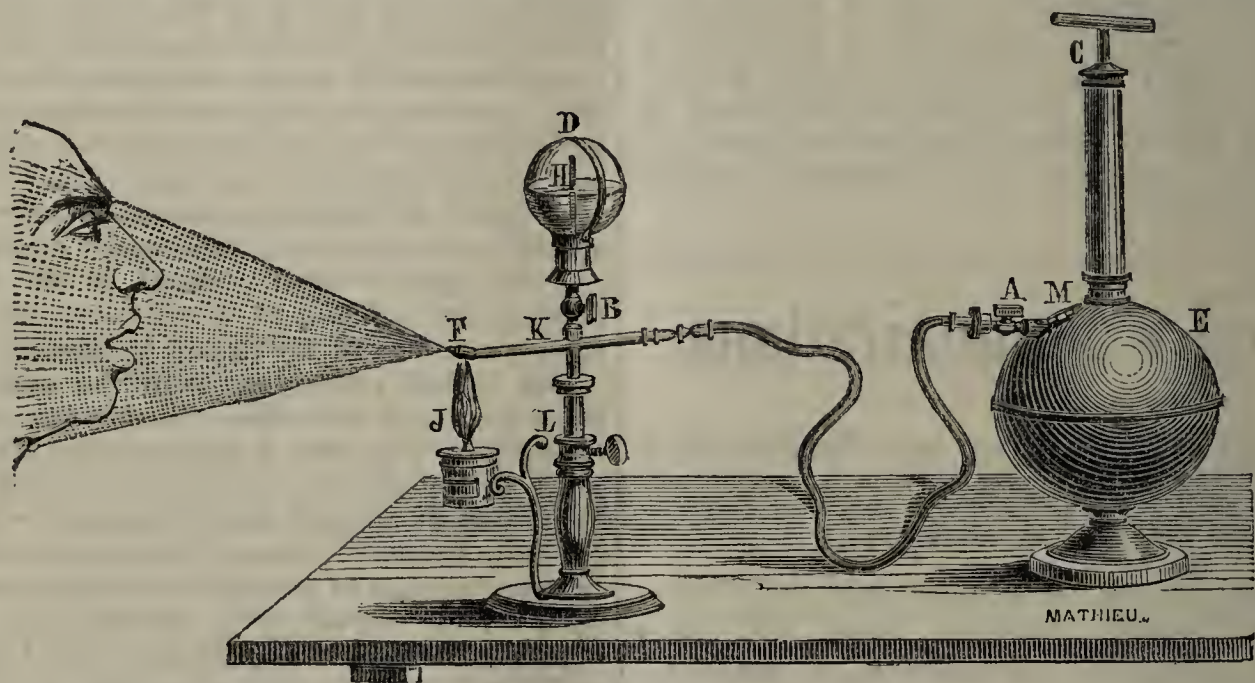
The problem being thus laid down, the difficulty has been to overcome the susceptibility of the entrance of the larynx.

The idea of acting immediately on the lungs is an old one. It is a very long time since fumigations with water holding in suspension various solutions have been used; but they have been almost totally abandoned as completely inefficient, and the reasons are obvious. In fumigations, nothing but aqueous vapour goes into the lungs. Various other fumigatory means have been resorted to, such as iodine, cinnabar, etc., and they are very good in specific cases; but the drugs which can be used with efficacy by this process are very few in number. M. Sales Girons has quite resolved the problem. Very likely he has been guided by natural instances.

Into a brass cylinder with walls capable of resisting a pressure of twelve atmospheres is introduced the sul-

phurous mineral water, or a solution (say a pint) of tar, tannin, iodine, perchloride of iron, quinine, or of any drug that may be necessary for the case. To the cylinder is adapted an air-condensing pump (*pompe foulante*). At the exterior is a manometer stating the number of atmospheres. Another branch is also adopted to the instrument, with a very well fitted tap, which will enable a very small stream of the liquid to pass when the apparatus will be ready for use. The operator pumps until from four and a half to five atmospheres are indicated by the manometer; this pressure is always quite sufficient. The apparatus being charged, the tap must be turned, by which a stream not larger than a needle escapes with a strength in direct proportion to the internal pressure. In this all the invention lies. If this stream were free to escape it would be quite wasted; but it is directed against a metallic disc, against which it breaks itself in a cloud of vapour. The particles of which the water is composed are resolved in quite a minute state like the watery fluid in a mist; the patient has only to open his mouth and make free and large inspiration to breathe the vapour, and with it the drug.

M. Mathieu has produced another instrument, of which a drawing is here given. *c* is the handle of a pressing pump; by moving it up and down, the air is



compressed into a brass reservoir *E*. About fifty movements are sufficient to charge the apparatus. *M* is a safety valve, which allows the condensed air in the reservoir to escape, if the pressure is too high. *A* is a tap which is turned to let the air escape when the patient is ready. *D* is a glass reservoir in which the liquid is enclosed. In turning *B* a communication is established between *E* and *D*; if, after that, *A* is opened, the air will rush with a strength in direct proportion to the pressure into *E*, penetrate into *D*, escape by *K* into *F*, carrying the medicated liquid in a mist, as illustrated in the present figure with the alcohol-lamp *J*. The water can be brought at the temperature of 90° Fahrenheit for instance. There has been very much said about the temperature of the water when it escapes the apparatus, both in regard to Dr. Sales Girons' and to M. Mathieu's apparatus. But by the repeated experiments of M. Poggiale of the Academy of Medicine, and Drs. Gavarret and Pietra Santa, it appears certain that, whatever degree of temperature the liquid possesses when it is in the apparatus, it falls immediately to the level of the temperature of the air of the apartment. This is rather a delicate point for some patients; and renders it necessary not to administer the pulverisation in a room with a temperature lower than 70° Fahrenheit, in order not to inject in the pulmonary cells of a delicate subject a liquid at too great a difference of temperature.

There remain many important points to discuss; but being limited by space, I will briefly report here one

single observation in which it appears that the pulverisation produced good effects.

CASE. Mr. W., aged 19; his parents still living. He had been ill for eighteen months; during the whole of which period he had had cough. The cough, at first dry, had been followed by abundant expectoration. His appetite had gradually failed; he had no diarrhoea. He had ceased his work, that of a light porter, for four months, and was now quite unable to do the least work. His face was pale; he had pains in the back, and behind the sternum. The cough was incessant. There was a marked degree of emaciation. His tongue was yellowish, with a bitter taste of the mouth. Feb. 4th, 1862. The chest was narrow; there was a depression under left clavicle, and immobility of this part of the chest. On percussion, there was dulness on the right side under the clavicle; but on the left side, dulness in a space as large as two and half inches by one inch and a half or three-fourths. On auscultation, prolonged expiration was heard under the right clavicle; and on the left side, in a point corresponding with the above dulness, well marked pectoriloquy. Mucous rhonchus was heard in this part of the chest. The patient having no diarrhoea, and the anorexia being complete, I began to administer a full dose of ipecacuanha. The next day I prescribed chalk and magnesia, to be continued several days, with a bitter mixture; and ordered the chest to be rubbed with dry linen, and tincture of iodine to be painted on the chest every other day, and two inhalations of pul-



pulverised tar-water every day. On Feb. 8, the cough was greatly relieved. The tongue was moist and rosy. The patient began to eat his food with pleasure, but could not yet eat meat. He was ordered to continue the bitter mixture and pulverised tar-water as before, and to take two teaspoonfuls of tincture of cinchona daily. On Feb. 12th, the patient began to eat meat, and to feel more strength. He had taken a little walk. The cough was almost entirely gone. The treatment was continued. On Feb. 24th, the patient ate and slept well; he coughed very little, and felt his whole being quite changed. On April 5th, the patient had been so well for some time, that he had been able to resume his situation. I have ordered him some few movements with a stick, in the way that I have seen it used by M. Laisné in Paris, at the gymnasium of the Enfants Malades, in order to extend the chest; twice a week iodine tincture on the chest; and one sulphurous water injection into the lungs with the pulverisator. Since that time to the present day, the young man has continued his daily occupation. His cough is very little and rare; his appetite excellent. The pectoriloquy still exists under the left clavicle; how long this will last I do not know. But what struck me is the rapid cessation of cough; that it is entirely due to the pulverisation, I cannot say with certainty, but I have also had several other cases in which the same effects have been produced, and especially in emphysema.

9, Southampton Street, Strand.

### ACUTE LARYNGITIS: TRACHEOTOMY: RECOVERY: WITH REMARKS.

By HAYNES WALTON, Esq., Surgeon to St. Mary's Hospital, and to the Central London Ophthalmic.

On the 27th of June, I was sent for by Mr. Turner of Kensington, to see a person, as the summons expressed, "with throat-affection and difficulty of breathing". I took, therefore, with me such instruments as might probably be required. I reached the house at half-past one o'clock. The patient was a man between fifty and sixty years old.

He was in bed, with his body supported erect by pillows and attendants, and gasping for breath. His face was red and bloated; his tongue protruding, and swollen to twice the natural size, and loaded with whitish secretion; and a copious salivary discharge was escaping. He was unable to swallow; nor could he speak. From his jaws to his clavicles, the integuments were red and swollen. I listened to the back of the chest, but could hear no vesicular murmur, the absence of which, together with the violent efforts that were made to sustain breathing, and the peculiar grunting noise produced during the short expirations, unmistakably showed that there was stoppage in the larynx, and to an extent that would soon destroy life.

I advised the immediate performance of tracheotomy. As a rule, I should prefer laryngotomy in laryngitis, whether idiopathic, erysipelalous, or caused by swallowing hot water or chemical irritants; but here I rather expected extension of disease to the breathing apparatus below the true vocal cords. The sufferer and his family consented; and, with Mr. Turner's assistance, and that of a non-professional person who was at hand, I proceeded to operate.

I raised the shoulders by pillows, and allowed the head to fall back a little, so as to place the neck on the stretch, and make the anterior portion prominent. The swelling of the soft parts prevented me from feeling the cricoid body; and I could only judge of its position from what I felt of the thyroid, and by that determine where to begin my incision. There was free

bleeding at first, but it ceased readily. Having hooked up the trachea, and attempted to open it, I found the rings ossified, so that I was obliged to hack through them as best I could with the scalpel; but I penetrated it where I wished, and, I may say, with very little delay. After the spasmodic breathing, the cough, the violent expulsion of thick mucus, and of blood produced from the lining membrane of the trachea, and all of only a few moments duration, relief was established. Within half an hour from the period of my visit, the breathing was regular and quiet. It was requisite to keep some covering over the tracheotomy-tube, to prevent coughing. A piece of flannel was employed. The amount of œdema in the neck may be inferred from the fact of the head of the tube being more than an inch from the surface.

The disease was purely idiopathic, and had been rapid in its course. It was only on the 24th—three clear days before—that illness was felt. On the 25th, Mr. Turner was applied to for soreness of throat; and he detected coldness of surface, depression of pulse, dejection of spirits, loss of voice, and an erysipelalous appearance of the tonsils, of the fauces, and of the soft palate. On the 26th, the symptoms were more advanced, in spite of all treatment; the breathing was affected; the tongue enlarging; and the saliva flowing very copiously.

The day after my operation—the 28th—my patient was breathing nicely; his countenance astonishingly changed for the better; his neck less swollen; and the secretion from the trachea more healthy. He did not cough, and he made signs to express his great relief. The vesicular murmur was thoroughly established all over the chest. He had passed several hours in sleep. The tongue was improving, and the saliva was lessening. Late in the day, a few teaspoonfuls of beef-tea and brandy were swallowed. Through careful watching by Mr. Turner and his partner, Mr. Towers Smith, this fortunate man progressed with unusual quickness, and in seven days the tube was removed, and the wound strapped up. At this time the tongue was natural, and there was no trace whatever of unhealthiness in swelling or otherwise of the parts within the mouth. There was, therefore, so far a complete restoration to health.

Such a triumph of practical surgery is not so common as to render publication of the facts unacceptable. Indeed, I give publicity to the case for the sake of example, to show how a valuable life was saved, and to encourage young surgeons to do likewise under the same circumstances. But it must be remembered that I am alluding especially to the application of the operation to adults, and in idiopathic laryngitis. Of tracheotomy in general I shall not make a remark, beyond that I am fully aware of its almost inutility in the croupy affections of children, and which is no more than should be expected, recovery being the very rare exception.

I have seen life lost in laryngitis by temporising with leeches and other measures, when opening the trachea would in all probability, and according to the testimony of the *post mortem* examination, have given a good result. In a case to which I was called, the physician in attendance overruled my opinion and my advice to operate, and death soon ensued. The healthy state of the trachea, and the œdema of the upper part only of the larynx, plainly showed the opportunity that had been lost.

This is the light in which I regard the laryngeal affection with reference to the treatment by operation, whether the larynx is the sole seat of the inflammatory action, or participates only in that which is around and above it: it may be called a mechanical view of the matter. In the throat, as elsewhere, these inflammatory or erysipelalous attacks will and must run a certain course and pass through certain stages, however little or much they may be counteracted or modified; and I be-



lieve in our power so to influence them, but not to arrest. When the maximum of the attack, or the highest point of intensity, does not quite produce such physical changes on the glottis by narrowing it so as to prevent the necessary amount of breathing, recovery is not, of course, prevented by suffocation. But a very little more stoppage may shut off too much air for the continuance of life, so that the issue depends on a matter of degree; and that greater degree of inflammatory action must often be so slight, and of such kind and measure that it would not perhaps be appreciated or recognised in another part of the body, even were the affected spot under immediate observation, as on the surface. I should, therefore, always be inclined to watch more anxiously the state of the breathing, and the effect of its decline on the system, than anything else; and to be guided by it, and to act accordingly. I should, too, be jealous in observation, lest the absence of any ordinarily expected condition, especially swelling externally or in the fauces, should mislead me.

Tracheotomy cannot cure the existing disease—certainly it cannot; nor can any agency but the natural reparative power; but it bridges the patient over the difficulty, and gives time, I may say life, while nature is making the cure. I say, then, act in time, and do not wait till the heart is no longer able to drive the blood through the congested lungs.

About fourteen years ago, a valuable member of our profession in London, a friend of mine, was, as I think, allowed to die after three days illness, because the physician and surgeon would not consent to tracheotomy. This gentleman begged to have it done; he wrote his request on the slate, and died pointing to his throat. The physician was rather inclined to acquiesce; but his colleague, a very timid man, now deceased, resisted; and, as usual, life was extinct unexpectedly, while some ridiculously useless means were being tried.

It is with much pleasure that I refer to two favourable examples of the operation that occurred in St. Mary's Hospital at the end of last year, in two adults. The operation in each instance was done by Mr. Young, the house-surgeon at the time, a most intelligent and thoroughly practical man. I congratulated him on his promptness, his knowledge, and his skill. In all probability, any delay in either case would have been followed by death. At this period, both the patients are well. The particulars were published in this JOURNAL.

Respecting the performance of tracheotomy, I will venture to allude to some of the chief features, such as I try to impress on my class when teaching operative surgery.

There is no operation in which is to be found a greater difference in execution between the living subject and the dead. In the latter, the trachea is prominent, and stands out, as it were, high and dry, no longer surrounded by full blood-vessels, and away from the shrunk muscles; in the former, it is deep, covered, and astonishingly hidden by the acting muscles, and always seems smaller than one would expect, and more difficult to expose. It is quite impossible to give an accurate idea of the great dissimilarity of the proceeding, arising out of these conditions. The difference is still widened when there is swelling of the neck. In a case to which I was called to perform tracheotomy for diphtheria last year, in the person of a young adult, by Mr. Beale, there was, in addition to a very fat neck, so much swelling of the integuments, and so much infiltration of the neck-muscles, that for a time it seemed impossible that I should ever expose the trachea satisfactorily. The difficulty was increased by the very profuse bleeding. Except for the quiet behaviour of the patient, I could not have succeeded.

Tracheotomy in children is very strikingly more difficult than in adults, on account of the diminutiveness of the parts, especially in the lesser size of the trachea,

and its comparatively greater depth, and the granular fat and small veins that lie on it.

It is more easy to open the trachea, as I did in this instance, above the isthmus of the thyroid body, than below, because of the more superficial position, and the absence of veins. Except when the thyroid body is diseased, or tracheotomy is needed for the extraction of a foreign body, this position should be preferred. Ordinarily, the isthmus covers the third and fourth tracheal rings; but it is uncertain in size and shape. The objections to the lower operation are, the greater depth to traverse, the presence of the inferior thyroid veins, and of the sterno-hyoid and thyroid muscles, which, in a thick-set muscular man, overlap the air-tube more than could be supposed from what is seen in the dissections of bodies. On the lower portion of the trachea exist branches from the inferior thyroid arteries. The carotids are, of course, in nearer relation, the lower the operation is done.

There is no more important step in the whole proceeding than that of dividing the integuments exactly in the mesial line. It is the first thing to be done; and, if badly done, unfortunate results are likely to follow: the lateral lobe of the thyroid might be cut into, or the trachea missed, or perhaps the carotid artery opened. I have seen the first and second happen.

I am particularly desirous to speak about hæmorrhage. Indeed, to get an opportunity for this has originated these remarks. Except under the most urgent haste, and when life seems to depend on the immediate and momentary admission of air to the lungs, should the trachea be opened while its surface is covered with blood? Several times I have seen death produced by the blood being inspired; and in each case, unfortunately, there was no hurry needed. In one of these, an extraneous substance was lodged in the larynx. An excellent surgeon, who, when he found that he could not control the bleeding by any ordinary measures, applied the actual cautery. Success ensued. I am sure that the patient is always placed in the greatest possible danger, except the bleeding be arrested or almost checked.

I think that the trachea should invariably be hooked up and steadied before being opened, because of the greater accuracy secured, and the dangers that are avoided, and the time that is saved. This is recommended by all good practical surgeons who have written on the operation, and no doubt practised by most judicious operators; but, strange to tell, it has never happened to me to see it used in the many times that I have witnessed tracheotomy.

THE PRESERVATION OF LEECHES. "Leeches are best preserved," says Mr. Maisch, "in moist turf in a cool place, not subject to sudden variations of temperature, and free from ammoniacal and acid vapours. The turf may either be kept in a wooden box or tub, or else in an unglazed earthen vessel; the latter may be set in a vessel containing water, reaching on the outside to about half the height of the turf. Where large quantities of leeches are used, those intended for immediate use may be kept for a few weeks in clean water over washed sand and gravel, the water to be changed for clean water of the same temperature every two or three days. Leeches that have been used, may be made to discharge the blood by putting them in lukewarm water containing some vinegar, washing them repeatedly in water of the same temperature, and finally keeping them upon sand in water by themselves for two or three weeks before they are put in the turf. As a general rule, for the preservation of leeches, avoid heat and all sudden changes of temperature, keep them carefully from all noxious gases, and do not mix leeches indiscriminately until you are satisfied that all are in a healthy condition. Very few deaths from sickness will then occur."



# Transactions of Branches.

## SOUTH-WESTERN BRANCH.

### PRESIDENT'S ADDRESS.

By JOHN WHIPPLE, Esq., Plymouth.

[Read July 8th, 1862.]

GENTLEMEN,—My inability to fill my present position could have led me to shrink from the responsibility; and I feel assured that, had those who so flatteringly placed me here known how unfit I am to occupy this chair, they could have hesitated before making their decision, and have selected some one better able to further the interests and views of the society and carry weight with the members of the Association. Entertaining this feeling, I trust you will make allowance for any error or inability on my part, and rest satisfied with the assurance that I have done your bidding to the best of my power, and that here I have fallen short of your expectations it has not been owing to lack of zeal or earnestness.

I will not concede to any one in the sense of pleasure I feel in seeing so many fellow-practitioners present (would there were more of them) all working for the public weal, as it convinces me of the interest they take in the advancement of science and the general diffusion of kindly feeling. I will venture to say there is more liberality, more sympathy with suffering humanity, more generosity, more self-sacrifice, to be found in our profession than in any other.

Consider the naval and military medical men! The first part of their lives having been passed in ease and comfort, they are suddenly called upon to exercise their vocation in the most difficult as well as the most trying and dangerous circumstances. Their deeds of gallantry have gained for them the highest honours, for many a heart in our profession throbs beneath the Victoria Cross. In some instances we find them nobly incurring dangers, not incidental to their branch of the service, gallantly drawing their swords, and leading a few devoted followers against the enemy; and then again returning to their more holy and peaceful offices. I say we may indeed be proud of our class—alike gallant, yet calm, in their duty in the field, in the pestilential hospital, and in the tainted ship, with yellow fever and cholera in their most deadly forms; and if one man fall, how many are at once ready to fill his place! and what has been the result? Until of late, none: but now the surgeon and his assistant have at last in some measure met their reward, as we see a great improvement at the present moment in the position of medical men of both services.

I would now draw your attention for a short period, to some points of practical surgery, which have occupied the attention of myself and colleagues for the last three years. The most important is the removal by subcutaneous incision of loose cartilages from the knee-joint. Eight cases have come under treatment. The operations have been attended with the most happy results; all being cured without a single drawback, the cartilages varying in size from a quarter of an inch to an inch in diameter. In one case the joint was opened six times before the cartilage could be displaced, owing to its slipping back into the joint. Now, when one reflects on the former failures by direct abstraction, and the deaths that followed one can but hail this as a successful step in modern surgery.

The next in importance is the excision of diseased joints. No more interesting subject of inquiry can be conceived than that advocated and pressed on the profession by the late Mr. Jones. Formerly all limbs, the diseased condition of which required their removal, were

got rid of by amputation. By the revived plan, the diseased joint is removed by excision; in a large percentage with considerable success. The number of excision cases in the South Devon Hospital has been eleven. Eight were successful, and in two the patients died; one of phthisis; and the other sank from irritative fever, being an old man with shattered constitution. Of the successful cases, two were of the ankle; in one partial motion to a great extent was preserved, in the other ankylosis took place. In one of the knee-cases amputation became necessary. This is not a large number to draw from; not many to lay before the society; yet enough perhaps to encourage waverers, when they hear of these cases in their own district and can with some little trouble see and judge for themselves. The operation is a fearful one to undergo; and I think few surgeons would undertake it were it not for that blessed discovery, chloroform, which disarms pain of its terrors, whilst the oblivion of the patient gives nerve to the operator.

Having touched thus lightly on excision, I would pass on to amputations, after Teale's plan; of which we have had a large number. The stumps are all perfect in symmetry and usefulness, and with a great advantage over every other form, particularly for the young operator. You can set about the operation with mathematical precision, so that the young surgeon's first amputation is as secure of a perfect stump as that of the most experienced and self-possessed practitioner. The detail you all know; and the measurements made, no mistake can take place. I strongly press it on the beginner. I cannot say I like it for the matured operator. The tape in hand I do not approve; and (vanity! vanity!) I prefer a modification of my own. It is a compound operation—half the old flap, half Teale's. I transfix the limb with a catline anteriorly, carrying it as far as my judgment points out, and then cut it out at nearly right angles. I again transfix posteriorly, carrying my knife only half the length of the anterior flap, and cut it out also at right angles. Then my assistant holds back the flaps, which enables me to pass my knife round the bone; I then apply the saw. The operation is expeditious; and the flaps meet very neatly; certainly not so exactly as Teale's, but by the time the cure is perfected very little difference is seen.

The great advantage of Teale's method, in fact, is the abolition of any application but water-dressing.

OUR TOBACCO. "Numbers of dealers in tobacco—some of them wealthy London tradesmen—were prosecuted, during the two years embraced by the report, for adulterating tobacco with saltpetre, Epsom salts, common salts, and alum; with sweet oil; with common salt, in water containing 4·70 per cent. of chloride sodium; for falsifying snuff—this was in Ireland—with peat mould and ground wood; with selling as snuff—also in Ireland—an infernal mixture of pinewood, common salt, and red clay or ferruginous earth, containing no tobacco at all. The ingenious dealer who was detected with this horrible compound in his warehouse was also prosecuted for selling, as roll tobacco, a disgusting imitation composed of burdock and coltsfoot leaves. Another Hibernian worthy was found to have sophisticated his tobacco with "the leaf of a plant probably belonging to the cabbage tribe." At Halifax there was a case of adulteration with five per cent. of rhubarb leaves. At Sheffield the manufacture of spurious cigars made of paper, and covered with a thin shield of tobacco leaf, seems to have been carried to a frightful extent. Adulteration with "whiting" is also mentioned—we presume in a discoloured state, and with the view of making the tobacco heavier; and, reverting to Ireland, we find so-called Cavendish with two per cent. of unfermentable sugar, supposed to be liquorice, and snuff containing twenty per cent. of the ground acorn cups of the valonia oak."



## Reviews and Notices.

### PSYCHOLOGICAL INQUIRIES. THE SECOND PART.

Being a Series of Essays intended to illustrate some points in the Physical and Moral History of Man. By Sir BENJAMIN C. BRODIE, Bart., D.C.L., F.R.S.; Corresponding Member of the Imperial Institute of France, etc. Pp. 247. London: 1862.

THIS work, like its predecessor which the author put forth last year, demands to be viewed with interest and respect. It is interesting, in affording an example of the practical application of the principle of considering nothing that is human as foreign to the attention of man, which has from time to time been recognised by members of our profession who have found inclination and opportunity to depart somewhat from the path of purely medical literature. It demands our respect especially, when we reflect who the author is, and under what circumstances he has produced it. Having in his younger days gained a reputation as an able experimental physiologist, and in his more mature years as a surgeon second to none in judgment and in skill, he now, in his old age, when the hand and the eye can no longer serve him as they once served, gives to mankind the result of the cogitations of his yet vigorous mind on matters not of a purely professional nature, but affecting the moral and intellectual well-being of the public.

The style of writing which Sir BENJAMIN BRODIE has adopted in his *Psychological Inquiries* is that of dialogue. He imitates with considerable accuracy the method followed by Plato—that of bringing out the arguments on each side of a question by the mouths of the different speakers, and at the same time throwing a preponderance of reasoning on the side whose tenets he wishes to be impressed on the reader. And, as if still further to remind one of the Grecian philosopher, Sir B. Brodie has fitted the characters in his dialogues with Greek names, expressive of the part they each take.

Thus, the leading character in the book before us is Eubulus (the “well-counselling”); who, in his residence in the country, where he is visited by his friends, the other characters in the dialogue,

“Spends some hours in the day among his books and papers, and at other times attends to the not unimportant duties which he has created for himself among his tenants and labourers; especially endeavouring to improve the condition of the latter, not so much by dispensing charity among them (though in this he was not deficient) as by the judicious exercise of his influence, with a view to promote those habits of prudence, and forethought, and attention, to domestic economy, the want of which in that class of society is one principal cause of the inconveniences to which they are subject.”

The next person in the dialogue is Ergates (“workman”). His tendency is to take a practical view of the questions under discussion. He appears to be a member of the medical profession. (See p. 123.)

The third person is Crites (“judge”). From some expressions in the book, we learn that he is a Chancery barrister. His rôle is to start objections to the views advanced by Eubulus and Ergates; the result being, to bring out the arguments on their side with greater force. One may, we imagine, trace in this

book an underlying design to show how insufficient mere legal knowledge, even in an intelligent man, is to deal thoroughly with questions of mental science.

The book is divided into seven Dialogues. Among the subjects discussed in them, we find the speakers expressing their opinions on the study of the physical sciences; on the study of psychology; on the necessary connection between physical health and mental power; on memory; on the necessity of diligence and perseverance; on good and evil; on the relative degrees of intelligence of different classes; on the objects of education; on the laws of nature; on the origin of species; on the perfectibility and future destiny of man; etc.

It will hence be readily seen, that the matter of the book is very varied in its details. We might quote from it many passages illustrative of the philosophical views entertained by the learned author and of the easy style in which he treats his subjects, but we will simply, as an example, make one extract from the fifth Dialogue. Eubulus, in a discussion on the influence of different studies, has been advocating the study of mathematics as a means of strengthening the power of attention, and of rendering us qualified to deal with sciences in which a general principle, being assumed, is applied to particular cases.

“But,” he continues, “as questions in mathematics have nothing to do with degrees of probability, the conclusion arrived at being either true beyond all possibility of doubt, or there being no conclusion at all, so the study of mathematics does not materially help us in those other departments of knowledge in which every question has two sides, and in which we have to compare the facts on one side with those on the other, and determine on which side the evidence predominates. It is the faculty of readily and accurately calculating probabilities which distinguishes what is commonly called a man of sound judgment, whether it be in the common affairs of life, in politics, in the investigation of history or in the practice of professions; and for the strengthening of this faculty we are not to look to geometry or algebra; while great advantage may arise from the prosecution of some other sciences, such as natural history, chemistry, geology, or animal physiology. For this reason, I apprehend that the introduction of some one or more of these inductive sciences into the curriculum of education, which is already, to a certain extent, taking place, cannot fail to be productive of good, at the same time that it will answer another purpose, by supplying a store of knowledge which may be turned to good account at a later period of life; explaining many daily occurrences which would be inexplicable otherwise, unveiling many mysteries, and counteracting the influence of numerous deceptions and impostures, by which, even in the most civilised state of society, many individuals from their ignorance of these subjects, are liable to be misled. Nor would it be difficult to show that such studies may administer to the personal well-being and advantage of those who prosecute them. Take, for example, the last of the sciences which I have enumerated animal physiology; even a general acquaintance with it would enable us to know something of the causes which tend to derange the bodily health, and to regulate our course so as to avoid their operation; at the same time helping us to the acquirement of that self-knowledge of which we have spoken formerly, and as to the importance of which I believe that we were all agreed.” (Pp. 168-170.)

This is not new doctrine; but it is sound; and it is highly satisfactory to find a writer in Sir Benjamin Brodie's position thus advocating a course of study



rich alone can be the corrective of the tendency of men to become the dupes of imposture.

We will not make further extracts, but will conclude by strongly recommending the perusal of Sir Benjamin Brodie's *Psychological Inquiries* to readers of every profession and every station in life. The volume may appear rather formidable at first sight; but the style is of that pleasing kind which fixes the reader's attention, and leads him on, without wearying, through the study of subjects which "belong to the incidents of every-day life, and, such as they are, are not above the comprehension of the humblest capacity, nor beneath the notice of the loftiest intelligence."

Sir Benjamin Brodie has earned the veneration of the members of his profession; and the public will no less owe him a debt of gratitude for this practical manifestation of his interest in their mental welfare.

ON UTERINE AND OVARIAN INFLAMMATION; AND ON THE PHYSIOLOGY AND DISEASES OF MENSTRUATION. By EDWARD JOHN TILT, M.D., Member of the Royal College of Physicians, etc. Third Edition, with Coloured Plates. Pp. 470. London: 1862.

HERE is a figure in rhetoric known as *hysteron proteron* (ὕστερον πρότερον), in which that idea which should come last is placed first; and *vice versa*. Dr. TILT applies it also to book-making; for although, in his title-page, the Physiology and Diseases of Menstruation are mentioned last, they come first in order in the book.

Our progress in the knowledge of uterine and ovarian inflammations contrasts remarkably, in one respect at least, with our progress in the diagnosis and treatment of another class of diseases affecting females—ovarian tumours. While our French neighbours are only now beginning to follow with trembling steps the example which we have set of establishing ovariectomy as a recognised operation, it is to them that we are mainly indebted for the impulse given in late years to the study of the inflammatory diseases of the female organs. Every one knows that Drs. Bennet and Tilt, the pioneers in England of the advanced study of ovario-uterine pathology, have been distinguished pupils of the French school; and it is to them that English practitioners will long remain indebted for a more accurate knowledge than was already possessed of the important class of diseases to which these two physicians have devoted their attention.

In this last and enlarged edition of his work, Dr. Tilt treats with his usual ability on Menstruation and its Disorders, on Metritis, and on Ovaritis. In writing it, he tells us in the preface that he has had "the satisfaction of being able to show that the main points, which were *affirmed* in previous editions, have been confirmed by high authorities at home and abroad."

The second part of the work—that on Inflammation of the Womb—is, we believe, an addition in the present edition. It occupies Chapters xv to xxii, both inclusive. The titles of the chapters are: Inflammation of the Neck of the Womb; Inflammation of the Body of the Womb; Chronic Internal Metritis; Menorrhagic Internal Metritis; Purulent Internal Metritis; Exfoliative Internal Metritis;

Ulcerative Internal Metritis; and Indications of Constitutional Treatment.

Pressure of matter prevents us from entering on an analysis of Dr. Tilt's work, or even of the new part. That it has reached a third edition, renders such a task the less necessary. We will therefore conclude by merely saying that the author displays a very creditable amount of literary knowledge as well as of practical observation; and by ratifying the opinion expressed in the JOURNAL of the Association in the review of the second edition—that "the work, in its present form, is entitled to high commendation, both for its matter and its manner. . . . Dr. Tilt has filled, to as great an extent as it was possible, an acknowledged vacuum in our medical literature."

ON THE USE OF PERCHLORIDE OF IRON AND OTHER CHALYBEATE SALTS IN THE TREATMENT OF CONSUMPTION. By JAMES JONES, M.D.Lond., M.R.C.P. Lond., Physician to the Metropolitan Free Hospital, etc. Pp. 109. London: 1862.

THE object of this little volume is to lay before the reader the results of Dr. JONES's experience of the use of iron in phthisis. He has "clinically tested its therapeutic power, with the hope of assigning to it its proper place in the materia medica for consumption". His results were so satisfactory as to justify him, he considers, in laying them before the profession. Dr. Jones, however, properly claims "no pretension to the introduction of a new remedy; for iron has always been a favourite remedy for that disorder". But what he does lay claim to, in the way of novelty, is "in the mode of its administration, its true use, and the causes of its failure". Dr. Jones gives "small doses of iron long continued". Large doses upset the stomach. The use of iron is to combat the chlorotic condition. Iron is of use in diseases analogous to phthisis, in which healthy sanguification does not go on; it is, therefore, useful in phthisis. Hence, then, Dr. Jones adds the value of his testimony of the use of iron in phthisis to the testimony of other observers. In therapeutics, however, nothing goes smoothly; for we find M. Trousseau crying out that iron is often positively murderous in the early stages of phthisis!

GREEN TEA. The most inveterate of adulterations is the conversion of black tea into green tea by colouring, and upon this point the consciences of tea-dealers seem to be hopelessly callous. One of them addressed a letter to the Commissioners of Inland Revenue in these very words:—"London, April 29, 1862. Gentlemen,—A scarcity of green tea having taken place, while we have an abundant supply of black tea this season, I shall be much obliged by a reply to the following questions:—Is it legally right to stain black tea green or *vice versa*, by such staining there being no increase in the weight, and the tea having duly paid the legitimate duty?" The Commissioners fear this use of green pigments, and the "facing" of old tealeaves with Prussian blue and gum, have become "a regular and recognised part of the tea-dealer's business." The worst is that the most subtle "sophistication" of tea is mostly effected in China by loading it with nodules made up of sand, gum, and dust, and "blackened fragments of quartz." It is high time that vigorous steps should be taken to stop this wholesale pollution of our favourite beverage.



THE Addresses delivered at the Annual Meeting of the Association, by Drs. Barrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, AUGUST 30TH, 1862.

### THE THERAPEUTICAL INQUIRY.

ONE of the most important resolutions carried at the last annual meeting of the British Medical Association was the one which adopted the Report of a Committee appointed to investigate the actions of medicines; and we now earnestly call both upon the Committee who proposed the resolutions, and upon the Association at large, to carry out the objects of this really great undertaking. It does so happen, for once in a way, that the work proposed to be done is of a perfectly practical and manageable character. Every member of the profession, whilst engaged in his daily routine of business, can collect facts and add his quota of information to aid in the carrying out of the work. It will be seen, by reference to p. 177 of the JOURNAL, that the Committee appointed have already begun operations. They have, in fact, resolved to take up, and limit themselves for the present to, certain special subjects; to concentrate attention upon them, and to have them largely illustrated by practical experiment, after a certain fixed plan, by the assistance of the profession at large; and, finally, to collect all the large experience thus obtained, to analyse, and then deduce from it its legitimate consequences.

On this occasion, the Committee have resolved to confine themselves to the working out of six separate subjects; each member of the Committee taking one of them under his own particular charge. He has promised to prepare a schedule which shall indicate the points of information which he wishes to obtain on his subject; and this schedule is to be transmitted to members of the Association. He has also undertaken to write an article "directing attention to certain important points, to receive the returns, and draw up a report to be presented to the next meeting of the Association". The six subjects thus selected for investigation are—

"1. The effects of antimony, moderate blood-letting, supporting diet, or stimulants, in *pneumonia*.

"2. The effect of the oil of the male fern, or of kousso, in *tania*.

"3. That of arsenic, moist weak alkaline applications, or pitch ointment, in *psoriasis*.

"4. That of mercurials, benzoic acid, and podophyllon, in *jaundice*.

"5. That of chlorine mixture, carbonate of ammoniac, quinine, and the wet sheet, in *scarlatina*.

"6. That of atropia in *epilepsy*."

The names of the gentlemen who have undertaken the supervision of the work are a sufficient guarantee for its being effectually and faithfully carried out. Dr. Bennett takes *Pneumonia*; Dr. Harley, *Jaundice*; Dr. Handfield Jones, *Psoriasis*; Dr. Fleming, *Tania*; Mr. Crompton, *Atropia in Epilepsy*; Mr. Hodson, *Scarlatina*; and Dr. Farr, the *Progress of Disease*.

Our readers are aware that the organisation of our Association is such as to render it peculiarly well fitted for the prosecution of this kind of work. We have a large connected body of scientific workers and we have the means of collecting the material from all quarters, and giving them, a permanent existence in the pages of our JOURNAL. The work is moreover, as we have said, one in which every member of the Association can take a useful part, whilst engaged in his daily routine of practice; and we have also a highly capable body of men who have undertaken to make the work complete by collecting the gathered materials, and reasoning out and deducing from them their true and actual revelations.

The position of therapeutics is such at the present moment as to absolutely require some such serious investigation as is here proposed. Unless we do something in this direction, quackery will advance upon us on the one hand, and scepticism on the other. The statements made by Dr. Handfield Jones should make us all most earnest in the attempt to gain some firm and solid foundation to rest upon in this matter of therapeutics. One thing above all, is absolutely required in the investigation; and that is perfect candour in the observer. It is true that no one thing is more difficult to unlearn than to tear from our minds the rooted prejudice and beliefs which we have acquired in respect of the effects of therapeutical agents. There is, however, an infallible test by which to measure the true value of the opinion which we hold respecting the value and effects of any particular agent; and that is, by admitting into our argument the opinions of other observers who have a perfect right to be considered as capable observers as ourselves. But this, we venture to think, few of us are sufficiently inclined to do. We are apt to be satisfied overmuch with our own personal convictions; and, holding those convictions, do not care to listen to what other observers, who have convictions just as strong, but quite opposed to our own, may have to say in the matter, although they be observers of equal ability with ourselves. No thing, we firmly believe, has done more to retard the progress of therapeutics than this overweening estimate of the value of our own personal experience, in which most of us too readily (and, we confess, naturally) indulge.



## TARTUFFE'S REFUGE.

THE *Lancet* has answered characteristically the serious charges touching its honesty brought against it by this JOURNAL. It has answered them by abuse—Tartuffe's last resource when detected and convicted. Thus, then, we learn that the *Lancet* has either not the courage or has not the honesty to correct statements of a calumnious character which have appeared in its pages, when their untruth has been demonstrated. It refuses to correct the statement made by it, that the Association had diminished to 1500 members, although with the fact staring it in the face, that the numbers are very nearly 2,200. Boasting of its wonderful and accurate reporting powers, it garbles the address of the President of the Association; and, when detected in this sin of omission, refuses to make amends by giving the true and faithful version of the President's words; because, as we may now fairly surmise, these words give the directest denial to what the *Lancet* has been pleased to assert respecting the literary powers and honourable character displayed in the management of this JOURNAL. Again, convicted of the underhandedness of attempting to get an *exclusive* and *preferential* possession of what we may properly call the literary property of this JOURNAL—literary matter called into existence through the influence of the Association—and having been offered copies of all the papers published in this JOURNAL, and having the freest admission given to its reporters to the meetings of the Association,—the *Lancet* has the impudence (may we not say?) to speak of the "mean jealousies it had to encounter", and of "the difficulties thrown in its way" by the Association. The *Lancet*, again, asserted that the meeting was a failure; whereas it was notoriously the most successful and glorious assemblage that ever met together under the auspices of the Association. Neither will it retract this misstatement.

In fact, instead of honestly putting itself right with the profession by confessing the erroneous statements it has made by acts of commission, and the erroneous statements it has made by acts of omission, the *Lancet*, as we have said, acts characteristically; it answers our demands in the following style:—

"It is not to be supposed that we can condescend to bandy low abuse with a discomfited opponent....It (the BRITISH MEDICAL JOURNAL) has not the independence necessary to power, nor the literary merit essential to success.....When it attempts to be witty, it sinks into buffoonery; when it would be satirical, it savours of Billingsgate."

Such is the language—we will say the not unsuitable language—in which a journal, convicted of acts of literary dishonesty, thinks it well to reply when called upon to do a simple act of justice and of propriety.

That the conductors of the *Lancet* may be very

fair judges of what is "low buffoonery" and what are "Billingsgate savours", we will not for a moment question; but we apprehend that our readers will require some better authority than is Tartuffe's before they accept the righteous application of such terms to the language and conduct in management met with in the BRITISH MEDICAL JOURNAL. Our readers, and, let the *Lancet* be assured, the profession at large, are not to be blinded to the real truth of this affair through any attempts it may make to cover its retreat after this euttle-fish fashion; and we will venture to add that even the "lowest buffoonery" and the most unsavoury odours of Billingsgate are to be preferred to the sanctified dishonesty and unscrupulous malevolence of a Tartuffe.

## THE WEEK.

THE remarkable course pursued by Dr. Clay, in threatening with actions for libel gentlemen who had called upon him to say yes or no to the question: Did you ever meet a homœopath in consultation? indicates that he considers it a scandalous libel to have been even suspected of such a proceeding. Is he not afraid that he will have all the homœopaths of the country bringing actions for libel against him? We feel bound to say that we do not think Dr. Clay is pursuing a judicious course, however judicial it may be, in thus resenting, by legal threatenings, the professional injury which he considers he has sustained. Why does he not rather throw himself upon the grand jury of his professional brethren? for he must be well aware that, whatever be the verdict of a court of law in a question of this kind, it will be the voice of professional opinion which must eventually judge of the conduct of the professional men engaged in it.

AN extraordinary letter, bearing the signature of S. (which sign most people will readily amplify into a well-known philanthropic name), appeared in the *Times* of last week. It kindly congratulated the Lord Chancellor on the excellent appointment he had made in nominating Drs. Hood and Bucknill Chancery Visitors of Lunatics. So far well. It then goes on to affirm as follows:—

"The duty of care and treatment of this numerous and unhappy class has hitherto, with some few exceptions, been either totally neglected, or very superficially performed. The admirable choice made by the Lord Chancellor of these eminent practitioners will give the public an assurance that, henceforward, these important responsibilities will be diligently and skilfully discharged."

S. has, in this bold assertion, brought grave accusations of neglect against past and present Lord Chancellors and their Visiting Delegates. We suspect that these accusations will not be permitted to pass without reply; and sincerely trust it will appear



that S. has made them under large misapprehension of facts. It is difficult to understand how negligence of the character here spoken of by S. could have been permitted of late years, and on so large a scale, and under the very nose of the highest legal functionary in the kingdom.

It seems to us that if medical men are to be continually visited by juries with heavy damages when the patients under their charge do not recover satisfactorily from their illnesses, the practice of medicine will soon become a most undesirable occupation. The worst part of the business is, that it is through the hands of the profession that we receive this injury of damages for reputed mal-praxis. Whenever a dissatisfied patient feels disposed to bring an action against his medical adviser, he is never at a loss for two or three medical witnesses to back his case. What we call our brethren are always, it would appear, ready enough to give the smartest smack on the face to their brother in distress; and we regret to have to add, whether justly or unjustly. We have on several occasions called attention to examples of this most bad proceeding. We have had to show when one of our professional brethren is in difficulties of the kind alluded, how ready his medical neighbours are to jump up and assist in fostering, by their scientific evidence, the popular ignorance which, perhaps not unnaturally, condemns the practitioner in such case. We see another instance of this sort in the papers. A verdict of £120 is given against Mr. Pollard of Chorley, a gentleman who has been in practice there forty years. Mr. Pollard attended the plaintiff in her confinement, and the result of the confinement was a rupture of the perineum of a serious character. Mr. Pollard used instruments in the labour.

"Three surgeons were called to speak to the proper mode of treatment under the circumstances. They deprecated the use of manual force in the way described."

*Per contra* :—

"Dr. Craik and Dr. W. Pilkington testified that no want of skill was manifested by an accoucheur in not being aware of such a rupture."

The judge then sums up evidently in favour of the defendant.

"His Lordship summed up the case to the jury, telling them that a professional man like a surgeon was bound to bring to the performance of his duties a reasonable amount of care and skill; at the same time cautioning them against a verdict involving such serious consequences to the defendant, without the fact of his having committed gross negligence being brought home to their minds beyond all reasonable doubt."

Now, can any reasonable person doubt that it was solely owing to the three surgeons who condemned their professional brother that this verdict of £120 was given? The jury, of course, could not be made to understand the professional *ins* and *outs* of a case of this kind. They were willing—no doubt too willing—to ac-

cept such testimony, and to mulct the doctor. But we appeal to the profession, who understand this matter, whether the words of the judge are not (especially in cases of this nature) most just and equitable? How could the three surgeons, whoever they were, put themselves in the position of Mr. Pollard? Is it conceivable, that anything which might have been told them by nurses or midwives, could have enabled them to be judges of what the proceedings of Mr. Pollard actually were, when he used the instruments? Are not ruptured perinaeums unavoidable accidents attendant upon confinements? Are not our journals continually detailing cases of successful operations for such injuries? We might ask many more questions on this head; but the profession understands the whole matter well enough. In our opinion, in cases of this kind, nothing but the most positive proof of gross ignorance, or of culpable neglect on the part of the medical attendant, can justify either one or three surgeons entering the witness-box against him, and swearing that, in their belief, the practice exercised was bad and unjustifiable. Why this very accident of ruptured perinaeum may tomorrow happen in the hands of either of the three surgeons; it may happen in the hands of the most skilful practitioners in the country! And then, as to the use of instruments, who on earth can possibly judge of their right or wrong application, except he know the whole medical history of the case in which they are applied? Moreover, and above all, if Mr. Pollard brought all his skill and experience to the task of delivering this woman, and even if he did err (which we say not) in his practice, what greater perversion of justice and fairness can there be, than to condemn him for an error in judgment! Is there a medical man of ten years practice in the world, who has not erred—aye, and honestly erred—in judgment fifty times? It is high time that this kind of professional persecution should be held up to professional condemnation.

If, writes a French water doctor, the cannon is the last appeal to the reason of kings, the "waters" are the last prescription of doctors. When they have exhausted their science on their patients, who have been exhausted by it, they send them off to the waters, ending where they should have begun; for pure water is, in general, an admirable dissolvent, and, to the great scandal of medicine and pharmacy, effects splendid cures. Sangrado, who has so long been tabooed, may, perhaps, once again come into favour; and health, like Venus, proceed from the bosom of the "waters."

The *Gaz. Méd. de Lyon* describes at length an unsuccessful case of Cæsarean operation practised on a woman who was affected with osteo-sarcoma of the coccyx, and in whom not even the forefinger could be passed into the vagina. The most remarkable fact in



he operation was the fearful hæmorrhage which attended the section of the uterus. The child was saved.

A monthly non-medical publication, *L'Alliance des Lettres*, contains some excellent things in prose and verse from the pens of medical men. The fifth number of this year, *L'Union Médicale* tells us, contains a charming letter in poetry by Dr. Avenel; and the continuation by Dr. Dumont, the hermit of St. Michel, of an article on Suicide, "in which he reveals the greatness of his character, his stoicism under the cruel sufferings which he bears with a resignation worthy of a true philosopher."

M. Kæberlé of Strasburg communicates to the Academy of Medicine a case of gestation, which went on to eleven months and ten days, and was terminated artificially.

Three of the ten chairs which constitute the instruction of the faculty at Copenhagen have been recently vacated; that of clinical medicine has been given to Wilh, who replaces Professor Fenger, recently nominated Minister of Finance. The chair of anatomy, vacant through the death of the celebrated Ibsen, has been given to Dr. Schmidt. The pay of the first mentioned chair is £96, and that of the second £80 *per annum*. The pay increases with date of service. Typhoid fever in Copenhagen, once very common, is now very rare. It has disappeared since the new system of irrigation and the introduction of fresh water into the houses has taken place. There are 180 doctors for the 155,000 inhabitants, who are "less rich, but also less poor, than in most other capitals."

The Minister of Public Instruction in France, at the instance of the Dean of the Faculty of Medicine, has established six clinical courses on special medical subjects; namely, on diseases of the skin, on syphilitic diseases, on diseases of infants, on mental and nervous diseases, on diseases of the eye, and on diseases of the urinary organs. The lecturers must be physicians or surgeons of hospitals. They are to be nominated by the minister for three years, from a list of two candidates for each course, which list is to be drawn up by the Faculty of Medicine.

The twenty-ninth meeting of *Congrès Scientifique de France* will take place on the 8th of September, at Saint Etienne. The railroad companies have liberally agreed to reduce their fares one-half to all savans and foreign writers who may wish to attend, provided due notice is previously given to M. D'Aubigny, secretary-general.

Dr. Weickert, of Freiberg, in Saxony, details a successful case of transfusion of blood practised in a case of hæmorrhage after delivery.

M. Diday has lately read a paper to show that facts do not warrant us in concluding that there is such a thing as mental alienation depending upon syphilitic disease.

## THE ORIGIN OF COW-POX.

THE *Gazette Médicale* gives an interesting summary of the discussion on cow-pox which has lately taken place in the French Academy.

M. Bousquet presented a report to the French Academy on the origin of cow-pox, whereupon arose a very interesting discussion involving the following questions:—Did the cow-pox originate in the horse, or in the cow? What is the nature of the disease which produces cow-pox? What is the relation between cow-pox and small-pox? or, in other words, is cow-pox simply mitigated small-pox?

M. Bousquet remarked, that Jenner was convinced (contrary to general opinion) that cow-pox originated in the horse, and not in the cow. This opinion has been recently renewed by MM. Pichot and Maunoury, and by M. Lafosse and other veterinary surgeons of Toulouse. The first gentleman observed the development of cow-pox pustules on the hand of one Brissot after his shoeing a horse which had the *grease*; and the veterinaries of Toulouse inoculated cows with the matter furnished by horses suffering from the disease called grease (*eaux aux jambes*), from which cow-pox was developed. All these gentlemen have inoculated children with the virus furnished by these pustules, and have thereby obtained perfectly well marked vaccine-eruption. That this eruption was truly vaccinal is proved by the fact that subsequent vaccinations performed on the same children were without results.

These facts appear to confirm fully the opinion of Jenner—viz., that cow-pox takes its origin in the horse, and not in the cow; and nothing that occurred in the debate tended to alter this view of the case. To certain minute objections taken to the cases related by MM. Pichot and Maunoury, M. Bousquet answered: "I like not those subtle and wrangling souls who, in order to escape from the truth which lies before them, rush into suppositions a hundred times more improbable."

But the second question—viz., What is the nature of the disease in the horse thus transmitted to the cow?—is not so easily answered. On this point, neither Jenner nor the Toulouse veterinaries nor the academic veterinaries are agreed. The Toulouse men at first believed that the disease was *eaux aux jambes*—the grease; but M. Leblanc, who visited the horses there, affirms that their disease was not the grease, but that it was a perfectly distinct affection—an erythematous disease. Accepting his diagnosis as correct, a new difficulty arises: What is this disease? Some of the disputants, and amongst them M. Bouley, considered that several different diseases in the horse can produce the vaccine. But such a view is contrary to all well established medical doctrines. Much easier is it to believe that observers have erred in their diagnosis, in supposing that they have produced cow-pox by inoculating indifferently with the matter of different diseases—of *eaux aux jambes*, of *javart*, and of *feu de Saint-Antoine*, etc. The mistake made by the Toulouse veterinaries, and pointed out by M. Leblanc, renders this idea probable. All, however, now admit that the real affection is an erythematous, pustular, and ulcerative disease; and, if we are to accept as true the statements of those who affirm they have produced cow-pox from the several different affections above named, we are driven to the conclusion that all these affections are simply different manifestations of the same disease.



# Special Correspondence.

## MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

A CONSIDERABLE time has elapsed since the date of my last communication. The reason of this is to be found not in any unwillingness on my part to keep your readers posted up in the medical news of this locality, but in the dearth of such news, of a public nature. We are not in a very exuberant state of mind in these districts at present; and I suppose that our section of the body politic is not altogether uninfluenced by the public gloom. I do not find that, as yet, the suffering endured by the working classes in Manchester has had a very baneful effect upon their general health; indeed, I think the general impression, borne out pretty much by statistics, is that disease is of rather an unusually mild type this season. I have paid some little attention to the point, as it affects children, and I think I may safely say that there is less disease among them than usual; but that this is mainly caused by the absence of any severe climatic or zymotic epidemic. How far the involuntary presence of the mothers may affect the question, it is difficult to say; and there are much better materials for forming an opinion in some of the smaller but more purely manufacturing towns. One cannot, however, believe, that the distress can continue to increase, especially during the winter months, without bearing heavily upon the physical stamina of the population, and predisposing to scrofulous and adynamic diseases.

Our annual branch meeting was held here this year and was a very pleasant one, though scarcely so numerously attended as on some former occasions. I presume that the papers read will appear, as Mr. Southam's excellent address has already done, in the JOURNAL, so I need not refer to them further than to say that there were one or two very good ones. You would be glad to see that we did not separate without referring in terms of disapprobation to the loose doings of the London College of Surgeons, and to the tame acquiescence in these by our quasi-representative Medical Council. Their feeble zeal for the progress of professional education is only equalled by the expressed determination of the sister College of Edinburgh, to be as naughty in future, unless its London relative be well whipped. We in the north would like to know a little more fully what goes on at the Medical Council, in order that if it be indeed a representative body, of anything more than corporate interests, we might know where to put the screw on a little more tightly. I am sorry to notice that there is a slight falling off in our numbers in this branch since last year. It is not great, but it suggests to one, the inquiry how it is that, in these populous districts, we have such a small proportion of the profession among us. Out of more than two hundred medical men in Manchester, we number only thirty-eight, and out of about two hundred and seventy in Liverpool, only fifty-eight. If the advantages of the Association be such as I believe them to be, this is but a sorry proportion. To increase it, two things at least are, in my opinion, necessary; viz., to make our advantages

more generally known than can be done by private influence, and to increase the attractiveness of our meetings. The first point must be attained by the pen, and I do not see why a copy of our greatly improved JOURNAL should not be annually sent to every member of the profession, with a leader setting forth the value of the Association for the purposes of combined action, social union, and scientific advancement. Each branch might easily bear a portion of the expense. The other weekly Journals publish their students' number, because, I suppose, a large portion of the usual lectures are suited for that interesting class; and why should we also not issue our annual advertisement to the class of readers whom we desire to enlist?

Two propositions were before us for the attainment of the other object—that of Dr. Waters to institute a course of scientific lectures, and that of Dr. Steele to hold quarterly instead of annual meetings. I should like much to see the former plan tried; but it is one that will require great tact and discrimination to make it successful. The other plan is also very advisable, but in such an extensive branch as ours it might be necessary to subdivide into districts, except for the annual gathering. One thing I am certain of—that many of the best men among us will hold themselves aloof as long as they see that all we can do is to meet once a year for a few hours, to spend the greater part of that time in discussions about elections of office-bearers, votes of thanks and the like, and then, by way of giving a scientific look to the affair, to have a paper or two hurried over before the dinner begins. I know that many whom I should like to see among us entertain this feeling. No one enjoys the dinner *reunions* better than I, and they are a valuable social feature; but two hours and a half of *business*, one and a half of science, and five of dinner, per annum, savours rather too much of Jack Falstaff's poor halfpenny worth of bread among all the sack.

I should like to draw the attention of your readers to a trial for a murder which has lately excited great attention in Manchester. The particulars most of them will have been seen in the daily journals. A man and his wife, who have formerly lost a child by a boiler explosion in their house, deliberately, and in open day, assassinate the house agent for his supposed neglect and refusal of compensation. No attempt at concealment is made. On going to their house, the police find their, or rather his, remaining three children dead, neatly laid out, and ticketed. Forthwith comes the "crown's quest", an examination of the bodies, and an analysis by a gentleman who, not being a great gun, is well badgered by the public. No cause of death is to be found. Then, Professor Taylor is sent for, but throws no further light on the matter; and there for the present it rests. There are plenty of materials for cogitation which will amply repay attention, and which are being freely handled by our press and public here. Can three people be quietly put out of the way at once without a trace of the manner being evident? Are coroners' inquests, or inquiries into the cause of death, made by a lawyer and a dozen shopkeepers, anything but a farce? Are all medical men and chemists competent, on an emergency, to make a *post mortem* examination or analysis in cases of extraordinary



iculty? Ought the state to have the best chemical dence in every case of presumed poisoning, and if so, ought it to pay for it accordingly? Can chloroform or any form of suffocation kill without the means of detection, a few hours afterwards? If no other result flows from this affair, I think, at any rate, from the tone of the press, that Manchester may perhaps imitate Midsex some day, and pronounce that a medical man is the only competent person to guide an inquiry into a case of death.

I have but one more topic with which I will at present trouble you. That is the correspondence which has lately taken place between Dr. Roberts and Dr. Clay of this city. In the present state of the case it would be obviously inadvisable for me to express any very strong opinion on the subject; but such of your readers as are interested in medical ethics and in the suppression of consultations between members of the profession and homœopaths, would do well to read what has already been said, and to watch what may follow. If Dr. Roberts' public statement, that Dr. Clay does meet homœopaths, be untrue, he is bound and, as he says himself, willing to retract it; but if, on the contrary, it be true, is it possible that legal penalties can be enforced upon him for thus stating a fact without any comment? If such a thing is possible, I fear you have much to answer for. It may be said that the statement is calculated to injure the professional status of him of whom it is stated; but so, whether does the fault lie: with him who states it, or with him who does an action the mention of which would entail such consequences? The profession does hold opinions on the subject of such consultations, and it remains to be seen whether these opinions are likely to be altered when manipulated by legal fingers.

**MEDICAL MEN IN PARLIAMENT.** There are, it appears, no medical men in the French Legislative Assembly.

**PHOSPHORESCENT PORK.** M. Hankel, in the *Annalen der Physik*, gives an account of the phenomenon of phosphorescence appearing on pork. The phosphorescence was silvery white, and enlightened the neighbouring objects. It was superficial; for, on cutting the flesh with a knife, the under part was obscured till after a certain time, when doubtless the oxygen of the air had had time to act. The phosphorescent matter was of an actuous character, and M. Hankel could not perceive it any traces of organised beings. The light was annihilated by the application of ether, alcohol, a solution of caustic potash, cold, hot water, and a temperature of 14 Fahr.; but in the last two cases the light reappeared when the flesh was restored to the ordinary temperature. The light also disappeared when placed in a vacuum, or in an atmosphere of carbonic acid; but returned when a little oxygen was permitted to enter. Sulphuric acid annihilated it for ever. Ozonised oxygen does not sensibly affect this phosphorescence. Fatty acids lessen its duration (this is the case also with distilled water); but none of these liquids become phosphorescent by contact with this animal matter. This phenomenon has been previously observed in sea-fish, at the time when they were on the verge of putrefaction, and has been called the "glow-worm fire". The same appearance is sometimes offered by rotting wood. It is not certain that in any of these cases the appearance is due to the oxidation of phosphorus. It would be important to learn whether the pork described by M. Hankel is poisonous when "phosphorescent".

## Association Intelligence.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Ship Hotel, Faversham, on Thursday, the 11th of September, at 3 p.m.

Dinner will be ordered for 5 p.m.

THOMAS BOYCOTT, M.D., *Secretary*,  
Canterbury, August 27th, 1862.

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

ON TURNING IN CASES OF DISPROPORTION.

BY ALFRED H. M'CLINTOCK, M.D.

THIS paper embodied the results of seventeen cases which came under the care of Dr. M'CLINTOCK in the wards of the Dublin Lying-in Hospital. In each of them turning had been performed, at various periods after the commencement of labour, on account of disproportion between the head and pelvis. In none of these cases was there any considerable deformity of the pelvis, though the obstetric histories of the women clearly showed that there must have been some slight narrowing of the superior strait. More or less difficulty was experienced in every instance in bringing down the head into the pelvis, and twice craniotomy had to be resorted to. On one occasion the parietal bone (that next the sacrum) was fractured in pulling the head through the brim of the pelvis. With one exception, all the patients were deeply chloroformed before the operation of version was undertaken. Nine of the children—viz., four boys and five girls—survived birth, though all were alive when the operation was commenced. Of the eight children dead born, five were boys and three girls. The heart continued to pulsate for several minutes after birth in some of the children recorded as "dead born," Dr. M'Clintock not considering a child as saved by an obstetric operation, nor recording it amongst the "live births," unless respiration be fully established. All the women recovered satisfactorily but one, who died of puerperal fever, of which some cases had occurred at the time in the hospital.

In reviewing these cases, Dr. M'Clintock expressed his opinion that the operation was not so favourable for the child as some of its advocates had supposed, and that it was only when the amount of pelvic narrowing was very slight that we could reckon with any degree of certainty upon saving the fœtus. He would not, therefore, recommend the operation in preference to the induction of premature labour in cases where an option was left us, and a decided contraction of the pelvis was known to exist. At the same time that it was a valuable resource in cases of this class which may have reached the full period of pregnancy, he proved by the fact that, of eighteen boys born to the above patients, and delivered by other modes than turning, only two were alive at birth; whereas four out of the nine delivered by turning survived their births.

Looking to the interests of the mother, the author of the paper considered that the operation of turning in the particular class of cases under notice had stronger claims; for not only did it abridge the labour process, which in itself was no small advantage, but it averted the possible contingencies of craniotomy, high forceps operation, or



even of rupture of the uterus. Its great mechanical advantage, Dr. M'Clintock thought, was due, not to the position of the head nor its greater compressibility when coming through the pelvis with the base foremost, but to the unlimited amount of force which we can bring to the aid of the uterus by traction on the body of the child.

Dr. BARNES observed that the revival of the application of turning to certain cases of disproportion constituted one of the greatest merits rendered by Professor Simpson to obstetric practice. He thought there was abundant evidence that the great accoucheurs who practised one and two hundred years ago were accustomed to trust to this operation much more freely than was now done. To this course, Dr. Barnes said, they were almost compelled by the want of those instruments with which in our day we were enabled to encounter cases of disproportion. With their hands they extricated themselves and their patients from many difficulties, in which we resorted to the perforator or other instrumental aid. He entertained a strong conviction that we should return to a more sedulous cultivation of the hands as an obstetric instrument, and that material improvement in obstetric practice would result. The particular application of turning to cases of disproportion was one of which he had formed a favourable opinion. At first, after Dr. Simpson's proposition to revive it, he distrusted its utility. He tried it by the favourite test of statistics. But he had since learned that we possessed no such statistics as would serve for the determination of any great question in obstetric practice. He had put the question fairly to the test of experience. He might state the general result of his observations as follows. Disproportions might be divided into three degrees. First, there were slight disproportions giving rise to protracted labour, which admitted of being relieved by the long forceps; but the forceps must be not only long, but double-curved, well made, and capable of being worked by the two hands. There was a second class of cases, lying between the class capable of relief by the forceps, and the third degree or class, in which craniotomy was necessary. This second or intermediate degree it was that properly admitted of treatment by turning. Beyond the third degree might be added a fourth, in which the Cæsarian section was the resource. It was thus seen that the operation of turning stood between the patient and craniotomy, promising to avert the necessity, in some cases, of resorting to that repulsive operation. It did not appear that the disproportion in most of Dr. M'Clintock's cases was great. It seemed probable that in some of them the long forceps might have been successful. Where there was only slight pelvic contraction, he (Dr. Barnes) thought it right to try the forceps first, and failing in this manner, to proceed to turning. It was true that the practice was necessarily experimental. Dr. M'Clintock had fairly said that we could not determine beforehand the size of the child's head. We could not, therefore, tell beforehand what the degree of obstruction would be. But if the child were born dead after turning, we had at least the satisfaction of reflecting that the child was not sacrificed of necessity by the mode of operating, as was the case in perforation. If it perished, it was because it had to pass through a pelvis whose condition was incompatible with the birth of a living child. He did not assent to the opinion of Dr. M'Clintock, that the head did not come through the pelvic brim more easily when drawn through base first, than in the ordinary mode of entry by the crown. He thought the passage much facilitated. It might seem strange, but he had seen reason to believe, that in these cases of disproportion the child had a somewhat better chance of being born alive than after turning under ordinary conditions. The common cause of disproportion was slight projection of the promontory of the sacrum; on either side a marked hollow was preserved, in one or other of which the cord would lie protected. A very valuable

application of the practice was found in the completion of delivery after perforation. In cases where much difficulty had been experienced in extracting the head by the crotchet and craniotomy-forceps he had, on several occasions, delivered with ease in a few minutes by turning. Much labour to the practitioner, exhaustion and distress to the patient, were thus saved. He would make one more remark; it was that, although great force had occasionally been necessary in extracting, he had never seen the smallest injury result to the mother. The patients had recovered as speedily and as well as after ordinary labours.

Dr. KIDD thought that no comparison could be drawn between the statistics of former times and the present because the influence of chloroform must be taken into account.

Dr. BRAXTON HICKS considered that the cases brought forward by Dr. M'Clintock could scarcely be fairly quoted as examples of the value of turning over the use of the long forceps in either delivering the child or in saving its life. Those cases only could be admitted as absolute proof on that point in which the forceps had been applied, and had failed to bring the head through, but where turning had been subsequently resorted to with success. Dr. Hicks instanced a case which occurred to him recently, in which the long forceps failed to bring the head through the brim, but where, by version, the child was delivered after some detention, its heart pulsating for an hour and a half after, inflation of the lung being continued till it ceased. In this case the forceps failed. Turning gave the child a chance, to say the least, of life, which the only other treatment left—viz. perforation—could not.

Dr. GRAILY HEWITT believed that the difficulty of effecting the transit of the body of the fœtus, after turning, where only one foot had been brought down, was not confined to cases in which the head had originally presented; but that, on the contrary, the same difficulty was found in other cases—in transverse presentation. He had met with a case which bore out this view of the matter. It had been a sort of maxim that the bringing of one foot down was sufficient. He thought that the erroneousness of this teaching should be pointed out, and the necessity of bringing down both feet, in cases of turning, inculcated.

IMPORTANT ALTERATIONS IN THE LUNACY LAWS. Two Acts of Parliament were passed at the close of the last session, making some important amendments in the lunacy laws. With regard to commissions, the inquiry of alleged insanity is to be limited to two years, and this limitation will save great expense. On the trial of a case as to the insanity, the alleged lunatic is to be examined before the evidence is commenced, and at the close, before the jury consult on their verdict. The presiding judge is to decide whether the examinations are to be conducted in open court or in private. Another alteration is made in cases where the property does not exceed £1000 in value, or £50 a year, in which cases the Lord Chancellor, without the expense of a commission, can make the property available for the lunatic or his family, or for carrying on any trade or business. The same provision extends to persons acquitted on the ground of insanity. In the other Act of Parliament "absence on trial" is permitted to lunatics; and unless they return on the expiration of the period, or unless a medical certificate is forwarded that their detention is no longer necessary, they may be retaken as if they had escaped. The Act provides that proper asylums are to be made, and medical visitors are to see the patients at least four times a year; and, unless under special circumstances, the inmates may correspond without having their letters opened. The alterations made are amendments in the law.



## Correspondence.

### REMARKS ON CHLOROFORM.

LETTER FROM EDWARD COPEMAN, M.D.

SIR,—Your leader on chloroform in the JOURNAL for 5th of July, comprises several very important questions. You say "all methods of administering chloroform cannot be equally good and equally safe; which one is the best? Some measures to be adopted for the accidents arising from its use, must be more efficacious than others; which are they? And there are, or there are not, certain contraindications of the body, which contraindicate the use of the agent; if so, what are they?" Wishing that all who have experience of chloroform would do their best to answer these questions; I have determined to set the example, and hope others will be induced forthwith, to communicate their opinions to the JOURNAL, and thus supply a body of evidence which, if duly sifted and arranged, would materially advance our knowledge of this most beneficently provided, and fortunately discovered agent. In its frequent employment we are apt to underrate its value; but let those of us who are old enough, recur in our memories to those scenes of pain and anxiety during surgical operations, which never can be really forgotten, and we shall not fail to appreciate chloroform as one of the most merciful provisions for the relief of suffering humanity, that could have been devised by a most merciful God. How much more might we extol it, were it bereft of danger; were it the certain means of relieving pain, with an equal certainty of not endangering life! Unhappily, many deaths have resulted from its use; one lately in the town; and it is but a few days ago that I witnessed so narrow an escape, that my mind is very forcibly impressed with the propriety of your having directed the attention of your readers to the subject.

My experience of chloroform has been extensive; our operations at the Norfolk and Norwich Hospital are numerous, sometimes nearly three hundred in a year, and in nearly all is chloroform administered. For the last ten years, I have seldom been absent when operations have been performed at the hospital, and I have also frequently seen the effects of chloroform, administered by myself and others, in private practice. Most thankful am, that I have never yet seen a death from the effects of chloroform; and the only one that has to the present time occurred in this district, happened under the auspices of two homœopaths, and a *druggist's assistant*, to whom was entrusted the administration of the chloroform whilst they were occupied in the removal of a diseased toe. It was stated at the inquest that death occurred a few minutes after the chloroform was given, and before the operation was completed; also that there was nothing in the condition of the patient previously to contraindicate the use of chloroform; but no information was given as to the manner of death, nor what means, if any, were adopted with a view to restore the unfortunate patient.

At our hospital, the chloroform is always administered by the resident medical officer, whilst its effects are watched by one of the physicians; and as no death has yet occurred from it in that institution; we may justly infer that the mode of administration is a good one. It has hitherto been both good and safe, and may perhaps, in answer to your first question, be the best. The mode we adopt is not to use an inhaler, but to sprinkle a little chloroform into the apex of a folded handkerchief pinned to the shape of a conical funnel; this is held first at a little distance from the patient's nose and mouth to ensure a sufficient admixture of atmospheric air, and then applied closer until the desired effect is produced. More chloroform is added according to circumstances, such as the more or less tolerance of it on the

part of the patient, the length of the operation, etc.; and we find, from a record kept by our house surgeon, that, in about four hundred operations the quantity consumed has averaged six drachms per case. This is the average quantity used, but what proportion of it has been actually inhaled, and what lost by evaporation, is difficult to say. Perhaps there may be more waste than if an inhaler were used; but the loss of a little chloroform is of no consequence if safety can be ensured in administering it; and hitherto such has happily been the case.

Your second question is also of considerable importance, viz., which are the most efficacious measures that can be adopted for the accidents arising from the use of chloroform? Now although we have had no deaths, we have encountered several of those accidents where it seemed almost impossible to save life; the proportion of cases, however, in which anything untoward has occurred having been exceedingly small. Let us see what has been done on those occasions, and trace if we can in what the danger consists. In reading the accounts of the various inquests which have been held from time to time on persons killed by chloroform, we must be forcibly struck with the perfect uselessness of most of the means of restoration, and how from the moment the danger began to be apparent the death became certain. How does chloroform act fatally upon the system? What is the mode of death? Is the fatal impression made upon the heart or upon the brain and nerves? From what I have observed, I believe that chloroform first produces congestion of the brain, that a continuation of its action gradually impairs the power of the sensorium, and allows the spinal nerves to run riot, producing tetanic spasms and various muscular contortions; and that immediately after this, there is no sensibility to pain, and it is only necessary to keep up the effect of the chloroform by very cautious renewals of the inhalation without increasing it. The next phenomena produced, if we go on giving it, is *stertor* and difficult respiration, showing that the muscles of the throat and glottis are, so to speak, in a degree paralysed. Here the state of safety ends, and that of danger begins; for in this condition a sudden stop to respiration may take place, and the patient may die of suffocation. A healthy little boy was being sounded for a stone; chloroform was administered, but he did not very readily come under its influence; after awhile he breathed with stertor for a few seconds, and then respiration ceased. He was to all appearance dead; but his surgeon fortunately pulled his tongue forward by means of a hook, before it was too late; we heard a rush of air through the now open glottis; artificial respiration was kept up assiduously by alternate pressure on the abdomen; we had soon the delight of witnessing a return of the heart's action and of respiration, and a life was restored which in a few seconds would have been lost for ever. A few other similar cases have occurred to my observation, and the best means of averting a fatal issue, I believe to be comprised in these three things. Pulling the tongue well forwards so as to open the glottis; 2, admitting air as freely as possible to the patient's face; 3, producing artificial respiration by pressure on the abdomen with the hands, and allowing the chest to rebound immediately afterwards. The fear of death is from suffocation; the cause of the suffocation is the closure of the glottis by the falling back of the tongue and insensibility of the muscles to their natural stimuli; and all this will end favourably if we can secure the admission of air to the lungs and give no more chloroform. It is a matter, however, which brooks no delay, and whatever is done must be done at once.

What conditions of the body contraindicate the use of chloroform? This is a very difficult question to answer; for I have seen it employed in old and young, strong and weak, healthy and sickly, in all, with pretty nearly the same degree of benefit and security. Children bear it remarkably well—a weak pulse is not a contraindication, for a weak and even an irregular circulation is often



improved by it; systolic murmurs and moderate valvular defects in the heart do not seem to occasion danger, neither does that condition of the bronchial tubes which so often accompanies the advanced stages of exhausting surgical diseases, simulating phthisis. As far as I can judge, and I confess that my judgment in this particular may be worth but little, the most unfavourable condition of the system in which to administer chloroform, is that of sanguineous plethora, where the congestion of the head which its administration produces sometimes, appears almost beyond the power of the vessels to bear. In former years, when less attention was paid to the preparation of a patient for chloroform, we were often annoyed and interrupted by the vomiting it produced, which was sometimes severe and exhausting to the patient, continuing perhaps more or less for hours after the operation; but now by giving it when the stomach is without food, and preceding its administration by a little wine or brandy, we scarcely witness either the vomiting or depression, and the patients generally recover from its effects speedily and without ulterior consequences.

I shall be glad if these few remarks upon a most interesting subject may be acceptable to your readers, and help to induce them to study attentively the various points suggested by your remarks in each individual case that may be presented to their observation. I fear that many deaths from chloroform, some I have been informed of, have occurred from time to time which have not found their way into the medical journals; but I think it a duty that every medical man owes to his professional brethren and the public, to give, not simply a public notice, but a minute detail, of every such occurrence he may unfortunately meet with in the course of his professional experience. And, arising out of a consideration of these fatal terminations, another very evident duty devolving upon us, is that we should never allow any amount of familiarity with the use of chloroform, either to render us careless in its administration, or to tempt us to employ it on insufficient occasions. Properly used, it is indeed a blessing; improperly abused, it is a dangerous instrument of destruction.

*Nil enim prodest, quod ledere non possit idem.*

I am etc.,

EDWARD COPEMAN.

Norwich, August, 1862.

#### DR. HANDFIELD JONES'S SCHEME.

LETTER FROM HORACE DOBELL, M.D.

SIR,—I am so deeply interested in the successful working of Dr. Handfield Jones's scheme for studying the action of medicines, that I should be grieved to see it fail from faults of detail. Will you permit me, therefore, to point out what appears to me a source of certain shipwreck.

In your report, August 23rd, of Dr. Jones's paper, he is made to say, "the records should be very brief, merely noticing the important points. I may sketch one or two as follows: C. D., æt 8, male, a weakly child, attacked with rheumatic fever, May 7th; pericarditis detected May 12th; treated by salines and colchicum, with mercurials to slight salivation; disease unchecked, left side pleuritic on the 16th. Death on May 20th. The busiest practitioner would find but little difficulty in keeping such records, and their value when grouped together in large numbers would be exceedingly great."

That such reports would be easy to make is quite clear. And, with great respect for Dr. Jones, I have no hesitation in asserting that to estimate their value when "grouped together in large numbers" would be easier still, for a figure 0 would do the business.

What, I would ask, is the value of the statement "mercurials to slight salivation," if we do not know whether their effect was obtained before or after the pericarditis? Again, what value is there in the note "treated by salines,"

if we do not know by what rule the dose was regulated or what salts were used? In my opinion the value is nil and not only nil, but I would also say, that such reports would be highly dangerous, if used as the basis of an calculation except that of the amount of time and paper that can be wasted with the best intentions.

What should we think of a farmer who, wishing to prove the value of a specimen of seed, should sow twenty bushels of it on twenty patches of land of the same geological constitution, and then estimate the value of the seed by the aggregate harvest? Is it not clear that he would be wrong; and that if he repeated his experiment fifty times with the same seed he might be no nearer the truth; unless he noticed, not only the geological constitution of his soil, but its condition with relation to the succession of crops, the kind and amount of manure put upon it, the season of sowing, the birds and insects upon each patch, etc.

Yet, I submit that, he would be making quite as correct an experiment with his seed, as Dr. Jones's doctor with his drugs.

Let me say a word about the treatment of rheumatic fever, in illustration of what I mean. I firmly believe in the efficiency of alkalies in the treatment of rheumatic fever—to the extent that I do not believe either endocarditis, pericarditis, or pleurisy, will be fully developed in that disease, or any structural harm result, if the alkalies are used at the right time; in the right quantity; in the right form.

Yet, in most of the bad cases of rheumatic fever with complications that I have seen in private practice—mean cases doing badly—the medical attendant has at once informed me that he is pursuing the alkaline treatment. He would, therefore, if left to repose in Dr. Jones's manner, state "treated with alkalies." From my own experience, I have never any hesitation in saying, in such cases that, either the alkalies have come too late, or have not been properly used.

This is the case in point. What I mean by coming too late, is not coming in time to get all the fluids of the body saturated with them before inflammation of the serous membrane has advanced beyond its earliest stage. What I mean by properly used is, given in such quantities, in such forms, and at such intervals, as shall, as far as possible, saturate all the fluids of the body with the salts; and, having obtained this end, that they shall be continued in such quantities, in such forms, and at such intervals, that the secretions shall be kept constant and neutral, throughout the whole course of the case. For this purpose the urine and perspiration must be tested according to my experience, not less often than once in two hours; for I find that they will return within that time, from an alkaline to an acid reaction.

It has rarely happened to me to find cases said to be under the alkaline treatment in which it has not turned out, on close examination, that several times a day, in the intervals between the doses of medicine, the secretions have been allowed to return to the acid condition.

Of course, Dr. Jones may differ widely from me on the particular point of practice; but what I wish to enforce by the example is this,—that in the use of every remedy there is this same important distinction to be drawn between its being used properly or improperly, and that as to the success or failure of the treatment, so far as drugs are concerned, will hang upon this. If then, Dr. Jones's reports are to be of any value,—if, indeed they are to be other than highly dangerous as the basis of therapeutic calculations, there must be attached to the statement that any drug is used, a clear definition of what is meant by that statement. 'Treated by salines'—'treated by salivation'! and the like, mean nothing, unless defined by the man who makes the statement.

I am, etc.,

HORACE DOBELL.

29, Duncan Terrace, London, August 23, 1862.



## OUR THERAPEUTICS.

LETTER FROM EDWARD WOAKES, M.B.LOND.

SIR,—In common with, I doubt not, large numbers of brethren, I have rejoiced at the prospect to which recent correspondence in the JOURNAL points, of witnessing some tangible effort inaugurated for raising the art of therapeutics to the condition of a science. You, sir, will readily understand how bewildering to an earnest seeker after therapeutic exactness is the present diversity of opinion as to the means by which the practitioner of the healing art is to accomplish the objects he has in view. Have we not one great medical authority proscribing in all cases extreme antiphlogistic measures, while another invariably recommends them? Some will place all reliance on a refined system of hygiene, and will literally "throw physic to the dogs"; others are equally confident of the efficacy of drugs to cure or alleviate all the physical ills of mortality; some, again, put their trust in alcohol, while an equal number ignore its utility, or claim for water, *pur et simple*, the virtues of a panacea. While one physician will discharge at his patient's ailment a single well directed shot, another will aim a full charge of grape, some fragment of which may, he trusts, in the general explosion, hit the mark. Where in this confusion shall an inexperienced prescriber turn for a sufficient authority to guide him clear of the quicksands of heterodox medicine, against which he is now especially prone to make shipwreck of his medical faith?

For my own part, I have often been on the point of appealing to the Association through the JOURNAL for more light on this subject. The undefined state of my own views, however, prevented me. Instead, I did what I suppose others have done who have passed through this yeast stage in the history of one's medical experience: I went to work to judge for myself of the respective value of the agents which a prolific materia medica placed at my disposal.

Amidst much that was nugatory, there gradually loomed through the mist certain principles by which it seemed to me possible to test the appropriateness of a particular remedy to meet the exigencies of a given disease. And it has always seemed to me, sir, that the want of such principles in the application of remedial agents has been the ever present source of failure in the treatment of disease. We want some recognisable parallelism between the symptoms to be assailed and the weapons brought to bear upon them. Let me not be misunderstood to aspire after the exactitude of the homœopath, who has his fixed remedy for every symptom, and is ready with an enviable precision to apply the one as soon as the other is apparent; but rather to seek for a correspondence between the principle which the disease brings into play, and the principle upon which we make use of a remedy. An illustration may make my meaning more apparent. A patient is attacked with pericarditis: how can we remove the danger attendant upon the deposition of lymph? Chemistry teaches us that nitrate of potassa dissolves fibrine, totally destroying its adhesive qualities. Here, then, we have a direct chemical relationship between a morbid symptom and its remedy; the "bane and antidote" are both before us; and it in no degree diminishes the value of the principle involved, that an unenlightened experience taught us to make use of the remedy in question long before chemistry had pointed out the relationship alluded to.

There can be no doubt that similar efforts to those made for my own satisfaction, to arrive at some precise knowledge of the action of drugs, and at which I have so roughly hinted, have been carried out with far greater ability and to a more successful issue by many other members of the profession who have desired to know

more about their remedial agents than that they have been proved efficacious in given diseases. Cannot this mass of definite information, now floating hither and thither throughout the profession, be reclaimed from its comparative uselessness, and made practically available to the entire medical community?

And, *apropos* of the promised discussion of this subject, I would venture to suggest that one object be to collect the information to which I have referred; and that a portion of the JOURNAL be devoted to the recording of the facts so ascertained, and the data necessary to substantiate them. Could such information, the result of extended experience and calm conviction, be laid explicitly before the profession, it would, in my belief, carry much more weight than would the conclusions from experiments instituted on the spur of the moment. At any rate, the facts derived from either source would act as valuable checks upon each other.

I am, etc., E. WOAKES.

Luton, Beds., July 30th, 1862.

## Medical News.

## APPOINTMENTS.

\*MACLAGAN, A. Douglas, M.D., appointed Professor of Medical Jurisprudence in the University of Edinburgh.

## ROYAL NAVY.

LLEWELLYN, D. J., Esq., Surgeon, to the *Pantaloön*.  
MACLEAN, G., Esq., Acting Assistant-Surgeon, to the *Pantaloön*.  
SHAW, Doyle M., Esq., Surgeon, to the *Greyhound*.

## DEATHS.

ARBUCKLE, Robert, M.D., at Auchenhay, Kirkcudbrightshire, on August 24.  
ARROTT, William, M.D., at Almerieclose, Arbroath, aged 88, on August 21.  
COWAN. On August 19th, at Linburn, near Edinburgh, aged 32, Selina, wife of — Cowan, M.D.  
TODD. On August 25th, at Dublin, aged 27, Emma, wife of R. Cooper Todd, Esq., Staff-Surgeon.

**MALIGNANT SORE-THROAT.** The Registrar-General for Scotland reports that in the second quarter of this year ulcerated sore-throats and diphtheria were remarked in scattered localities; and that in Mid and South Yell (Shetland), the sore-throats were accompanied by an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of that epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterised in them by the aphthous and ulcerated mouth and sore hoofs. An intelligent veterinary surgeon has brought under notice a few cases, in which it was clearly established that the milk of cows affected with murrain caused aphthous mouths and diphtheria in children, and fatal aphthæ, terminating in ulcerous affections of the mouth, throat, and windpipe, in the case of pigs.

**THE MEXICAN PEOPLE.** The Mexican population comprises five different classes:—1. The whites, constituting the aristocracy of the country, and generally called creoles. They are the direct descendants of the Spaniards, and their number is estimated at 300,000. 2. Those who consider themselves whites. They are the descendants of Spanish and Indian parents. This class numbers about 800,000. 3. The Indians, reduced to a state of most abject misery and servitude. They live in villages, and constitute the agricultural class. Their number is about 4,000,000; they still speak the Aztec or old Mexican language. 4. The *mestizos*, or mixed races, distinguished by various names; the issue of an Indian and a negro is called a *zambo*; that of a white and a negress, a *mulatto*; of a white and a mulatto woman, a *terzeron*; of the latter and a white, a *quadroon*;



and so on, to the eighth or tenth shade of colour. The issue of the Indian and negro constitutes the gipsies of the country; in the towns they are called *leperos*, and do nothing but drink, gamble, and commit every kind of outrage. It is from their number the bands of highway robbers which infest the country draw their recruits; some join the army, and others become servants. The number of *mestizos* in the country is stated at a million and a-half. 5. The Europeans, among whom the Spaniards predominate. The number of the latter is about 40,000; they are generally nicknamed *Gachupinos*, which, in the old Mexican tongue, means pricking with the heel, in allusion to the spurs the first conquerors wore. Next follow the North Americans, called *Grignos*, or sputterers; then the English, French, German, Swiss, etc., constituting a very small number in all. The whole population of the country does not exceed 7,000,000.

**AMERICAN MEDICAL WAR NEWS.** The wounds in cases from the Peninsula were various, both as regards their extent and situation; but most commonly they were confined to the lower extremities. It was rather remarkable to notice quite a number of cases, in which the ball entered the thigh about the junction of the middle and lower thirds, passing through the limb without injuring the femur, or any important bloodvessel. In two or three instances of this sort, both thighs were wounded in the same way. The wounds were nearly all made by the Minié ball, and were slow to heal. There was the usual percentage of compound fractures of the thigh and leg. Those patients who had suffered amputation of the thigh or leg were pretty badly off. In most cases, either there was an insufficiency of flap, or the granulating surfaces were covered with slough. Very few of the stumps looked shapely.—“Within three months,” writes the *American Medical Times*, “it is estimated that 50,000 men were sent to the rear of the ‘Grand Army of the Potomac.’” The journal attributes all this loss to *sickness*, to want of proper medical and hygienic supervision.—The city of Louisville, Kentucky, requires the Professors in the Medical College to take the oath of allegiance.—The meeting of the American Pharmaceutical Association, postponed in consequence of the disturbed condition of the country, will be held at the city of Philadelphia, on the 27th of August.—We were greatly pained, as we passed along the road traversed by thousands, to see dead bodies lying in the mud of the path, day after day. They were privates cast off from the boats or thrust out of the tents to which they had been taken when wounded, and where they had died. Some of them were bodies of rebels. Their open eyes and gradually blackening faces were a horrible sight, especially amid the crowd which always hung about the landing. After remonstrating with several officers on the inhuman practice and its bad effects on the soldiers, who saw how little they were cared for when dead, we succeeded in having them buried. A very similar scene was still in view when we left, at the log-hospital on the hill, where was a pile of amputated limbs just outside the back door! An admiring officer assured us, as we sorrowfully gazed, that it was the result of the labour of Dr. — within, the famous operator from Ohio. We hope the trophies of his skill will not much longer be publicly exhibited.—The *American Medical Times* contains a letter from Francis Reynolds, M.D., who signs himself “Fellow and Licentiate of the Royal College of Surgeons, Ireland, late Assistant-Surgeon in British Army during Crimean War,” and who is now “Surgeon 88th Regiment N.Y.V., Meagher’s Brigade, etc.”—Four thousand empty beds are now at the Disposal of the Medical Director in the hospitals about Washington, including churches.—The Government is now building a large and commodious hospital, capable of holding 2,000 sick and wounded soldiers, at Point Lookout, Maryland.

**OBSTETRICAL SOCIETY OF LONDON.** The Council of this Society have issued a circular, calling the attention of their professional brethren, and especially of such as are interested in the progress and dissemination of obstetrical knowledge, to the nature and constitution of the institution. The Society, now in the fourth year of its existence, already numbers upwards of 450 Fellows, a large proportion of whom reside out of London. The transactions of the Society, under the name of *Obstetrical Transactions*, have been published in the shape of three volumes, each consisting of upwards of 400 pages octavo. The volume is published annually, and embraces the papers and communications brought before the Society, together with an account of the discussions at the meetings, during the preceding session. The first President, the late Dr. Rigby, presented to the Society the whole of the books in his library on midwifery and diseases of women and children. Recently, the Honorary President, Sir Charles Locock, Bart., has presented to the Society a valuable collection of works on the same subjects. Contributions have also been received from numerous other sources. The financial condition of the Society is exceedingly satisfactory. At the close of the last year (December 1861), after discharging all liabilities, the Council placed in the Funds the sum of £300. The Council are exceedingly anxious to enlist on behalf of the Society the sympathies and active cooperation of practitioners in midwifery throughout the kingdom. The progress of obstetrics in this country has hitherto depended in a great measure upon individual exertion. To these will now be added the machinery for collective efforts. There must be few engaged in the practice of obstetrics who do not every year meet with cases, or observe facts, which are well deserving of record. There is no reason (the Council observe) why this Society should not become eventually a national institution, devoted to the cultivation of the science and practice of midwifery; at the same time exercising a beneficial influence upon obstetric education, and improving the social position of those engaged in this department of the profession. All medical practitioners registered, or, if practising abroad, possessing a British qualification, are eligible for election as Fellows of the Society. The subscription to the Society is one guinea *per annum*, payable in advance, and within three months of the date of election. The subscription is due on the first day of January in each year, and payment of the same entitles each Fellow to receive a copy of the volume of *Transactions* for the year to which that subscription applies. Fellows wishing to compound for their annual subscriptions may pay a composition fee of ten guineas. Gentlemen hereafter elected Fellows of the Society are allowed to purchase the volumes of *Transactions* for the past years at 10s. 6d. each, instead of 15s., the price to those not Fellows of the Society.

**DEPUTY INSPECTOR-GENERAL TICE.** A correspondent of the *Times* speaks as follows of this gentleman, who has lately died. “After a long career of service abroad and at home, Dr. Tice was sent out to Malta on the outbreak of the Crimean war, and acted as Brigade-Surgeon in the Light Division, in Bulgaria; was with them when cholera broke out in their camp at Devna, laboured among them with his colleagues, Alexander Longmore and others; accompanied his brigade to the Crimea, and established his hospital under fire at the Alma, where his activity and zeal were conspicuous; thence proceeded to the front at Sebastopol, where he was attacked by fever; took charge of the medical department at Balaclava till his health failed him again, and he was obliged to go to Scutari. On his recovery, or indeed before it, he organised the beautiful hospital at Kulalee, to the excellence and admirable arrangement of which Miss Nightingale and Lady Stratford de Redcliffe could bear testimony, in common with all who saw the place. After a very short



site from active service at the close of the Crimean war, he was appointed to Chatham, but he was not long there before he was hurried out to India, and joined Lord Dalhousie's camp before Lucknow in March 1858. When R. Walpole's division marched for Rohilcund on the 1st of July, Dr. Tice accompanied the column as principal medical officer, and was engaged at Rooyea, and at the junction of the column with Lord Clyde's army in advance on Bareilly he continued in the field during the arduous march, and was actively employed till its close, when he was left in charge of the Rohilcund district, under General Walpole. Thence he was transferred to Lucknow, and now that his time had nearly expired we hear of his premature and lamented death, caused probably by that fatal procrastination which prevents medical officers in India leaving the country themselves, letting others go till it is too late, owing to an over-zealous discharge of their duty. Whatever the cause, the country has to deplore the loss of an able and devoted servant, the service a most efficient officer, his friends a warm-hearted, genial companion, in John Graham Tice."

## Varieties.

**PHARMACY IN SPAIN.** Spanish physicians and surgeons never dispense medicines or engage in pharmacy. Should, however, any person so licenced assume the latter calling, by existing laws affecting pharmacians, he would forfeit his professional privileges, while those keeping shops for supplying drugs prescribed by the former classes—"no pueden ejercer simultaneamente la medicina ni la cirugia"—cannot exercise simultaneously medicine or surgery. On that point there exists no equivocation. Further, pharmacians cannot sell a secret remedy, or any special or specific preparation whose composition is unknown. Should it ever happen that the prescription of an unauthorised medical practitioner orders strong medicines, especially if poisonous, in extraordinary or unusual quantity, before compounding such doses the pharmacist must first communicate with the prescriber to verify his recipe, lest the party may have made a mistake.

**THE RESULTS OF A DAY'S DREDGING.** First in numbers, activity, and certainly in self-assertion, are the crabs; not the familiar crustacean of Hungerford Market, but relatives of all sizes and every conceivable form. Here are flat, fat, comfortable crabs, well fed, contented with things as they are, manifest marine Tories, differing utterly in appearance and habits from other truculent evolutionary fellows with ungainly limbs, malicious eyes, and absolutely bloodthirsty aspect. Then there are spiny crabs, the porcupines of the sea, squinting with horrible persistence; tiny delicate crabs, smaller than a silver threepence; and, strangest of all, the slender *Arachnidæ*, ocean spiders, with legs of thread-like thinness and astounding length, and eyes set curiously on long footstalks, pointing finger-like, in all directions. Next come fierce *Paguri*, or soldier-crabs, snugly housed as to their hinder parts in the shells of defunct whelks and trochi, their ruling passion for warfare strong even in the dredge, fighting here beneath our very eyes each for the possession of a neighbour's more desirable habitation. Then there are the starfishes, with long rosy arms twining over everything, alarmed brittle stars strewing the heap with suicidal fragments, neat *Cribellas*, charmingly marked *Ophiocomas*, and here and there the beautiful *Palmipes*. Less conspicuous, but more lovely than either of these two families, come the mollusca and their brilliant representatives, *Eolis* and *Doris* of the waving plumes, ma-

jestic *Aplysia*, and the emerald *Actæon*, accompanied by their testaceous relatives spiny *Turritellas*, ribbed cowries, murderous whelks, the gem-eyed *Pecten*, "butterfly of the sea," and the pearly earshell. As for zoophytes, their name is legion. All the finer species of *Actinia* are represented; and *Sertuluria*, *Laomedea*, and *Campularia*, crowd the stones, weeds, and pebbles, till every portion of their several surfaces is alive with the beautiful atomies. Dwarf corals and *Lepraliæ* meet us at every turn; and now and then we may detect, half hidden in the mud, the tube of an *Edwardsia*, or perhaps even the brilliantly spotted covering of the rare cloak anemone. Then there are the worms, not only *Serpula* and *Sabella*, the pride of all aquarian naturalists, but *Phyllodoce*, *Nais*, and the strange rainbow-hued sea-mouse (*Aphrodite*). *Nereides* of all forms and dimensions, some brilliantly phosphorescent, others of a comeliness needing no such enhancement; and last, not least, the rarer *Auricomada*. (*Once a Week*.)

**SPONTANEOUS GENERATION.** The researches of Pasteur appear to have satisfactorily demonstrated: 1. That the air of inhabited places contains a greater relative number of fruitful germs than the air of uninhabited regions. 2. That the ordinary air contains only here and there, without any continuity, the condition of the first existence of generations sometimes considered spontaneous. Here there are germs and there there are none. 3. There are few or many, according to the localities. Rain diminishes the number; but after a succession of fine days, they are more numerous. Where the atmosphere has been for a long time quiet, germs are wanting, and putrefaction does not take place as in ordinary circumstances. Gay Lussac, Schwann, and Pouchet, have performed various experiments upon liquids in contact with common air, with heated air, with artificial air, and with oxygen gas, using a mercurial bath to isolate the substances experimented upon. Some of their results have appeared to favour the theory of spontaneous generation. Pasteur has ascertained that mercury taken from the bath in any laboratory is itself loaded with organic germs. He took a globule of mercury, surrounded by an atmosphere of calcined air, and passed it into a flask of putrescible fluid by the process detailed in the former part of this paper. In every experiment of this kind, after two days, an abundant growth of organic products appeared. The same experiments were repeated with the same liquids, with no change of manipulation, with the same kind of mercury, except that the mercury was first heated to destroy the germs it contained, and no growths whatever appeared in the flasks. From all these experiments, Pasteur concludes that powders suspended in the air are the exclusive origin, the first and necessary condition of life in infusions in putrescible bodies and in liquids capable of undergoing fermentation. It is easy to collect and observe with the microscope atmospheric dust, among which may always be found a great number of organised corpuscles which the experienced naturalist will distinguish as the germs of inferior organisms. Some infusoria are not more than 1-24,000th of an inch in diameter, and if we suppose that the ova of infusoria and the spores of minute fungi are no more than one-tenth part the linear dimensions of the parent organism, there must be an incalculable amount of germs no larger than 1-240,000th or 1-100,000th of an inch in diameter. Since, according to Sullivant and Wormley, vision with the most powerful microscope is limited to objects of about 1-80,000th of an inch, we need not be surprised if infusoria and other organisms appear in putrescible liquids in far greater numbers than the germs in atmospheric dust visible by the aid of the microscope would lead us to expect. (*Chem. News*.)







# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### WESTMINSTER HOSPITAL.

PUNCTURED WOUND OF THE CHEST, FATAL FROM  
HÆMORRHAGE.

Under the care of CHRISTOPHER HEATH, Esq.

[Reported by Mr. W. A. EDIS.]

A R., aged 17, was brought to the Westminster Hospital at 8.40 P.M. on Sunday, August 3rd, bleeding profusely from a wound in the right axilla. He had climbed up on to a cobbler's stall in Cartwright Street, Broadway, and slipping, had fallen a distance of four feet and a half, becoming impaled upon some spikes; which, however, were only three feet six inches from the ground, so that his feet actually touched the ground whilst the spike was in his chest.

Mr. Edis immediately examined the wound, and found a puncture about an inch long in the side of the chest, midway in the axilla, from which a continuous and full stream of venous blood was welling. The finger introduced into the wound felt a broken rib, and then passed into the pleural cavity, which was found to be filled to a great extent with coagulated blood; though, on auscultation, air was found to enter the lungs freely, and gurgling was heard only at the seat of puncture.

The spike had evidently taken a direction upwards, and the bystanders who extricated him said that it was 'quite up into the neck.' It was impossible to carry the finger as far as the spike had entered, but the discoloration above the clavicle shewed that it had penetrated to that point. The hæmorrhage was evidently entirely venous; and though the pulse in the right arm was very feeble, this was readily accounted for by the amount of hæmorrhage which had already taken place, the surface of the body generally being blanched, and the lips almost colourless. Pressure was made above the clavicle, and a bandage was applied around the upper arm to prevent the return of venous blood; but it was impossible to check the internal bleeding, though the external hæmorrhage was readily controlled. The patient made frantic efforts to escape from the pressure that was made; and begged for water to drink, refusing the wine which was offered him. Restlessness and jactitation increased; and, about forty-five minutes after the occurrence of the accident, he expired.

At the *post mortem* examination, made by Mr. Heath on the following day, the fourth rib on the right side was found to be fractured in front of the angle, where the spike had entered the chest; and the pectoral muscle was torn in two places, showing that the spike must have entered twice during the patient's struggle. The pleural cavity contained a considerable quantity of coagulated blood; and some colourless fibrine was adherent to the side of the thorax. The spike had passed across in front of the heart and large vessels, and had torn the left innominate vein to the extent of half an inch, but had not touched the large arteries. The right lung had a rent in it about two inches long, but to no great depth. On further examination, it appeared that the spike, after entering the thorax, had broken the first rib on the right side from within, immediately in front of the scalene tubercle, and had entered the root of the neck, wounding the internal jugular vein just at its junction with the subclavian.

It is obvious, from the nature of the injuries and their position, that surgical assistance could have been of no avail.

### WEST OF LONDON HOSPITAL, HAMMERSMITH.

ANCHYLOSIS OF KNEE-JOINT IN FLEXED POSITION;  
TENOTOMY AND DISRUPTION OF ADHESION UNDER  
CHLOROFORM: GOOD RESULT.

Under the care of ERNEST HART, Esq.

A CHILD, aged 12, was admitted into No. 4 ward, with the knee flexed, and ankylosed to that vicious position. She had been sent to the care of Mr. Hart for treatment by a surgeon of the vicinity, under whose care she had previously been. Originally she had been the subject of inflammation at the back of the knee-joint; suppuration occurred, and the interior of the part became affected. The tendons of the ham had contracted vicious adhesions; and the case having been somewhat neglected by the friends, eventually the knee was fixed, the leg being bent beyond a right angle.

A careful examination of the part shewed that the fixed false position of the limb was due to extra-articular as well as to intra-articular adhesions. The suppurative inflammation in the ham had left traces of its presence by the matting of the soft tissues, and the adhesion of the contracted tendons. The deformity and immobility of the joint shewed that the intra-articular cavity had also suffered. Under these circumstances, it was thought advisable by Mr. Hart to divide the tendons of the ham subcutaneously, with the care necessary from the somewhat altered state of the interior parts; and, having released the bonds formed externally to the joint, to break down the intra-articular bands by manipulation, under chloroform. Dr. Goddard Rogers administered chloroform, bringing the patient into a state of complete muscular relaxation. By subcutaneous incision the surgeon set free the tendons, which were cautiously divided by gentle sawing motion, and could be felt in each case to give way and part under the edge of the knife, applied without force. A very fine tenotome was employed, and by a little care all the tendinous structure which obstructed the straightening was divided, without enlarging the external aperture, and without extravasation of blood. It remained to break down the intra-articular adhesions. This being satisfactorily accomplished, the leg was brought into the straight position, and retained in that position by a splint and pads.

The after progress of the case was very satisfactory. There was no swelling or inflammation in the ham; and the child did not manifest any peevishness or sense of pain. The little patient left the hospital after a week; attending as an out-patient, and still wearing a splint.

It is necessary in such a case to take precautions, extending over some period of time, to prevent relapse; otherwise there may be found subsequent recontraction to a very troublesome extent. This precaution is not always sufficiently observed.

### TAUNTON AND SOMERSET HOSPITAL.

RUPTURE OF THE SCLEROTIC, WITH SUBCONJUNCTIVAL  
DISLOCATION OF THE LENS: RECOVERY, WITH  
GOOD VISION.

Under the care of C. H. CORNISH, Esq., Senior Surgeon  
to the Hospital.

[Reported by Mr. GIBSON, House-Surgeon.]

JOHN H., aged 36, was admitted May 10th. He stated that on May 8th he was struck by a piece of firewood on the right cheek and lower part of the right eye, the direction of the blow being from below upward, and that the sight of the eye was at once destroyed.

On admission, he was quite blind (there being a cataract of some years duration in the left eye). Great effusion of blood had taken place under the whole of the conjunctiva, which was thereby raised from the sclerotic. Just above the upper edge of the cornea, was an oval



elevation with its long axis horizontal. The iris was much obscured by blood in its anterior chamber.

May 14th. Some of the effused blood having been absorbed, the oval elevation above named was seen to be the dislocated lens. The iris was found to be ruptured at its upper and inner part, and one-third of it to be deficient.

May 19th. The lens was this day removed by Mr. Cornish, by means of an incision through the conjunctiva. Vision gradually returned; and, on August 1st, the patient could, by the aid of a No. 3 glass, read large type with tolerable ease, and find his way about the ward without its aid.

Aug. 9th. Ophthalmoscopic examination shewed the following condition of the organ. The anterior chamber was quite clear. In front of, and in, the vitreous body were floating shreds of coagulated blood. The fundus was dimly visible between these; but the optic disc could not be seen. A linear scar, blue in colour, in the sclerotic, one line above the cornea, marked the site of its rupture.

The patient was discharged on 9th August, and walked home through a crowded street with little difficulty.

## Original Communications.

### ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

By BARNARD HOLT, F.R.C.S., Senior Surgeon to the Westminster Hospital.

IN the BRITISH MEDICAL JOURNAL of June 21st is the report of a paper read by Augustin Prichard, Esq., before the Bath and Bristol Branch of the Association, in which he records his experience of the use of the "stricture-dilator". I am much gratified to find such encouraging testimony to the success of the method, borne by so able a surgeon as Mr. Prichard; but, since the *modus operandi* adopted by that gentleman differs in some respects from that which I myself *now* invariably adopt, I wish to record a few recent cases illustrative of the treatment.

Although formerly I operated in the manner described by Mr. Prichard—viz., by passing a series of tubes of consecutive sizes—I have now for many years abandoned that plan, and invariably proceed to pass at once the largest sized tube which the meatus will admit, so as at once to restore the urethra to its normal calibre. Since the publication of my work upon the subject, I have seen a large number of cases of stricture, all of which I have treated in the manner alluded to, and the whole of which (with one exception, in which I could not succeed in splitting the stricture) made most satisfactory recoveries, without any symptoms of infiltration, abscess, or swollen testes.

The following abbreviated cases will serve to illustrate that which I think I may now consider to be established; viz., that in all cases of severe and obstinate stricture of the urethra, the employment of the dilator in the manner I recommend ensures the restoration of the strictured portion of the canal to its normal capacity without danger to the patient; and that the size so attained can be readily preserved with the commonest attention; also that, in the simpler forms of the disease, the stricture is at once so far cured that the patient does not afterwards require the passage of an instrument more than once or twice a year.

CASE I. On November 15th, 1861, Dr. Savage requested me to see Mr. C., who had for some years suffered from frequency of micturition, difficulty in expelling his urine, an uneasy sensation in the perinæum,

and incapability of emptying his bladder, the irritability of which was so great that he was compelled to pass urine the moment he experienced a desire to do so. He had been previously treated for stricture, but without material benefit. Upon examination, it was found that a No. 3 could be passed into the bladder, but that it was firmly held at the membranous portion of the urethra; and, to avoid the tediousness attending the ordinary process by dilatation, I recommended him to once have the urethra enlarged to its natural diameter. On the 1st of December, I passed the dilator, and enlarged the urethra so that it would admit a No. 12 catheter with ease. The pain was momentary, and of the most trifling character. There was hardly any bleeding, and the patient was surprised at the slight amount of suffering. On the following day, he expressed himself as quite comfortable, and that he had made water with greater ease and less frequency than before.

Dec. 3rd. The No. 12 catheter was passed with the greatest ease, and he was in every respect much improved.

Dec. 5th. The catheter was again had recourse to, and so first on alternate days, and afterwards at longer intervals, the catheter was occasionally passed.

Jan. 1st. He now passed his urine in the fullest stream, was entirely free from pain, and could retain his urine for seven hours without the slightest discomfort.

CASE II. Major-General Sir ——— consulted me Dec. 10th, 1861, in consequence of a severe stricture of the urethra, from which he had been suffering for the last fifteen years. He had been much abroad, but was compelled to return to England in consequence of his increasing difficulty in expelling the contents of his bladder. He stated that, for three years prior to my seeing him, he could only retain his urine an hour or an hour and a half; that its expulsion required great muscular exertion, and thus gave rise to hæmorrhage and prolapse of the rectum; that his urine was more frequently passed by drops than in a stream; and that he had no power of preventing its dribbling away and constantly wetting his clothes. Daily attempts had been made, for more than a month prior to my seeing him, to pass a catheter, but without success.

Upon examination, I found a tight stricture at the anterior part of the spongy portion of the urethra through which a No. 2 was passed, but it was arrested at the bulb; and, as there was some hæmorrhage, and the patient became faint, no further attempt was then made.

On the 12th, the same catheter was passed through the two strictures, but would not penetrate a third situated at the membranous part. He again became faint, and prevented any further trial.

On the 16th, a further trial was made, and the bladder nearly reached; but the bleeding and faintness prevented my persevering.

On the 18th, the catheter, after some considerable difficulty, passed into the bladder; and about a pint of offensive urine was removed, although he had made water an hour before its introduction. The catheter was retained for half an hour, and required considerable force to withdraw it.

On the 21st, the same instrument was again passed and, upon its removal, a larger size was attempted; but the strictures were as yet too contracted to admit it.

On the 25th, a No. 1 was passed into the bladder with comparative ease. He had much improved in health since the urine could be expelled in a small stream.

On Jan. 4th, the size had been increased to No. 2 and, on Jan. 6th, the dilator was passed, and the urethra was immediately enlarged, so that it would admit a No. 11. The pain was much less than he had experienced in the previous attempts to pass a catheter.



ly a few drops of blood escaped; and after the operation he returned to the drawing-room.

On the following day, he informed me that he had not experienced the slightest difficulty in passing his urine; that he held it a much longer time; that only a few drops of blood escaped; and that he was in every respect perfectly comfortable.

On Jan. 8th, he came to my house, when No. 11 was passed into the bladder.

On Jan. 20th, he passed his own No. 11 into the bladder. His frequency of micturition had entirely subsided; he had no further involuntary escape; and the urine was passed in a good stream. He continued his attendance occasionally, always passing his own instrument, until Feb. 20th, when he again went abroad, leaving perfect control of the disease.

CASE III. The Hon. Col. ——— was invalided from India, in consequence of what was believed to be disease of his kidneys. He consulted me on May 10th; when, from an inquiry into his history and an examination of his urine, I was assured he was free from renal disease, but had been long suffering from stricture. I persuaded him to permit the urethra to be examined, and found a stricture at the membranous part of the urethra, which would only admit a No. 1 catheter. The examination gave him considerable pain, and was accompanied by more hæmorrhage than is usual even in very irritable strictures.

On the 14th, the same instrument was employed, but without success. The stricture bled freely; and he was requested to remain quiet for a few days, and regulate the bowels with medicine I prescribed.

After the expiration of a week, the parts were more quiet, and the No. 1 was again passed. The urethra was, however, still irritable, and the passage of the catheter gave great pain.

By continuing his attendance, I was enabled, at the expiration of three weeks, to pass a No. 3, when he consented to have the stricture split. As he was exceedingly nervous, chloroform was administered, the dilator passed, and a No. 12 tube pushed between the blades; the No. 2 catheter being afterwards substituted to remove the urine.

On the following day, his urine was passed with great freedom; and on the second from the operation he was sufficiently well to attend Epsom races. There has never been the slightest difficulty in passing the No. 12 catheter, and he expresses himself as passing urine as well as he ever did.

CASE IV. Captain P., a patient of Mr. Miller, of Duke Street, St. James's, consulted me for stricture of many years duration. He was enabled to pass a No. 6 catheter; but, although the urethra was so far patent, he had, for the previous six weeks, daily retention of urine, which required the passage of the catheter once and twice a day.

Upon examination, a long elastic stricture was detected situated about the membranous portion of the urethra, through which a No. 6 could be passed, but it was held exceedingly tightly, and the urethra refused to admit a larger size. The retention evidently depended on the patient's inability to empty his bladder, and the consequent gradual accumulation of the urine.

On Jan. 29, the dilator was introduced, and the No. 12 tube passed, the No. 12 catheter being afterwards substituted for the removal of the urine. The operation gave hardly any pain; and, although previously apprehensive of suffering, he was surprised at the little pain he experienced. In the evening, he passed his urine freely.

On the following day, the urine was also passed freely.

On the third day, the No. 12 catheter was passed without the least difficulty.

On the fourth day, he had retention, which was immediately relieved by the catheter.

From this time, he had only one attack of retention, which evidently depended upon the circumstance of his putting off the time of passing urine when he had the desire to do so. He is now perfectly well in health, and is not subjected to any inconvenience.

The only case in which I have failed to enlarge the urethra was in the case of a Col. H., who had been under the care of the late Mr. Abernethy, Mr. Guthrie, and others. His stricture had been divided by internal incision, burned with different caustics, and dilated by retaining a catheter in the bladder. It was situated at the spongy part of the urethra, about three inches from the meatus, and was tough, unyielding, and gradually contracting, so that at the time of my being consulted it would only admit a No. 3. I passed the dilator and the No. 12 tube; but with all the force I could exert, I found it impossible to split the stricture; it yielded, but would not split. From this operation he derived no benefit, and for a time the urethra was made more irritable and painful. This is the only case, out of now more than 200, in which I have not succeeded in splitting the stricture.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### STATISTICS OF FORCEPS OPERATIONS.

By J. G. SWAYNE, M.D., Physician-Accoucheur to the Bristol General Hospital, and Lecturer on Midwifery at the Bristol Medical School.

[Read May 1st, 1862.]

THERE is no branch of medical science which has of late years received more benefit from statistics than midwifery; and there is none, perhaps, in which the records of private practice are of so much value. This conviction has induced me to bring forward my own experience of the use of the forceps during the twenty years in which I have now been engaged in midwifery practice. The details which I shall produce will be as few as possible, and will be chiefly intended to illustrate the principles which ought to guide us in the use of this valuable instrument.

Since I have been in practice, I have had to employ the forceps in forty-five cases. In most of these cases, I have been called in, in consultation, either by other practitioners or by my own pupils. The accompanying table (in which I have endeavoured to avoid, as much as possible, too many details) exhibits the more prominent features only of these cases. For instance, I have not stated the number of pregnancies, but have merely noted whether the woman be a primipara or multipara, as I considered that, in the case of the latter, the number of children, which she may have given birth to previously, is a matter of comparative indifference. By a reference to the table, it will be seen that, out of the forty-five cases, thirty-five, or more than three-fourths, were primiparæ. This result is what would naturally be expected; for in most forceps cases there is both increased resistance and diminished uterine power; and the former element is especially present in first labours, where rigidity of the soft parts is superadded to other causes of resistance; and, above all others, it is present in women who have passed the period of youth. Amongst the thirty-five primiparæ, there are eight women whose ages are respectively 30, 32, 38, 38, 40, 40, 40, and 41.

In classifying my cases of forceps delivery, I did not include any in which the long forceps was tried unsuccessfully before resorting to craniotomy, and have only stated those in which delivery was completed by that instrument; consequently, my long forceps cases are but



## STATISTICS OF 45 CASES OF FORCEPS DELIVERY.

No.	Date.	Primipara or Multipara.	Reasons for using Forceps.	Presentation.	Result as regards Mother.	Result as regards child.	Sequelæ and Complications.
1	1842	M.	Want of power and of room in the pelvic cavity and outlet.	Natural.	Recovered.	Living.	
2	1844	P.	Do.	Do.	Do.	Do.	Child died from pyæmia within the month.
3	1846	P.	Do.	Do.	Do.	Still-born; putrid.	
4	1848	M.	Do.	Do.	Do.	Living.	
5	1848	M.	Convulsions.	Forehd. to right acetabulum.	Do.	Do.	
6	1849	P.	Want of power and of room in pelvis.	Occiput to right acetabulum.	Do.	Do.	The mother had an attack of phlegmasia dol.
7	1849	M.	Do.	Natural.	Do.	Do.	
8	1851	P.	Do.	Occiput to right acetabulum.	Do.	Do.	
9	1853	aged 40 P.	Convulsions.	Do.	Do.	Do.	Some <i>post partum</i> hæmorrhage.
10	1853	P.	Want of power and of room.	Natural.	Do.	Still-born.	
11	1854	M.	Do.	Do.	Do.	Living.	
12	1854	P.	Do.	Do.	Do.	Do.	Slight laceration of perinæum.
13	1855	aged 32 P.	Twins. Extreme debility from severe bronchitis.	Both natural.	Died same day from shock.	Both still-born and putrid.	The first child delivered by forceps; the second by craniotomy.
14	1855	P.	Want of power and of room.	Occiput to right acetabulum.	Recovered.	Living.	Slight laceration of perinæum.
15	1855	M.	Do.	Forehead to right acetab.	Do.	Do.	
16	1855	P.	Do.	Natural.	Do.	Died two hours after birth.	
17	1855	aged 41 P.	Want of power. Ergot given without effect.	Occiput to right acetabulum.	Do.	Living.	
18	1856	P.	Want of room from narrow pelvic outlet.	Natural.	Do.	Do.	
19	1856	P.	Prolapse of funis.	Occiput to right acetabulum.	Do.	Still-born.	Slight perineal laceration.
20	1856	P.	Want of room at outlet. Large child (10 lbs. weight).	Natural.	Do.	Still-born.	
21	1856	P. aged 30	Failure of uterine power in consequence of protracted first stage from rigid os uteri.	Do.	Do.	Living.	Child died convulsed on third day; slight laceration of os uteri.
22	1856	P.	Convulsions.	Do.	Do.	Do.	
23	1857	M.	Want of room at pelvic outlet.	Do.	Do.	Do.	
24	1857	M.	Want of room in pelvic cavity.	Do.	Do.	Do.	
25	1857	P.	Do.	Do.	Died on seventh day from puerperal fever.	Still-born.	
26	1858	P.	Want of power and of room in the pelvis.	Forehead to left acetabulum.	Recovered.	Living.	
27	1858	P.	Do.	Natural.	Do.	Do.	Slight perineal lacerat.
28	1858	P.	Want of power. Ergot given without effect.	Do.	Do.	Do.	
29	1858	P.	Want of power and of room.	Do.	Do.	Do.	
30	1859	P.	Want of power and of room at outlet.	Do.	Do.	Do.	Slight perineal laceration.
31	1859	aged 40 P.	Narrowing of pelvic brim from prominent sacrum. Long forceps used.	Do.	Do.	Do.	
32	1859	P. aged 40	Want of uterine power from the presence of a fibrous tumour.	Do.	Do.	Do.	Tumour came away piecemeal during third week after delivery.
33	1859	P.	Want of power and of room in the pelvis.	Forehead to left acetabulum.	Do.	Do.	Perinæum lacerated as far as sphincter ani.
34	1860	P.	Want of power.	Natural.	Do.	Do.	Retention of placenta from hr.-glass contractn.
35	1860	M.	Want of power. Ergot failed.	Forehead to right acetab. altered to occiput to left acetab.	Do.	Do.	
36	1860	P.	Want of power and of room in the pelvis.	Natural.	Do.	Do.	
37	1860	P.	Do.	Do.	Do.	Do.	Internal <i>postpartum</i> hæmorr. from inertia uteri.
38	1860	P.	Do. Ergot failed.	Do.	Do.	Still-born.	Laceration of perinæum; sloughing and subsequent stricture of vagina.
39*	1861	M.	Narrow brim from prominent sacrum. Long forceps used.	Occiput to right acetabulum.	Do.	Living.	
40	1861	P.	Convulsions.	Natural.	Do.	Do.	
41	1862	P.	Want of power. Ergot failed.	Do.	Do.	Do.	
42	1862	P.	Do.	Forehead to right acetab.	Do.	Do.	
43	1862	P.	Want of power and of room from prominent sacrum.	Occiput to right acetabulum.	Do.	Do.	
44	1862	P.	Want of power and room.	Do.	Do.	Do.	
45	1862	aged 38 P. aged 38	Do.	Natural.	Do.	Do.	

\* Was delivered in two previous labours by craniotomy and by forceps.



two—a very small number, compared with the others. In both of these, the head was arrested at the brim, in consequence of deformity from prominent sacrum; and in one craniotomy had been performed in a previous labour.

The short forceps which I employed in most of my cases is a modification of Denman's, but is much shorter in the handle, and longer in the shank; and the blades are more widely separated, so that it has not so great a power of compressing the child's head.

With respect to the causes which rendered the operation necessary, I find that they were—1. A want of expulsive power, combined with a want of room in the pelvis; 2. A want of expulsive power only; 3. A want of room only; 4. Convulsions; 5. Prolapse of the funis. Under the first head, of want of power and room, there were no less than twenty-four cases. The great majority of these—viz., nineteen—were primiparæ; whilst five were multiparæ. Six of the nineteen were over 30 years of age, and three over 40. In most of the twenty-four, the want of room was at the outlet; the increase of resistance and the diminution of expulsive power progressing *pari passu* until the child's head came to a complete standstill, about the time when it was just touching the perinæum. These are the cases which, above all others, are suitable for the use of the short forceps. In one case only was ergot given, and that unsuccessfully. It was given by another practitioner before my arrival, or I should not have sanctioned its use, as I never administer it when there is any mechanical obstacle to be overcome. In a few of the twenty-four instances, the head was arrested in the cavity of the pelvis, and in one very nearly at the brim. The obstacle was a prominent sacrum; but yet I was able to deliver with the short forceps, as the instruments I generally use are rather long in the shank.

Under the second head, of want of power only, there are nine cases. Of these, eight were primiparæ. In one of these, the want of power appeared to result from great general debility dependent on acute bronchitis, combined with over-distension of the uterine fibres from the presence of two dead children and a large quantity of liquor amnii. In another, it arose from the presence of a fibrous tumour in the walls of the uterus. In a third case (a primipara, aged 30), the want of power appeared to be produced by a very protracted first stage from excessive rigidity of the os uteri. At last a laceration took place in the anterior lip of the os, and the head passed into the vagina; but there was not sufficient power left to expel it. In five of these nine cases, ergot was given in large doses, without effect.

Under the third head, of want of room only, there were seven cases. In three of these, the contraction was chiefly at the pelvic brim, and was caused by a prominent sacrum. Two of these were delivered by the long forceps. In one case, the difficulty appeared to be chiefly caused by the large size of the child, which weighed ten pounds.

The fourth and fifth class of causes were complications rendering prompt delivery necessary. In the fourth class, the complication was convulsions, of which there were four cases; and in the fifth class, prolapse of the cord, of which there was but one.

We next come to the presentations in these forceps cases. Out of the total number of forty-five, there were thirty in which the head presented naturally—*i. e.*, with the occiput towards the left acetabulum. There were nine with the occiput to the right acetabulum, four with the forehead to the right acetabulum, and two with the forehead to the left acetabulum.

We have next to look at the results, both as regards the mother and child. As regards the former, all the patients recovered except two. One of these was a woman whose case I spoke of above. She was a primipara, in labour with twins, and in a state of extreme de-

bility from a severe attack of bronchitis. She was attended by a midwife, who left her too long in labour before she sent for assistance. When I arrived, she was almost without pain, and in a state of extreme prostration. I delivered the first child with the short forceps; and, finding that it was putrid, and that the second was in the same condition, I delivered the latter by craniotomy in preference, as being an easier operation for the mother. The woman died of exhaustion, six hours afterwards. The other fatal case was a woman to whom I was called by one of my pupils, and who was suffering from icterus when in labour. There was no particular difficulty about the case; but she died of puerperal fever, apparently of the gastro-bilious kind, about six days after. There was nothing in either of these cases to show that death in any way resulted from the use of the forceps. Still, if these two fatal cases are reckoned in, we shall have two deaths to forty-three recoveries, which is rather less than the proportion usually met with in British practice, according to Dr. Churchill's tables. These give one death in twenty and three-quarters cases as the average mortality attending the use of the forceps in Great Britain.

With respect to the mortality of children in my forty-five cases, I find that there were nine deaths, and thirty-seven children born alive. Of the nine, eight were still-born, three being putrid; and one was born alive, but died two hours after birth. This is rather less than the average mortality amongst children delivered by the forceps, which is stated by Dr. Churchill to be one in four.

I have made no statement as to the duration of the first or second stage of labour in these cases. As many of them had been under the care of different persons, both medical practitioners and midwives, before I saw them, it is obviously impossible to arrive at anything like accurate information on these points.

The last particulars to be noticed are the various complications which were observed during some of the labours, and the sequelæ which followed others. The first of these which demands our attention is laceration of the perinæum. Of this there are seven cases, all of whom, as might be expected, are primiparæ; three of these are aged respectively 30, 32, and 40. Six cases are slight lacerations; whilst the seventh was more severe, the rent reaching as far as, but not extending through, the sphincter ani.\* Amongst the thirty-five primiparæ, therefore, there are seven cases of slight perinæal laceration—a proportion of one in five, which, according to Dr. Snow Beck's estimate of the frequency of that occurrence, is not greater than what is observed in ordinary labour. The other complications were *post partum* hæmorrhage from inertia uteri in two cases, in one of which the hæmorrhage was internal. As there were only two instances of this complication, we may fairly conclude that the use of the forceps does not tend to occasion hæmorrhage after delivery. As to other complications, there was one case of retained placenta from hour-glass contraction, and one of phlegmasia dolens about a fortnight after delivery. In another case, as already mentioned, there was a laceration of the os uteri before the forceps was used; and, in another, a great portion of the anterior lip of the os uteri and the upper part of the vagina sloughed, and the result was a stricture of the vagina, which I had subsequently to divide. These occurrences are by no means attributable to the use of the forceps, for the operation was soon accomplished, without difficulty; and I believe that, if the forceps had been sooner applied, they would not have happened. When I was first called in to the patient, the second stage of labour had lasted twenty hours; the head had remained immoveable for eigh

\* The accident in this case appeared to have been caused by the head presenting with the forehead to the pubis—a position which puts the perineum very much on the stretch.



hours, and she was in a state of great prostration. The only remaining sequelæ are those which have reference to the child. In one instance (one of my first cases, occurring in 1844), the child, nearly a month after delivery, died from suppuration in various joints of the body. The mischief appeared to originate in inflammation of the cerebral sinuses; and this seemed to have been produced by a considerable indentation just over the coronal suture, caused by one of the blades of the forceps. At that time I used Denman's forceps, which has a great compressing power. Another child died convulsed on the third day after delivery, probably from the same cause. In another instance (in 1846), by passing one of the blades of the forceps too far, I hitched it over the chin, and, in extracting, disarticulated the lower jaw at the symphysis. Fortunately, the child was still-born. In fact, the principal drawback to the use of the forceps is, I think, that it may, if not carefully applied, do some injury to the child's head. The chief risk of this is when the head is so high that the ear cannot be reached. I now avoid the danger of compressing the child's head too powerfully, by using a forceps the blades of which are much more widely separated than those of Denman's.

As regards the danger to the mother, I think that my own cases show that it is next to nothing; for the two deaths recorded can scarcely in any degree be attributed to the use of the forceps. My own impression of the safety of the forceps is so strong, that I now resort to it more frequently and use it much earlier than I did at the commencement of my practice, when I had an undefined dread of possible consequences which may ensue. But I am thoroughly convinced that all those consequences, which have been described in thrilling language in various obstetric works, arise entirely from the improper and unskilful use of the instrument—in fact, from its abuse, and not from its use. As a general rule, if the head have been arrested for three hours in the cavity or outlet of the pelvis, I proceed to apply the forceps, believing that this mode of hastening delivery is not only the most useful, but the safest of all the obstetric operations.

## YORKSHIRE BRANCH.

### PRESIDENT'S ADDRESS.

By GEORGE SHANN, M.D., York.

[Read July 17th, 1862.]

I BEG, gentlemen, in the first place, in the name of an united profession, to bid you very heartily welcome to our ancient city, and to express the satisfaction with which we hail the return of this assembly of our Branch within these walls.

On my own behalf, I would also beg to thank you for the honour you have conferred upon me in electing me to the office of President for the year. Attached to the profession by the links of four generations, there is no class of men from whom it is more gratifying to receive distinction than from the members of a profession which I regard with the sincerest respect and affection. *Laudari a laudatis*—to be honoured by those whom we most honour—is *laus vera*, the most welcome form in which it can present itself.

Before passing to the matters immediately concerning our own Branch of the British Medical Association, I may be allowed to congratulate the members present on the prosperous condition of the general Association, and to express a hope that the approaching meeting in the metropolis may prove, as there is every reason to expect that it will, a great success; and that it will materially hasten the progress of the Association towards that goal which it must ever be the ambition of its friends that it should attain; namely, that it may become co-extensive with the profession, and a complete representa-

tion of it in its best aspect. Towards this consummation, so devoutly to be wished, we shall, I believe, all agree that a stride has been taken by the high position taken by our JOURNAL, which is such as fairly to entitle it to become the worthy mouthpiece of the profession. The bold stand which the able editor has made in regard to medical ethics, and the very sound ground which he takes in reference to the relation of science to medicine, claim from the members our best thanks and our cordial support. In looking through the records of valuable papers contained in the JOURNAL, many of them being contributions from the members, and read at the meetings of the various Branches, we must needs conclude that the Society is doing a great work, and has very able agencies engaged therein.

In order that the Association may work out its highest destiny, and embrace within it all that is morally and intellectually powerful and highest in attainment in our noble profession, it must prove itself worthy of such a position by its works, affording encouragement and means of combination to those who are willing to labour in the cause of science, and by combined efforts to work out those great problems of induction from largely accumulated data and statistics which are only to be accomplished by combination and an organised system of investigation.

Reunions for social intercourse and enjoyment have doubtless much to recommend them; but with us they never long maintain their hold on large numbers, unless they are associated with some worthy practical object. Englishmen are essentially a practical race; and of none is this more truly characteristic than of the members of our profession. With them the feeling would seem to prevail instinctively, that the true enjoyment of our social meetings needs to be earned by work first done.

Happily for us, at the present time we have no exciting professional politics demanding our attention and wearing our spirits, and are therefore at liberty to devote our thoughts more exclusively to scientific and professional subjects.

Accordingly as we avail ourselves of these opportunities, will our Association prosper and increase in number and influence.

At the meeting of the Lancashire and Cheshire Branch, held at Manchester on the 25th of June last, a resolution was passed to this effect: "That this meeting begs to recommend to the Council the consideration of the desirability of holding quarterly meetings of the Branch for the reading of papers on medical subjects." In the Report of the South-Eastern Branch, the Council congratulates the meeting on the increase of members which it attributes to the district meetings, and adds: "In practice it is found that, whenever meetings are held with frequency and regularity, the Association prospers and increases in number."

I would venture to ask whether these suggestions might not be advantageously taken into consideration by our own Branch. Embracing as it does amongst its members many whose connexion with public institutions affords them extensive opportunities of pursuing statistical and other inquiries, it cannot be doubted but that by combined action, each in their respective spheres following out the line of observation which their taste and opportunities severally incline them to, much valuable information might be accumulated, and ample materials provided, which might occupy with great interest and advantage the attention of the members at quarterly meetings, should these be established, and the members invited to supply papers.

The Council of the Metropolitan Counties Branch, in the recommendations which they suggest for increasing the practical and scientific value of the Branch, strongly recommend the revival of an inquiry into the action of medicines, which had been commenced several years previously, but been interrupted by the additional



duties thrown upon the members in consequence of having to make arrangements on so large a scale for the annual meeting. This is a subject affording scope for the highest intellects, but in the elucidation of which all might hope to contribute some assistance. We may anticipate that the papers to be read at the approaching annual meeting will give valuable suggestions on the subject of combined and systematic inquiry into this and other matters of the highest interest in medicine; and that all the members of the various Branches, and our own foremost, will be prepared to cooperate heartily in carrying into effect such proceedings as may be recommended, and, on due consideration, pronounced practicable.

Strongly impressed with the value of statistics in medicine, and of the need there is of cultivating more carefully the opportunities we possess of collecting them, I propose, gentlemen, to occupy the remainder of the time with some observations on hospital and dispensary statistics, with special reference to the inquiry as to the influence of occupation on disease. It has frequently occurred to me, and must have done so likewise to all here present conversant with public practice, that there are vast mines of most valuable statistical information buried in the volumes of recorded cases of hospitals and dispensaries, which have never yet been worked at all, or to so limited an extent that the results are not to be compared with what might be accomplished, were those connected with these institutions prepared to turn to practical account their almost boundless resources and opportunities. It is with a view, if possible, to induce others, more able than myself, to become fellow-workers in these rich mines of facts, available for the advancement of the inductive science of medicine, that I am led to bring before the meeting my little effort in the way of statistics. There are some before me connected with public medical institutions, who, if they would undertake to tabulate and bring into a tangible and useable form the mass of facts within their reach available for statistical purposes, would contribute most materially towards the establishment of principles derived by induction from carefully observed and largely multiplied data, by the multiplication of which we can alone hope to establish the practical arts of medicine and surgery on a truly scientific basis.

The immense value of public institutions as repositories of accumulated knowledge has been recognised from the earliest periods of medicine. The extraordinary attainments of the Father of medicine have been always largely attributed to his having inherited from his forefathers not wonderful abilities alone, but a distinguished situation in one of the most eminent hospitals or temples of health then in existence, where he enjoyed free access to all the treasures of observations collected during many generations. A calumny, probably the invention of some envious rival, serves to illustrate strikingly this position; namely, the groundless statement that Hippocrates was obliged to flee his native country in consequence of his having set fire to the library attached to the Temple of Health at Cnidos, in order that he might enjoy a monopoly of the knowledge which he had extracted from the records which it contained.

Let us, then, not be satisfied to leave these mines of knowledge unworked. As the *opes*, which have been called the *irritamenta malorum*, have to be dug and searched for with much labour, so these *opes opimiores*, which are the *remedia*, not the *irritamenta malorum*, are to be had for the exploring. And let it not be said of us, that we are more anxious for the attainment of those which perish in the using, than of that nobler treasure by the use of which we may save others from perishing.

For statistical purposes, it is most desirable that every case presenting itself at a public institution should be placed on record, and not simply those which are appa-

rently the more interesting and important. In the numerical system, multiplication serves to correct error; and, in any given subject of inquiry, only a limited number of cases recorded can be made use of. Thus, in the inquiry into the influence of occupation on disease, though I had 6550 recorded cases, only 1789 were available; the remaining 4761 cases being made up of women and children, and excluded from this investigation.

Having stated the importance of having every case taken which presents itself for treatment at our public charities, for the purpose of statistics, as this may appear a formidable undertaking, it will be useful to know what is the average amount of time required for each case, to do this sufficiently fully. Taking the year 1861, I find that at the hospital, on Saturdays, there was an average attendance of 51 out-patients, seen by myself; and that they took, on an average, four minutes and a half each. This average gave time for stethoscopic examination where necessary, and a sufficiently complete inquiry into each case. Thus, in the course of the year, 30 of the cases occupied between twenty and thirty minutes each at one time; 230 between ten and nineteen minutes each; and 160 between five and nine minutes each. The average time occupied on the Saturdays in seeing the out-patients was three hours and a quarter. Taking the cases in writing does not, in truth, occupy much more time than an equally careful examination without this, as the answers can be written down as fast as they can be obtained; and much time is gained in avoiding the necessity of repeating the same questions from week to week.

With these general remarks on statistics, and on the great advantage of collecting ample materials for them, and turning them to account when obtained, I will pass to the main subject which I wish to bring before the meeting; namely, some statistical facts intended to throw light on the influence of occupation on disease.

Little comparatively has been written on this subject in this country. The only English work referred to by the indefatigable Copland is that of Thackrah of Leeds. This is a work of great ability and research, and evinces considerable power, and genius for inquiry, and skill in generalisation; but, having been written upwards of thirty years ago, before the introduction of the numerical system, it is necessarily wanting in that precision which would be expected in a work on such a subject written at the present day; but, notwithstanding, it will stamp the name of Thackrah as a man of genius among the worthies of Leeds (illustrious in professional worthies) for generations to come. I shall make use of Thackrah's work for the purpose of comparing the results arrived at by the line of investigation which I have pursued, with the corresponding statements made by Thackrah with reference to certain trades and occupations.

In order that I might the more readily make myself understood, and also to enable the members of the Association to judge more accurately of the character and value of the statements brought before them, I have procured lithographed copies of some of the tables, and also a specimen of the analysis to which all the cases were subjected. Of these lithographed tables I beg, for the sake of convenience of explanation, to place a copy in the hands of each gentleman present.

Table A is intended to show the comparative frequency, per cent., with which certain diseases or morbid conditions are met with among the sick of several trades respectively. Take, for example, the tailors; and it will be seen that the conditions, we will say, of anæmia and failure of nutrition were met with in a larger proportion amongst them than amongst the sick of any other trade with which they are compared; the next in order of frequency being the shoemakers; the tailors being represented by



67, and the shoemakers by 66 per cent., in this particular. The trade least liable to suffer in this way, according to the table, are the workers in confectionery, who were affected in the proportion of 25 per cent.; the average frequency, taking all the trades together, being represented in the table by 46.6 per cent. The last column in this Table A, which expresses the general averages, affords a kind of standard of comparison, by which it may be seen, in reference to any of the heads of inquiry, whether any given trade rises above or falls below the average of those under comparison.

The Table B shows the number of each trade whose cases were subjected to analysis, and the average age of the total number in each trade respectively; and also the frequency with which any disease or morbid condition was met with among the sick of each trade. Anæmia, for example, was met with, either as a complication or constituting the principal disease, 167 times amongst 628 cases occurring amongst agricultural labourers of the average age of forty years. It was met with 144 times amongst 387 persons of the same average age, engaged in a diversity of occupations, amounting to upwards of 80. Again, anæmia was met with 38 times amongst 83 sick tailors of the average age of thirty-three, and so on. In Table A, the numbers given in Table B are expressed in the form of percentage. These explanations will, it is hoped, render the tables sufficiently intelligible.

The table C is given as a specimen of the kind of analysis to which all the cases were subjected, in order to reduce the results to a tabulated form. As is explained in the heading of Table A, the reasons for selecting the tailors was, that the number was sufficient for the purpose, without being inconveniently large. In the construction of these analyses, each case was arranged under the head of their respective occupations; and one or more of the more striking features of the case were noted down, being for the most part selected either as constituting characteristic or essential parts of the complaint, or as being points worthy of statistical notice. In Table D, we have a synoptical view of the Analysis C.

A corresponding analysis and synoptical table were, of course, constructed for each of the trades severally; and the table B presents a summary of all these.

It will be necessary to explain that, in Table D, the *numbers* represent the age of the several patients suffering from the morbid condition opposite which they are placed, with the exception of the first column, which contains the number of cases under each corresponding head. This plan of making use of the age to represent and tick off each case is at once convenient and possesses the advantage of presenting to view the respective ages of those who are the subjects of any of the morbid conditions tabulated. The great advantage of this will be sufficiently obvious.

In reference to the method pursued in this inquiry, which I have been endeavouring to make intelligible, it would seem to hold out the promise of yielding results representing pretty closely the exact truth, if carried out on a sufficiently large scale. As giving comparative results, the various sources of error must be so equally distributed as almost necessarily to neutralise each other, and hence not materially affect the proportions. There can be no reason why any error arising from diagnosis or misconception should occur more frequently in reference to one class rather than another, or be liable, therefore, to affect the ratio.

I will now proceed to direct attention to some of the more striking results brought out by the statistical tables. As more details are supplied by the lithographed tables respecting the tailors than any other of the trades, we will commence with them.

It has been noted already that those engaged in this occupation exhibit in its highest degree the tendency to anæmia and wasting; one or both of these morbid states

being well marked in no less than 67 per cent. of the cases occurring among the tailors; the average proportion amongst all occupations taken together suffering from anæmia and wasting being 46.6 per cent.; the minimum being 25 per cent., which obtained among the workers in confectionery.

Tailors are also very liable to suffer from dyspepsia, severe epigastric pain, and congestion of the liver and vomiting; one or more of these states having been met with in 61 per cent. of the cases, the average being 44.2 per cent.

Tailors are little subject to rheumatism, disease of the heart, or bronchitis. As regards rheumatism, the lowest percentage of all—namely, 9 per cent.—occurred amongst them; and nearly the lowest percentage of heart-disease and bronchitis.

Tailors do not appear from these tables to be especially subject to phthisis, which is contrary to the view entertained by Thackrah, but more in accordance with statistics quoted by him of a hospital at Hamburgh resorted to by tailors, cabinetmakers, and bakers; and here one-half of the deaths among the cabinetmakers were from phthisis, while only one-third of the tailors died from this disease.

The class of common labourers, employed either in agriculture or otherwise, is the largest group met with in public practice here; the number included in these statistics amounting to 628; their average age being forty years. Thackrah, speaking of labourers in husbandry, with whom he joins sand-leaders and persons employed in the roads, says these men would be healthy, were their means of subsistence adequate to their wants; but a man who has himself, his wife, and family, to support on twelve or sixteen shillings a week, cannot be well fed. Hence this body of men are far less robust in figure than we should expect from the nature of their employ. They are subject to disorders of the digestive organs, and generally suffer also greatly from epidemics. Thackrah also speaks of their liability to suffer from inflammation of the lungs and pleura, and from rheumatism, or rather, as he says, those painful affections of the muscles to which the term rheumatism is popularly applied. The tables before us fully support these observations of Thackrah.

First, as regards affections of the digestive organs. To these this class of persons exhibit a tendency above the average, which is represented by 52 per cent.; the average being 44 per cent. That is, of all of the labourer class who came under treatment, more than one-half were suffering from indigestion, or from complaints complicated with this as a symptom.

The tendency to inflammation of the lungs, spoken of by Thackrah, is evidenced in these tables by a proportion of 11.9 per cent., represented as suffering from congestive pneumonia and lungs damaged by emphysema; the average in these affections being 8.4 per cent., and the maximum 15.7 per cent., the proportion obtaining amongst the smiths, black and white, and engine-fitters.

The liability to rheumatism, also spoken of by Thackrah, is represented by 26 per cent., which is as large as any of the classes with whom they are here brought into comparison, and much above the average, which is calculated at 18 per cent.

This class, as might be expected from their liability to rheumatism, are more disposed than any other, except the smiths, to suffer from disease of the heart: 11.78 per cent. (the average being 9.38 per cent.) denotes this tendency; the maximum proportion, which holds in the case of the smiths, being 19.44 per cent.; and the minimum proportion, 3.5 per cent., is met with among the in-door servants.

The last circumstance to which I would refer in relation to this class of labourers is, that it is almost exclusively amongst them and the out-door servants that the cases of albuminuria were met with. Among the la-



bourers, this affection bears the proportion of 1.9 per cent.; and among the out-door servants, of 2.38 per cent. It was met with in none of the other classes, except one case among the joiners.

Passing over the miscellaneous trades, a group embracing 387 cases, the joiners, wheelwrights, cabinet-makers, and carpenters, in number 137, form the next largest class of cases.

Thackrah says of carpenters, joiners, wheelwrights, and millwrights, that "they appear to receive no injury from their respective employments. Temperate millwrights," he observes, "are healthy, and continue their employment to a great age, often even to that of 60; this is a class who earn high wages, and take much of that pernicious compound called ale, and sometimes even drams in addition; and are, moreover, off work at the pothouse two or three days in the week. Such men are, of course, unhealthy and short lived."

The favourable view given by Thackrah in regard to these occupations is borne out by the table before us. Those employed in them appear to enjoy an average freedom from all conditions of disease, respecting which comparisons are made in these tables; under the heads of phthisis, pneumonia, emphysema, and bronchitis, a very slight excess above the average may be observed; but in no case rising above 2 per cent. The only morbid condition to which they show a predisposition much above the average is to that of anæmia and failure of nutrition, which rises to 58.3 per cent., the average being 46.6 per cent. Gonorrhœal and syphilitic affections also prevail among them to a larger extent than among any other class of workmen.

The next class to whom I beg to call your attention is the shoemakers; in number, 129; average age, 39.

Thackrah says of the shoemakers: "They are placed in a bad position, only second to the tailors; the abdominal viscera, especially the stomach and liver, being compressed. Hence headache and general indisposition are the consequence; and hence young persons are often obliged to abandon the trade, and older ones lose appetite and strength. The complexion becomes darkened, supposed from the impurity of the blood from defective perspiration and excretion generally. The secretion of bile is unhealthy, and hence frequent bowel complaint. They are addicted to drinking, working only three days in the week; and lying in bed all Sunday, they get no exercise."

The result of my investigations bear out, on the whole, these observations of Thackrah.

The tendency to anæmia and defective nutrition in those following this trade is only just exceeded by that of the tailors; the one being represented by 66 per cent. and the tailors by 67 per cent.; the average being 46 per cent.; the most favourable proportion in reference to this morbid state being observed in the workers in confectionery, amongst whom it amounts only to 25 per cent.; and next to these the in-door servants, amongst whom it was met with in the proportion of 32 per cent.

The great liability to stomach-affections, which is noted by Thackrah as appertaining to the shoemakers, is represented in these tables by the high figure of 67 per cent. The curriers come next, bearing the proportion of 63 per cent.; and next in order come the tailors, in whom it is 61 per cent. The average proportion of stomach affections amongst all the various occupations taken together is represented by 42.2 per cent.; the minimum proportion met with was 23.5 per cent., which obtained among the sawyers.

The frequent occurrence of bowel complaints among the shoemakers, mentioned also by Thackrah, is denoted here by a proportion of 6 per cent., which is about double the general average; in this, however, they are exceeded by the tailors, amongst whom this affection prevails to the extent of 7 per cent. The charge of intemperance brought against this class of workmen by

Thackrah, is not supported by my statistics, as regards the tailors of York and the neighbourhood.

My notes of cases show that shoemakers are frequently exposed to the exhausting effects of overwork and long hours; several having named sixteen hours as their usual daily period. One youth, suffering from morbus cordis, volunteered the observation that making strong shoes, such as are worn by the country working classes, called for very powerful exertion of the arms.

It may be observed that shoemakers exhibit rather a high per centage of heart-disease, standing third on the list, bearing a ratio of 11.62 per cent.; the highest being 19.44 per cent. credited to the smiths, and the next, 11.78, to the general labourers; the average for all classes being 9.38 per cent.

As bearing on the liability to heart-disease, it may here be observed that shoemakers appear little exposed to the acute form of rheumatism, not a single case being recorded; and the proportion of 13 per cent., which measures their liability, has reference alone to the chronic form of rheumatism.

I will now direct attention to the class of out-door servants, including cab-drivers and policemen; in number, 126; average age, 38; and in-door servants; in number, 56; average age, 27.

Thackrah says of grooms and ostlers, that they daily inhale a large quantity of ammoniacal gas generated in stables. This appears beneficial rather than injurious. They have, moreover, a full and varied muscular exertion; and if they took a moderate diet, would be almost universally robust. Ostlers generally labour under congestion of the vessels of the abdomen and head. Their state evidently results from the ale and spirits they take so freely. Chaise-drivers and hackney coachmen, he proceeds, have moderate and equal exercise; but their position subjects them to popliteal aneurism.

Morgagni, I may just observe, states that postillions are particularly subject to aneurism of the aorta.

Cab-drivers, as we should now call them, whom I have included among out-door servants, are, says Thackrah, subject to disorders of the head and stomach. In addition to morning sickness, they have venous congestion of the abdomen, then of the head, and finally, apoplexy and palsy. Many are affected with hoarseness, the sequence of laryngeal inflammation; they also suffer from rheumatism and inflammation of the lungs. I conceive, he adds, that these diseases would rarely occur to abstemious men; it is intemperance which gives susceptibility to such maladies. I may observe that almost every page of Thackrah affords proof of the good will and humour with which he advocates the cause of temperance.

Out-door servants appear, on the whole, a fairly healthy class. They are, however, peculiarly liable to bronchitis, holding, in this respect, a bad preeminence at the top of the scale, indicated by 47 per cent.; in this they contrast strongly with their brethren within doors, who are represented in this matter by 32 per cent.; the minimum percentage being 31, and the average 35.66 per cent.

Out-door servants show a tendency above the average to become the subjects of phthisis; but in this they are far exceeded by the in-door servants, who, in this respect, take the precedence of all the occupations brought under comparison in the tables, rising up to 21 per cent., the out-door servants standing at 13 per cent.; the average being expressed by 11.9 per cent.

Out-door servants contrast remarkably with in-door servants as regards their liability to suffer from disease of the heart. The tendency to this affection in the more exposed class amounts to 11 per cent.; while the in-door servants take the lowest point in the scale namely, 3.5 per cent.

As bearing on this question, it may be noted that out-door servants much more frequently become the



subjects of acute rheumatism than in-door servants, and in greater proportion than is represented by the numbers given in the table, in which both the acute and chronic forms of rheumatism are included under one head.

According to the tables, out-door servants give a larger proportion of cases of albuminuria than any other class, the ratio being 2.38 per cent.; the next highest proportion being 1.9 per cent., met with among the general labourers. This predisposition to become the subjects of albuminuria may, probably, be, in some measure, connected with another circumstance indicated in the table; viz., that the out-door servants suffer in a greater proportion than any other class from the effects of intemperance—a proportion denoted by 6 per cent.

In-door servants, including railway clerks and writers, appear to enjoy a greater immunity from serious disease than any of the classes with whom they are here brought into comparison. As regards anæmia and defective nutrition, rheumatism, heart-disease, and bronchitis, they take either the lowest or nearly the lowest point in the scale of liability. But, on the other hand, though little subject to bronchitis, they are more frequently attacked with phthisis than any other class, their liability being denoted by 21.4 per cent.; the next highest in the table being the painters 17 per cent.; the average being represented by 11.9 per cent.

We will now pass to the smiths, black and white, and the engine-fitters; in number, 108; average age, 26.

Thackrah says of these: "They have an employment remarkably conducive to muscular power. The use of the large hammer powerfully excites all the muscles, and especially the arms, throwing on them a large supply of blood, and consequently producing their enlargement. Exertion like this, moreover, has a considerable effect on the circulation in general, and the functions with which it is connected. For youths of strong constitutions, no labour is better than that of the smith. For those, however, naturally delicate, the exertion is too great; and young men of scrofulous constitution are particularly liable to sink under the employ. Smiths are subjected to high temperature and frequent changes of temperature, but with no obvious injury. They are rarely affected with rheumatism or catarrh. When smiths are ill, the cause is most frequently intemperance. They do not, however, arrive at a great age. We could not hear of one old smith in the town of Leeds."

Taking up the last point mooted in this quotation from Thackrah, viz., the question of longevity, it is certainly remarkable, though the exact value of the fact in reference to the average age attained by the class is not easily estimated, that the average age of 108 smiths should only reach 26 years. The average age of the workers in confectionary, amongst whom there is a large admixture of boys, is 29; and the average age of the glass-workers, with whom young boys are numerous employed, is 30 years.

The examination of the tables before us by no means supports the view taken by Thackrah that the occupation of the smith is a healthy one. The smiths take their stand third on the list as exhibiting the liability to suffer from anæmia and failure of nutrition, conditions having special relation to the wear and tear of life; 60 per cent. expresses the ratio in which these conditions prevailed amongst them; and they yield, in this respect, an undeniable precedence to the tailors and shoemakers alone, the most markedly unhealthy of the several occupations compared together in these tables.

With regard to their great liability to become the subjects of stomach-affections, the smiths approximate very closely these same very unfavourably circumstanced classes; thus 58, 61, and 67 per cent. represent respectively the ratio in which smiths, tailors, and shoemakers,

are affected with stomach disease; the average being indicated by 44.2 per cent.

As regards the comparative freedom from catarrh spoken of by Thackrah, it will be seen that the smiths were more frequently the subjects of bronchitis than any other class, except the out door servants; these being affected in the proportion of 47.62 per cent., and the smiths in the proportion of 40 per cent.; the average proportion being 35.6 per cent. The smiths, it may be also seen, are preeminently liable to have their lungs damaged by pneumonia and emphysema, 3 per cent. in excess of any other occupation.

The statement that smiths are rarely affected with rheumatism is not supported by these tables, to the extent to which it might at first sight appear. They certainly fall below the average in this respect, which is shown on the tables as 18.2 per cent.; while the smiths suffer only in the proportion of 13.8 per cent.; but of these three fifths of the cases were of the acute form of rheumatism.

Again, those most serious of all diseases, organic affections of the heart, are more rife amongst the smiths than in the ranks of any other class; rising in the case 8 per cent. above the class next in order; namely the common labourers; amongst whom disease of the heart character prevails to the extent of 11.78 per cent whilst among the smiths it mounts up to 19.44 per cent.

We will next consider the painters, 40 in number; average age, 35; the curriers, 19 in number; average age, 32; and the glass-house-workers, 15 in number; average age, 30.

Painters, whose condition we will next consider, appear, on the whole, to be favourably circumstanced. In them, the primary and secondary digestive processes appear to be carried on effectively; they are little exposed to disorders of the digestive organs; and with the anæmia is comparatively rare, and the nutritive function is ordinarily effectively performed.

This class of workmen, nevertheless, become the subjects of phthisis more frequently than any other in the list, with the exception of the in-door servants; the proportion being 17 per cent.; compared with 21 per cent. among the servants, and an average among all classes of 11.9 per cent.

As to the curriers, the chief peculiarity to be noted in respect of them is the comparatively frequent occurrence among them of bronchitis and stomach affections. The former being, in all probability, due to their working much in the wet, among cold water; and the latter may, with equal probability, be attributed to their employing constantly an instrument which keeps up unceasingly a strong pressure below the stomach.

The glass house workers are distinguished by no special propensity to any particular form of disease but suffer in an average proportion from the various morbid conditions in reference to which comparison is made in these tables.

The only trades which remain to be noticed are the ropemakers and the soap boilers; of these, however, only four of the former and two of the latter class came under notice; and I have, therefore, no means of judging of them as classes.

The peculiarity to which I wish to direct attention in regards these six individuals is, that they are all the subjects of organic disease of the heart; and it appears to me that they afford an example of the influence which powerful and continuous over-exertion of the arms has as an exciting cause of disease of the heart.

Next to acute rheumatism this would appear to be the most powerful exciting cause of this very prevalent and distressing disease; and I hope that it will repay the cost of attention, if you will allow me to illustrate this by some of the facts brought out in the tables before us.

It is sufficient to look at a ropemaker when engaged



his business, to see at once the powerful and continuous stress which is thrown on the muscles of the arms, especially those connected with the chest. The same holds true, to a much greater extent, of those employed in the manufacture of soap; the efforts made with the arms in using the rake, in puddling, or mixing the boiling constituents, is represented by the workmen's most severe and continuous, only inferior to that of the puddlers of molten iron in the process of smelting.

In further illustration of this, we will briefly inquire into the nature of the occupations of those most frequently affected with heart-disease.

At the top of the scale stand the smiths, whose occupation, it is well known, calls into play the most energetic use of the arms. This is not only the case with the blacksmiths, in the use of the large hammer, but holds equally, or in a higher degree, of the white and coach smiths, who have repeatedly spoken of the violent efforts they are called to make with both arms in certain screwing operations. The smiths appear to suffer only to a limited extent from acute rheumatism, the most ordinary exciting cause of heart-disease. This cause prevails to a considerably greater extent amongst the class which stands next on the list in order of liability; namely, the general labourers. These are, moreover, almost constantly called upon to put forth considerable efforts with their arms in lifting, shoveling, and wheeling, and various other kinds of heavy work.

The shoemakers occupy the next place in the order of liability. These might, at first sight, appear to be rather exceptions to the rule, as not called upon ordinarily to make special efforts with the arms; but, as has been already shown, the making of strong country shoes does, in truth, demand considerable effort; and this during long continuous hours, disproportioned to the strength of young persons especially, of a class whose general vigour is not maintained by exercise or fresh air; and the constrained position and very frequent pressure exerted on the abdominal viscera, diaphragm, and large vessels, must not be overlooked.

The shoemakers are not much subject to acute rheumatism, not a single case of this complaint having been met with amongst them; the whole of the 13 per cent., with which they are credited in the tables being cases of the chronic form of rheumatism, less essentially allied to heart-disease.

The out-door servants come next in order to the shoemakers in the ratio of liability to heart-disease. In their case, the predisposition to this affection may probably be attributable to the great prevalence amongst them of acute rheumatism, from which they suffer in a larger proportion than any other class.

The curriers follow closely on the out-door servants in the same direction. Their occupation calls for great muscular efforts with the arms in a constrained position, strong pressure being, at the same time, exerted on the abdominal viscera, diaphragm, and descending aorta. The curriers are much exposed to wet and cold; at the same time, no case of acute rheumatism was met with amongst them. When I say this of them, as in other cases, it is meant also that the heart affection could, in no case amongst them, be traced to rheumatism.

It may throw further light on this question to view it from the opposite side; and consider very briefly what classes are the least frequently affected with heart disease.

At the top of the list most favoured in this respect stand the in-door servants. These are exposed in very nearly the same proportion as the shoemakers, to attacks of rheumatism, and in a higher degree than they to the acute form of it. The workers in confectionery come next in order of exemption; after them, the glass-house-workmen; and then the tailors; all of these being occupations in which violent exertion of the upper extremities is uncalled for.

It would seem, then, from a careful examination of the tables, that generally, as regards each occupation, the tendency of those engaged therein to suffer from disease of the heart bears a direct proportion to the muscular effort thrown upon the arms in the course of employment.

I should wish it to be understood of this, as of all generalisations drawn from so limited an amount of observations, that I merely bring them forward as probable, or approximations to the truth; which may eventually be established as certain, should they be confirmed by statistics, in which tens of thousands take the place of hundreds, from which inductions are drawn in these tables: and it is with a view of inducing others to contribute their quota to so desirable an end, that I am led to bring before this Association these imperfect statements.

[P.S.—The manuscript of Dr. Shann's address, as delivered to us, was accompanied by a number of tables, to which reference is made in the text. These we are obliged to omit, on account of the space which they would occupy: but we have pleasure in informing our readers, on the authority of Dr. Shann, that he has about two dozen lithographed copies of the tables, which he will be glad to forward to any members of the Association who are likely to take an interest in them. Ed.]

## EAST ANGLIAN BRANCH.

### PRESIDENT'S ADDRESS.

By SPENCER FREEMAN, Esq., Stowmarket.

[Delivered June 27th, 1862.]

It is not my intention to deliver to you a long address; but from the position I have been placed in by your kindness and courtesy, I feel it incumbent upon me to say a few words: first, as regards the position held by the members of the medical profession in public estimation; and, secondly, as to the relations existing amongst themselves.

The position occupied by medical men in the estimation of the public, necessarily depends, not merely on their standard of professional attainments, but also on matters of which the public are competent judges, and from which their favourable verdict will be obtained; viz., the general information and character of the practitioner, and the esteem in which they see him held by his brethren; knowing, as they do, that such esteem could alone be arrived at by the skill and knowledge displayed in the pursuit of his profession, as well as an upright and honourable line of conduct towards themselves. It is, nevertheless, an undoubted fact, that the profession does not occupy with the general public the position which it ought to do. Whether this is to be attributed to the natural desire of change we so often experience from the peculiar idiosyncrasies of our patients, or from the undue prominence which is given to quackery in the public prints, or the system pursued by some who ought to have a greater regard for their professional obligations, it is difficult to say. I shall just refer to the declaration made by every member of the Royal College of Surgeons before commencing his professional career, and relate a case in point, published last week in our JOURNAL.

The scientific labours and philanthropic exertions of medical men, for the benefit of mankind at large, should be viewed in a kindly spirit and appreciated in a more becoming manner than it generally falls to their lot to experience. We daily see them patiently, laboriously, and unostentatiously, endeavouring to alleviate suffering and disease; fearlessly risking their lives in their efforts to save the lives of the poorest of their fellow-creatures; and they certainly ought to receive at the hands of the general public greater consideration than they do.

With regard to the conduct of medical men to each



other, it will be unnecessary for me to dilate at any length; but, from the experience of thirty-five years, I would put very strongly to you the necessity of exercising that mutual confidence and dependence on each other which we too often see the want of amongst the members of our profession, more especially in small towns. There, alas! too often petty jealousies, prejudices, and annoyances, are allowed to find their way into our ranks, and disturb that harmony and good understanding which ought always to exist amongst members of a liberal profession; and where the exercise of a little forbearance, kindly courtesy, and unselfish conduct, would go far to draw together in the bonds of mutual confidence those who ought always to esteem and assist each other.

It may not be out of place, in concluding these observations, to recall the words of one of our most eminent surgeons (Sir Benjamin Brodie) to your memory on the necessity of this line of conduct. "It would," says he, "sustain the doctor when petty and mean arts failed him, and place him in a proud position when the mere trickster was in the dust."

## Reviews and Notices.

RESEARCHES ON THE NATURE AND TREATMENT OF DIABETES. By F. W. PAVY, M.D., F.R.C.P.; Assistant-Physician and Lecturer on Physiology at Guy's Hospital. London: 1862.

DR. PAVY has a right to claim from the profession a careful hearing on the subject he deals with. In the first place, during nine years his attention has been especially devoted to diabetes; and, secondly, his conclusions quite upset the glycogenic theory of M. Bernard, which has been hitherto pretty generally accepted as true. Dr. Pavy moreover studied under M. Bernard; and came back to this country imbued with the truth of Bernard's views; and it was, in fact, while engaged in their more complete development that he arrived at the conclusions which he in this volume lays before the profession.

Dr. Pavy has already, at various times, given the results of his researches to the profession; but he now does so in a full and complete form.

We cannot pretend, in a question of this kind, to criticise these researches; for it is evident that the only way in which they can be confirmed or refuted is by experiment. In this matter, therefore, we can do no more than lay his conclusions before our readers, remarking only that we believe M. Bernard still adheres to his original text, though as far as we know, he has not performed any further experiments, such as might refute or render doubtful Dr. Pavy's conclusions.

Let us first see in what position Bernard left the subject, and Dr. Pavy found it. Bernard, when he reflected upon the fact that diabetic patients will, under a mixed diet, pass more sugar out of their bodies than can be accounted for by the quantity of saccharine and starchy matters which go into them, was led to think that there must be some materials out of which diabetic sugar is formed, besides saccharine and amylaceous compounds. Whence, he asked himself, comes the sugar which appears in the urine of persons who have taken neither sugar nor starch? To solve this question, he first of all fed animals on a strongly saccharine diet, to learn how far this

sugar could be traced in the circulation; and his experiments led him to the conclusion that the sugar could be traced in the portal blood as far as between the liver and the right side of the heart. He then fed animals on food containing neither sugar nor starch, expecting, of course, that no sugar would be found in the portal blood of the animals. But, to his astonishment, there the sugar was as in the former case. This led him to his well known discovery, the founding of the theory which attributed to the liver a sugar-making power—a glycogenic function. And surely the conclusion seemed legitimate enough. An animal, fed for some time before death on pure animal food, is killed. In the blood in the portal vein, before it enters the liver, no sugar exists; but in the blood after it has passed through the liver on its way to the heart, sugar is found in abundance. The liver also was impregnated with sugar. M. Bernard, therefore, not unreasonably concluded that sugar was formed in the liver.

Here steps in Dr. Pavy. Dr. Pavy says: Yes, it is perfectly true, as these experiments show, that sugar can be produced in the body. But now hear what I have to say in the matter. I will prove to you that this production of sugar is a *post mortem* affair; that it does not go on during life.

Bernard had himself shown in 1855 that sugar was formed in the dead liver. He passed a stream of water through the vessels of a liver until the water ceased to give any reaction with copper—*i. e.*, until all the sugar of the liver was washed out of it. The liver was then laid aside for a time, and afterwards, on a second examination, was again found to contain sugar. As vitality was here out of the question, it was evident that the formation of the sugar was simply chemical. Bernard then asked himself, What is the material in the liver out of which the sugar is formed? and in 1857, he announced that he had isolated the matter. He called it glycogenic matter to indicate its office. And thus his theory was perfected. The formation of the sugar in the liver and the material out of which it was formed, were both demonstrated.

To all this, Dr. Pavy replies: Yes, it is true there is a matter in the liver which may be converted into sugar; but he objects to its being called glycogenic matter, because the term involves an erroneous theory. It is true that out of this matter sugar may be formed after death; but under natural, physiological conditions, it does not appear that it is converted into sugar. Bernard, he says, has drawn his conclusions from a *post mortem*, not from a living physiological condition of things. Dr. Pavy, therefore, prefers calling the matter in question amyloid.

The way in which he was led to his conclusions was this. He was endeavouring "to make out the nature of the process by which sugar underwent its supposed destruction in the lungs—the only point upon which it seemed there really remained anything connected with the subject to be disclosed"; when, to his great surprise, he found that the blood drawn from the right side of the heart of a living animal, under natural and ordinary conditions, contained scarcely a trace of sugar; that, in fact, it contains no greater quantity of sugar than is met with in the blood in all parts of the system! And, on further investigation, he could not find "the slightest discoverable difference of behaviour between the blood of the portal vein and that of the right side of the heart!"



From these facts, it followed that there is, naturally, no flow of sugar into the blood from the liver, and, consequently, no destruction of sugar constantly going on in the lungs, as we had been led to believe on the strength of Bernard's theory. And, of course, there is no evidence derivable from the condition of the blood returning from the liver, that there is any glyeogenic function being exercised in the system.

Nevertheless, let it be understood, Dr. Pavy here in no way denies Dr. Bernard's facts as such. He admits their truth; but he entirely alters their purport and interpretation. And to do this effectually, he had, of course, two points to make clear: to explain the origin of the sugar in the liver; and also to explain the presence of sugar in the blood in the right side of the heart.

He satisfied himself, then, by experiments, that fresh, living, healthy liver contains no sugar. He found that when a liver was rapidly injected with a solution of potash, sugar was neither formed in it, nor could be discovered in it; that the presence of sugar in the liver is the result of the fermentation of the amyloid matter going on after death. Amyloid matter has a strong tendency to undergo saccharine fermentation. This tendency is resisted in the living liver-tissue; but the resistance ceases with life. With death commences the formation of sugar. Consequently, the glyeogenic liver function of M. Bernard is simply a *post mortem* fact.

But if the liver forms not sugar during its healthy life, how came M. Bernard and others to find it in the blood in the right side of the heart? Dr. Pavy says that the amount of struggling of the animal operated upon is always to him an indication of the amount of sugar he will find in the blood. Struggling and violent respiratory efforts compress the liver, and squeeze out the amyloid matter from the liver-cells into the blood, where it is almost instantly converted into sugar. Dr. Pavy, by interfering with the respiration, produced a saccharine state of the urine. To get a natural blood from the right side of the heart, the animal must be quite tranquil. Dr. Pavy obtained such blood by introducing a catheter through the jugular vein into the heart. Or, again, the animal must be killed instantaneously, the chest rapidly opened, and the heart's openings ligatured. In such case, also, a natural blood will be obtained. Sugar is formed in the liver most rapidly after death; and therefore is this proceeding necessary.

Such is a summary of Dr. Pavy's conclusions; for their more perfect illustration our readers must study his work. We shall hope, on a future occasion, to speak of Dr. Pavy's application of these conclusions in the explanation of diabetes; and, in the meantime, strongly recommend the perusal of his book to our readers. It is the production of an earnest worker, and an original and conscientious observer. We fear we must make a remark in reference to it, which we have had already made on another occasion; namely, that Dr. Pavy is, unfortunately (in one sense) neither a Frenchman nor a German. We have a very strong feeling that had the important facts contained in his work come under the notice of the profession in a French or German costume, they would have excited considerably more attention than they have hitherto done.

LECTURES ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY. By EDWARD WILLIAM MURPHY, A.M., M.D.; Professor of Midwifery, University College, London; and formerly Assistant-Physician to the Dublin Lying-in Hospital. Pp. 735. London: 1862.

MANUAL OF MIDWIFERY. By ALFRED MEADOWS, M.D.Lond.; Member of the Royal College of Physicians; Assistant-Physician for Diseases of Women and Children at King's College Hospital; etc. Pp. 319. London: 1862.

THE two authors, the titles of whose works are placed at the head of this notice, have advanced to the common point of writing a book on midwifery from opposite poles. Dr. MURPHY, an obstetric practitioner and teacher of more than thirty years standing, furnishes a second and enlarged edition of the lectures which he has delivered to his class; while Dr. MEADOWS, a man of some promise among the rising generation of obstetricians, and holding, early in life, a responsible position in a public hospital, seeks to "increase and facilitate the study of midwifery" by the publication of a manual. If these two books had been written by men of equal or nearly equal position, we should probably compare and contrast the opinions held by them on some of the debated points of practice; but it would be scarcely fair, either to the one or to the other, to bring the deductions drawn from a long practical experience into collision with the literary efforts of a comparative novice, however full of promise he may be.

In this second edition of his *Lectures*, Dr. Murphy has made considerable additions. The first 124 pages of the book are new, consisting of his lectures on Gestation. These lectures, eight in number, treat respectively of Menstruation; Conception and Gestation; the Gravid Uterus; Symptoms and Signs of Pregnancy; Duration of Pregnancy; Diseases of Pregnancy; and Diseases of the Ovum. All these matters are treated of, not indeed with elaboration, but in a sufficiently full manner for the guidance of those who would obtain a competent knowledge of them.

In the chapter on the Duration of Pregnancy, Dr. Murphy notices the question, to how long a period may gestation be protracted? This has been, especially in jurisprudence, a very debated point; but there is now no doubt that delivery may be delayed much beyond what is commonly believed to be the period. Dr. Simpson of Edinburgh has drawn up the following table from observations made by Dr. Merriman, Dr. Murphy, and Dr. Reid.

Weeks.	Days.	Merri- man.	Mur- phy.	Reid.	Total.
37	From 252 to 259	3	12	23	38
38	" 260 to 265	13	14	48	75
39	" 267 to 273	14	27	81	122
40	" 274 to 280	33	28	131	192
41	" 281 to 287	22	39	112	173
42	" 288 to 294	15	21	63	99
43	" 295 to 301	10	25	28	63
44 and upwards	" 302 to 326	4	2	14	20
		114	168	500	782

Even the longest date mentioned in this table has been stated by two distinguished American practitioners, Drs. Meigs and Atlee, to have been exceeded



in their practice—the apparent duration of gestation extending over an entire year or even more. These cases have, however, been regarded by Professor Simpson as beyond the bounds of possibility; and were so regarded by Dr. Murphy also, until the following remarkable case came under his notice while the present work was in preparation.

“We were sent for (February 1, 1862), to see a lady whose pregnancy had been protracted. She had three children, the first two born at the usual term, the third a fortnight later. This pregnancy she dated from February 10, 1861, when the menses last appeared. The motions of the child were felt between the 10th and 20th of July, and she expected her confinement in November. In that month, she states that she felt her pains, and thought labour was coming on, but she received a letter which gave her a great shock; the pains at once disappeared, and did not return until March 2, 1862, when she was delivered by Mr. Parrott of Clapham, who kindly informed us that ‘she had a most easy labour’—‘the child appears feeble and diminutive’. The health of the lady has been perfectly good, but while carrying this child she has been subjected to causes of great anxiety. The duration of pregnancy in this case, dating from the last appearance of the menses, would be 385 days; but, deducting 23 days interval (Simpson), it would be 362 days; or 28 days, according to our own estimate, it would be 357—almost a year.”

The only recorded case in which this period has been exceeded is one related by Dr. Meigs, in which delivery is said to have occurred on the 420th day after the last appearance of the menses.

Of the various ingenious instruments devised for measuring the capacity of the pelvis, Dr. Murphy does not entertain a very high opinion. None of them, he says, can be depended on; and we are certainly unable to answer the problem which Dr. Murphy leaves to the reader—how “in the living pelvis, with all the soft parts attached to it, and the uterus or perhaps the head in the way,” to make use of a graduated rod provided with uprights like a shoemaker’s rule, of which one is to be placed against the sacrum, and the other slid down to the symphysis pubis. The only pelvimeter which Dr. Murphy trusts is the fingers of the operator. The following concise rules are laid down for guidance.

“In ordinary vaginal examinations, when one finger only is introduced, the superior part of the sacrum is quite out of reach. When the point of the finger, therefore, touches the upper part of the sacrum, it is evidence that the sacrum must be pressed too much forwards; but if it touch the promontory, or just below it, the contraction at the brim must be such as to render it very doubtful if the head can pass. . . . In more doubtful cases, there are other modes of examination to confirm these suspicions. In some cases, when the cavity and outlet are very wide, the whole hand may be introduced, and the degree to which the fingers are pressed upon when passed towards the brim of the pelvis will be a guide. In the standard pelvis, the fingers may be slightly separated from each other. In the pelvis which is contracted at the brim, but through which the head might pass (at least to a certain distance), the fingers are pressed close, but not so as to overlap each other. In greater degrees of disproportion, the fingers cannot be passed forwards without overlapping; and the degree to which this takes place will indicate the amount of contraction in the brim of the pelvis. In extreme cases, three, two, sometimes even one finger, will hardly pass between the sacrum and the os pubis. In other cases, where this cannot be done in consequence of the outlet

being also distorted, you have, in this circumstance, additional evidence of the character of the pelvis.” (Pp. 258-9.)

In the chapters on Hæmorrhage, a considerable amount of new matter has been introduced, bearing chiefly on flooding from placenta prævia. The statistics of the treatment of this formidable condition have been of late years investigated with much ability by Professor Simpson of Edinburgh, Dr. Trask of New York, and Dr. William Read of Boston, Massachusetts. The last named physician, in an able essay published last year, has tabulated the records of 910 cases; which, excluding 32 in which the women died undelivered, Dr. Murphy has summed up in the following table.

Classes of Cases.	No.	Mothers.		Mor- tality.	Children.	
		L.	D.		L.	D.
1. Spontaneous expulsion of placenta and child..	52	43			11	26
2. Spontaneous expulsion of placenta, artificial delivery of child.....	26	21	5	1 in 5·2	2	17
3. Artificial separation of placenta, natural delivery of child .....	31	28	2	1 in 15·5	3	24
4. Artificial separation of placenta, artificial delivery of child.....	51	40	11	1 in 4·6	9	24
	160	132	18	1 in 9	25	91
5. Partial separation of placenta, natural delivery of child .....	123	109	14	1 in 9	56	53
6. Partial separation of placenta, artificial delivery of child.....	555	416	139	1 in 4	223	246
7. Perforation of placenta, artificial delivery of child .....	40	29	11	1 in 3·7	12	20
	718	554	164	1 in 4·3	291	321
General Total....	878	686	182	1 in 4·8	316	412

It will be easy, from this summary, to estimate the relative merits of the various modifications which may take place in the treatment of placenta prævia. The validity of the efforts of Nature, when the uterus retains sufficient force, is plainly shown. As Dr. Murphy observes, “if the uterus maintain its force, it will arrest the hæmorrhage by separating the placenta, and generally save the patient.” The great danger lies in an atonic condition of the uterus; and, in such cases, Dr. Murphy derives from statistics the conclusion that it is safest to separate the placenta, and to leave the child to be delivered by the natural efforts. He advises that, when there is extreme exhaustion, the placenta should be at once removed, the vagina plugged, a large dose of laudanum in brandy given, the temperature supported, and the uterus stimulated (if necessary) by the electric current. The artificial removal of the child he thinks likely to be dangerous; because the head compresses the source of hæmorrhage; because the patient may not be able to bear the shock of the operation; and because the sudden removal of pressure from the large venous trunks in the abdomen might perhaps be attended with fatal consequences.

Lecture xxxi, on Rupture of the Uterus, is carefully and elaborately written. This is a subject to which Dr. Murphy has long paid attention; and to him is due the merit of having, in 1835, first pointed out the intimate connection of this injury with dis-



cases of the uterus. The management of the child, to be adopted when this accident occurs, is summed up in the following rules :—

"1. When the head of the child is in the pelvic cavity, and the forceps can be applied without difficulty, let it be employed.

"2. When the head is fixed in the cavity, or so tightly adapted to the pelvis that it must be moved back, in order to apply the forceps, this instrument should not be used. Perforation is then necessary; and the operation should be performed with great care, lest the head may be displaced.

"3. When the head is fixed in the brim of the pelvis, perforation may still be adopted, although there is a greater risk of displacing the head, because the perforator must be directed more upwards than towards the sacrum. If it be tightly fixed, it may offer sufficient resistance to enable you to make an opening; but if otherwise, and the head be pushed back above the pelvis, the child must be removed, either by turning or gastrotomy. The former operation is very objectionable; and, therefore—

"4. When the child is in the cavity of the abdomen, forced thither either by the uterus or by the hand of the practitioner, the only operation that appears to give a reasonable chance of success is gastrotomy.

"5. When the child still remains in the uterus, notwithstanding the laceration, it may be removed by turning, because the hand is not of necessity passed through the rent; but even here great caution is required, lest the uterus be further torn by awkwardness in manipulation." (Pp. 539-40.)

Two lectures (xxxiii and xxxiv) are devoted to the consideration of Anæsthesia in Midwifery. Dr. Murphy is a firm advocate of the use of chloroform; its effects being carried, however, only to the production of that stage in which "consciousness is retained, sensation diminished or lost, motive power impaired." After some general remarks on chloroform and its effects, which occupy the first of these two lectures, he considers fully the influence of this agent on the parturient woman, the mode of administration, the quantity to be administered, the time when the patient should commence inhalation, the different effects of the same dose of chloroform on different constitutions, the action of the uterus under chloroform, the production of anæsthesia in severe obstetric operations, and the advantages and disadvantages of chloroform. The alleged advantages of ether over chloroform he does not believe to be proved; and, in regard to the question of convenience, he relates the following case, as having come under his notice :—

"Some years ago, we were engaged to attend an American lady, the daughter of an eminent physician in Boston; and then, as now, there was a strong prejudice against chloroform. We were requested to use sulphuric ether, and some of the best was sent from Boston. As soon as labour had advanced towards the completion of the first stage, and the pains were becoming powerful and difficult to bear, ether was administered through an inhaler. In about an hour, the odour of ether became strong in the room, and, as its administration was continued, increased to such an extent as greatly to inconvenience every one; the nurse in attendance seemed to suffer most, as she found it extremely difficult to keep awake. We were also slightly conscious of its soporific influence, and felt that this inconvenience alone would be an objection to which chloroform is never liable; but along with this, the extreme pungency of the vapour, the excitement it causes in the patient, and the difficulty of administering it so as to avoid the escape of the

ether, are sufficient to decide the question in favour of chloroform so far as the practice of midwifery is concerned." (Pp. 590-1.)

In the remaining part of the book, that which we have principally to notice as having undergone considerable revision are the chapters on Puerperal Fever and on Phlegmasia Dolens. The chapter on Puerperal Fever opens with an able and interesting history of epidemics of the disease, and of the views of its pathology and treatment adopted by various practitioners. Regarding its pathology, Dr. Murphy argues strongly against the hypotheses adopted by some pathologists, in which it has been too intimately associated with local inflammation. He holds that puerperal fever belongs to the class of zymotic diseases, and obeys the following laws :—

"It is an uniform disease. 2. It selects a tissue for its seat. 3. It has a certain and definite action. 4. The action of the poison is modified by the dose, and by the temperament and constitution of the patient. 5. It has a certain period of latency. 6. It is generated by the same laws of incubation as exist in other epidemic diseases." (P. 679.)

Each of these points is ably worked out by argument.

In the chapter on Phlegmasia Dolens, full credit is given to the recent important researches of Drs. Mackenzie and Tilbury Fox on the origin and nature of the disease.

An Appendix contains a tabular View of Seventeen Labours and their Results, from the statistics of the Maternity Charity of London; the Dublin Lying-in Hospital; the Maternité of Paris; and the Vienna Lying-in Hospital. For the compilation of these tables, Dr. Murphy acknowledges his obligations to Dr. Routh. The Appendix also contains a tabular summary of the cases in the Dublin Lying-in Hospital from 1745 to 1861; a dissertation on the Utero-placental Circulation, which may be regarded as supplementary to the lectures on Placenta Prævia; and a Table of Cases of Cæsarean Section.

The object of Dr. Murphy has been to make his lectures as practically useful as possible. Hence, he has endeavoured so avoid entering into the discussion of controversial points; but rather, when such have inevitably come in his way, to act on the plan of Celsus, and select that "quod proximum vero videri possit." And, when he does enter on the field of argument, it is always with the object of deriving therefrom some important deductions regarding practice.

We must now say a few words about Dr. Meadows's little work. Considering its size, there is a good deal of matter in it, although it presents, of course, no evidence of that extended experience on the part of the author which is possessed by Dr. Murphy. The author devises a new classification of labours, which he divides into natural, unnatural, and complex. He rather unaccountably omits all notice of the employment of anæsthesia in childbirth, saying, as far as we can find, nothing in favour of or against the practice. Altogether, Dr. Meadows's *Manual* is creditable to him as one of the rising generation of obstetricians, and is likely to be useful as a portable book of reference and study to the busy practitioner. In years to come, if we judge rightly, he will take a very fair standing in his profession.



THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, SEPTEMBER 6TH, 1862.

### GRATUITOUS MEDICAL SERVICES.

A CORRESPONDENT again stirs up the question of gratuitous medical services. We have so often expressed a most unqualified opinion on this subject, that we need hardly say how fully our sympathies and convictions go with him in this matter. We do verily believe that, if any assemblage of our profession would give themselves up to a full, a deep consideration of this subject, the large majority composing it would infallibly be driven to the conclusion that there is no one cause more powerfully operative in degrading and injuring our profession than the system of gratuitous medical services. The arguments against the system are, to us at least, overwhelming; and we can most truly say that we have yet to learn one single argument, worthy of the name, which can be adduced in favour of it. The mischiefs resulting from this cheapening of medical services are not merely direct, and confined to the pecuniary loss immediately involved, but they reach far and wide, and can be traced, by those who will carefully investigate the matter, injuriously operating in directions where *primâ facie* they seem to have no connection.

Regarded from our point of view, the system of gratuitous medical services is a system which benefits the few, and seriously damages the profession at large. It degrades us in the eyes of the public; and lessens in their esteem the value of our services. The public take us at our own valuation. It is founded on an injustice and an absurdity—on the iniquity of a labourer labouring without a labourer's due reward. A very large amount of these services is, admittedly, rendered by us on the purest principle of selfishness; we throw them out as sprats, for the purpose of catching mackerel. But, not to argue the question in all its fulness at the present moment, we will content ourselves with throwing out one question for the serious consideration of those who think the system a good, a great, a useful, and an honourable one to the profession. We would ask: If gratuitous services are all you say of them, surely you will admit that there must be some kind

of limit to them, some line drawn where they should cease. The warmest admirer of gratuitous services will not, we are sure, venture to say that these services may not, under certain circumstances, become very wrong and improper—injurious alike to him who gives as well as to him who receives them. Now, we would ask: Is there a man in the profession who does not know, who is not ready to admit, that a large amount of such services are daily being thus improperly—we mean, *improperly* even in the eyes of those who approve of properly given services—given to the public? We are sure no one of us will deny this. Then, such being the case, it follows that every member of the profession—including those who approve of *proper*, and those who reprobate gratuitous medical services altogether—is agreed in this, that a large amount of gratuitous work is done improperly by the profession: therefore, that even those who approve of the rendering of a certain amount of gratuitous services, ought, by their own showing, to join in the work of *diminishing* the evil. The subject is one which claims the very serious attention of the Association and of the profession.

### THE PROPOSED WAKLEY TESTIMONIAL.

MR. EDWARDS has forwarded us an account of the history and failure of the attempt to raise a testimonial to the late Mr. Wakley. It is both instructive and interesting, giving us the opposite opinions which senior members of the profession hold in respect of testimonial-bestowing on living individuals.

The proposal of presenting a testimonial to Mr. Wakley was first started by Mr. D. O. Edwards in 1859. A meeting was held (Lord Enfield in the chair), at which Mr. Fergusson and Dr. C. J. B. Williams, and other eminent persons, delivered sentiments warmly in favour of the proposal. It was, in consequence, believed that, through the aid of members of both houses of Parliament, of the liberal party, of Mr. Wakley's brother coroners, and especially of the medical profession generally, £1000 would be readily raised for the purpose required. It was also hoped that the army and navy medical men would be reached through their several departments, as Sir A. Smith, Sir J. Liddell, and Sir R. Martin avowed themselves zealous supporters of the testimonial. Every way, therefore, the scheme at first appeared, and in fact was, so far full of promises. But soon began disappointments. Of Mr. Wakley's parliamentary colleagues, Lord Llanover and Mr. Edwin James were the only encouragers of the scheme.

"Mr. Walter (of the *Times*), in a frank and friendly letter to Mr. Edwards, appeared to express the general opinion of those gentlemen, which was to the effect that, much as they respected Mr. Wakley, they did not consider his senatorial career so preeminent as to merit such an exceptional distinction as a public testimonial; and further, in Mr. Walter's opinion, that his services as



editor of the *Lancet*, 'had been sufficiently rewarded by the great success of that publication.'

The press also was cold; and only thirty coroners sent subscriptions. It, therefore, became clear that whatever was done must be done by the profession. But here, again, the efforts of the promoters were checked.

"Mr. Wakley had been too uncompromising a reformer not to have created many enemies. The old monopolists, whom he distinguished as *bats*, regarded the career of Mr. Wakley with an evil eye; several alienated friends, such as Mr. Lawrence and Dr. Elliotson, were unfavourable to it."

To add to these difficulties, the promoters of the scheme could not agree as to the form which the testimonial should take; and many individuals, therefore, withheld their subscriptions until this point was decided. Some were for a scholarship to be founded at the London University; others were for a personal gift.

"Many professional men, again, not unfriendly to Mr. Wakley, were deterred by other motives. The views of these gentlemen were well represented in the following extract of a letter from Dr. Watson to Mr. Edwards:—'I feel, and I have always felt, a strong repugnance to testimonials, and honours of a like kind, to *living men*, and except on some rare exceptional occasions, I have acted in accordance with that feeling. I may be wrong in this, but so it is. I know that I differ on the subject from many of my acquaintances. Some time ago, I declined, upon the same grounds, to contribute towards a testimonial to Sir Benjamin Brodie, an old and valued friend of mine, and surely as deserving of honour and respect as any Englishman alive. You will see, therefore, that I could not consistently concur in a similar tribute to Mr. Wakley.' Such sentiments as these were participated in by Professor Sharpey, the late Dr. Todd, Mr. Spencer Wells, Mr. Ross, and by a greater number of gentlemen than could *à priori* have been supposed."

The medical press, moreover, would not patronise the proposal. The BRITISH MEDICAL JOURNAL, "alone in England, was generous enough to bestow any commendations upon the exertions of the committee." Mr. Wakley's own journal, the *Lancet*, although that gentleman had frankly accepted the proposal,

"Exhibited," we are told, "a nervous anxiety lest the interests of the journal should be compromised by any shortcoming in the case of the testimonial. The columns of the journal were hermetically sealed against any communication from the committee, unless it were paid for as an advertisement. This timidity, so unlike the original dash of that journal, arising, no doubt, from excess of delicacy, had a very untoward effect upon the fortunes of the subscription."

Hence the testimonial failed,

"First, through the old leaven of hostility still rankling in the breasts of the reactionary members of the profession; secondly, through the conscientious objections of such men as Mr. Walter and Dr. Watson; thirdly, through the difference of opinion as to the form of the testimonial, retarding many contributions; and, fourthly, through the closing of every friendly channel of publicity through the medical press."

Such is the history of the scheme as forwarded to us by Mr. Edwards.

The promoters of the scheme still, however, hope

that a "memorial fund" may be raised sufficient to found a Wakley Scholarship. Of the £460 collected, £220 has been spent; the balance of £240 has been paid into Drummonds' bank, and stands there as a nucleus of the now proposed "memorial fund."

"Mr. Wakley is now dead, and it is natural that many of the impediments described should lose their force. Malice often loses its virulence at the edge of the grave; the difficulty of the second class of objectors is removed by the sad event; the advocates of a personal gift have lost their opportunity, and may well concur in an arrangement which is most fitted to do honour to the memory of the departed; and it is to be hoped and expected that literary jealousy, or the soreness flowing from old contests, may now subside from the minds of editors, when every motive for rivalry is removed."

The failure of the attempt to raise a testimonial to Mr. Wakley affords an useful lesson to those who, under like circumstances, may undertake a similar task. Dr. Watson's letter contains the whole pith of the matter regarded from its proper point of view; and great credit is due to him for having had the courage—we say advisedly for having had the courage—thus freely to state his opinion. That Mr. Wakley was a man of great abilities, and that he did great service, in his time, to the medical profession, there can be no kind of doubt; but most assuredly it was not during his life that the public and the profession could impartially estimate the value of those services by testimonial. If the testimonial had been successful, its success would have been always tainted with suspicion of its not having been altogether of spontaneous growth. We quite agree with Dr. Watson that the proper moment for considering with calmness the propriety of raising a testimony to the public life of an individual is when the grave has closed over him.

### THE TITLE OF DOCTOR.

A CORRESPONDENT makes a not unnatural mistake, which we will endeavour to rectify to him. The London College of Physicians, it is true, refuses to sanction the assumption of the title of Doctor by any of its Fellows, Members, or Licentiates, who possess no medical degree. The College is also bound by its bye-laws to come down with penalties on any one of its non-diplomatized men who uses any title indicating that he is a Doctor of Medicine. But the prefix of the letters "Dr." before a man's name, though to all ordinary persons certainly an unmistakeable sign of his assuming to be a Doctor of Medicine, *in law* really means nothing illegal. Any medical man, or any other man, with a five-shilling degree of Doctor of Philosophy from the University of Sauerkraut, may, without infringing any law, prefix Dr. before his name; and so may he even if he have no such degree, for the letters Dr. represent nothing demonstrative of his illegally assuming the title of Doctor of Medicine. Indeed,



Dr. may evidently mean half a dozen different things. But if he add M.D. to his name, then he clearly subjects himself to the penalties of the College. Of course, the College cannot undertake to do more than it has powers by law to accomplish; and therefore it cannot interfere with him who puts Dr. before his name. But we may fairly surmise that it will not hesitate to exercise all the powers which it legally possesses for the strictest maintenance of its discipline and its bye-laws.

The College, again, has been much blamed in that, having once permitted certain of its Licentiates to assume the title of Doctor, not possessing a degree, it now strenuously opposes their doing so. But the answer is plain. If the College erred in past days, there is no reason why it should continue in its erroneous ways. This is the exact state of the case, as far as the College is concerned.

We readily admit that this title question is one of much difficulty. The titles of Physician and Doctor are certainly, in the ears of the public at least, convertible terms; and therefore there will always be a popular tendency to the calling of a Physician Doctor. Then, again, it is argued by the physician, "My title of Physician, obtained at the London College, is a much higher title than your degree of Doctor of Medicine of the University of Annapolis, U.S., or of the University of Bierfass; and why, therefore, should I not call myself Doctor as well as you, if Doctor be really a better sort of professional title? And Doctor is, after all, only a kind of honorary title. Besides, why have not I just as good a right, being a Licentiate of the College of Physicians myself, to assume the title of Doctor, as the College of Physicians had to permit its assumption by their Licentiates as they did in former days?"

Such is the position of the question, and arguing cannot alter it; neither can law settle it; and therefore, we suppose, it must be left to time and custom and accident and fashion and sentiment for final adjustment.

### VIVISECTIONS.

WE apprehend that all who agree with Dr. Sharpey in the propriety of experiments on living animals for the purposes of elucidating physiological and therapeutical difficulties, willingly also agree with him in this, that those experiments should be performed, when absolutely necessary for such elucidation, *i. e.*, under such certain restrictions. Now we will venture to suggest, that it would be well that those restrictions should be well and clearly defined; that some high authority, like Dr. Sharpey himself, should lay down certain rules upon the subject, and for the very purpose of preventing, if possible, any needless suffering being inflicted, experimentally, on the lower animals. All of us must be well aware that many needless experiments are actually per-

formed; and until some clearly defined rules on this head are laid down, we venture to think such needless suffering will still continue to be inflicted on animals. If, for example, it were publicly stated by authorities in the profession, that experiments of this nature, made for the mere purpose of demonstrating admitted physiological facts, are unjustifiable, a great step would be gained, and a great ground of complaint cut from under the feet of enthusiastic anti-vivisection societies. Moreover, the very fact of an authoritative declaration on this point would go far towards giving an authoritative sanction to the legitimate performance of such experiments. The question is one which is well worthy of the consideration of the British Medical Association. The sanction of the Association given to the properly restricted performance of experiments on animals would put the matter on a satisfactory footing; and be a complete answer to the enthusiastic follies of anti-vivisectionists.

### ST. GEORGE'S HOSPITAL.

A Mr. Goodwin has printed and circulated an address to the Governors of St. George's Hospital, referring to the will of Mr. Atkinson Morley, who made a noble bequest for the foundation of a CONVALESCENT HOSPITAL in connection with that institution. Mr. Goodwin has the notion, that a portion of that legacy might be applied to the *general purposes* of the Hospital. This application of the money is, as we hear, clearly contrary to the terms of Mr. Morley's will; but, even if it were not so, we should trust the Governors would never think of setting aside Mr. Morley's wishes. If such an attempt were made, we feel sure that the Court of Chancery would immediately prevent its being carried out. There is, it appears, a clause in Mr. Morley's will to the following effect:—"That the Hospital shall lose the legacy if the Governors, or any one on their part, interfere in any way with the trustees of the property previous to the expiration of five years from Mr. Morley's death." This date will not arrive until 1863.

Under these circumstances, the Governors have very wisely, as we think, not interfered in the affair. The whole case is before the Court of Chancery; and, at the expiration of the five years, "the Court" will no doubt take the necessary steps to ensure the terms of the will being strictly carried out, whatever may be the opinions held either by the Hospital or Mr. Goodwin. We need scarcely say how gladly we shall hail the founding of a CONVALESCENT HOSPITAL in the country, in connection with one of our large hospitals.

Mr. Goodwin also appears to be angry with the Weekly Board of the Hospital, because they advertise for increased subscriptions; but, upon reading



their last "Annual Report", in which there is a statement of the "receipts and expenditure" for the last thirty years, we see the reason for their urging on the public the necessity of a larger revenue being placed at their disposal—that is, if the present number of beds is to be kept up. If the receipts of the Hospital are not increased, of course the Hospital must encroach upon its funded property, which (notwithstanding a new hospital has been built, and the number of beds increased from two hundred and fifty to three hundred and fifty, whereby a great inroad was necessarily made into the capital) is still a very handsome sum—in fact, somewhere about £140,000. But no sum, however large, will continually bear an annual diminution. It is hard, indeed, to believe that a hospital, placed as St. George's is—in the richest neighbourhood in the richest capital in the world—will be allowed to have its sphere of usefulness curtailed simply on account of want of funds.

THE WEEK.

DR. CLAY has, through his solicitor, in a letter to Mr. Folkes, unequivocally denied that he met a homœopath in consultation at Hanley. Two conclusions, highly satisfactory to the profession at large, may be drawn from the painful correspondence which has taken place on this subject. The first is, that members of our profession, on the one hand, are bold enough and determined enough, as far as lies in their power, to have their profession kept, like Cæsar's wife, free from all contamination with the illegitimate connexion of homœopathy; and secondly, that members of our profession consider it to be an actually libellous imputation—a degradation and dishonour—to have cast at them that they have had any professional intercourse with professors of the globulistic, or the like-cure-like art. It was a pity that Dr. Clay did not give an earlier denial to the statement, and at once stop the affair.

WE regret to hear that the *Pharmacopœia* Committee are impregnable to reason in the matter of their newly invented grain. Surely, however, the Medical Council will never permit this newly proposed grain to go forth to the profession, published, as it were, under their authority. The alteration of the grain has been condemned in all directions—we may say, universally; and we have heard no argument, worthy of the name of reasonable, put forward in its favour. We must, therefore, look upon this reputed determination of the Committee to sustain its proposition as founded on something rather like obstinacy than reason. Happily, the Committee is not unanimous; and, therefore, we have still great hopes that the Medical Council will take the matter into their own hands, and not allow the

alteration of the grain to be perpetrated to the serious inconvenience of the profession and of science generally, and to the derision of common sense. The alteration will, moreover, in our opinion, from its very inconvenience, bring about the necessity for another alteration at some early period. Two different grains are detestable measures for one country.

THE September number of the Statistical Society's *Journal* contains a very important notice of the Statistics of the General Hospitals of London. The following tables contain the most important of the information thus given:—

GENERAL RESULTS.

Hospital.	Remaining 1st January, 1861.	Admitted during the year.	Total.
St. Bartholomew's	559	5565	6124
Guy's	493	4867	5360
St. Thomas's	443	3892	4335
London	351	4169	4520
St. George's	335	3646	3981
Middlesex	223	2042	2265
St. Mary's	131	1691	1822
Westminster	143	1522	1665
King's College	120	1332	1452
University "	100	1286	1386
Royal Free	79	1190	1269
Charing Cross	98	925	1023
Metropolitan Free	8	146	154
Great Northern	5	175	150
Totals	3088	32,418	35,506

RATE OF MORTALITY.

Hospital.	Males. Per cent.	Females. Per cent.	Males and Females. Per cent.
St. Bartholomew's	—	—	10.7
Guy's	10.4	8.5	9.4
St. Thomas's	10.0	9.2	9.7
London	7.9	9.2	8.4
St. George's	10.1	6.9	8.3
Middlesex	—	—	11.7
St. Mary's	11.8	8.1	10.1
Westminster	—	—	9.6
King's College	13.8	7.1	10.7
University "	—	—	11.2
Royal Free	6.2	6.1	6.0
Charing Cross	—	—	8.3
Metropolitan Free	5.0	7.0	6.8
Great Northern	—	—	8.2
Average	.	.	9.5

From these tables, we learn what has been done by the whole of our metropolitan hospitals during the past year, and what is done by each individual hospital. Some interesting facts will come out of an analysis of them. To these points we shall draw attention on a future occasion.

DR. LANKESTER's successful candidatureship for the coronership of Middlesex is likely to be of service to our medical friends in America. The *American Medical Times* is using the fact as an example worthy of imitation in the (Dis)United States; and



points out how, by the exercise of the same energy, the profession in America may fill the offices of coroners in all parts of the country.

THE President of the North American United States is, it appears, a practical ethnologist. He beats the philosophic investigator out of the field. He comes to the point at once, and is ready to put his creed into actual practice.

"You and we", he point-blank tells a body of coloured men, "are a different race. We have between us a broader difference than exists between almost any other two races. Whether it is right or wrong I need not discuss, but this physical difference is a great disadvantage to us both, as I think your race suffer very greatly, many of them by living with us, while ours suffer from your presence. In a word, we suffer on each side. If this is admitted, it affords a reason why we should be separated. You here are free men, I suppose. [A voice—'Yes, sir.'] Perhaps you have long been free, or all your lives. Your race are suffering, in my opinion, the greatest wrong inflicted on any people. But even when you cease to be slaves, you are yet far removed from being placed on an equality with the white race. You are cut off from many of the advantages which the other race enjoy. The aspiration of man is to enjoy equality with the best when free; but on this broad continent not a single man of your race is made the equal of ours. Go where you are treated the best, and the ban is still upon you. I do not propose to discuss this, but to present it as a fact with which we have to deal. I cannot alter it if I would. It is a fact about which we all think and feel alike, I and you. We look to our conditions owing to the existence of the two races on this continent."

OUR readers may, perhaps, remember that during the great distress which occurred a few years ago in one of our manufacturing towns, the sickness and mortality were under the average rate. The very same fact is reported, so far at least, to hold good in Preston and Blackburn at this moment. The fact, if true, is full of deep matter for consideration. Perhaps, some of our brethren in Lancashire can explain it away. We read:—

"I am glad to find that the medical men, both of Preston and Blackburn, report that the privations of the last six or eight months have not been productive of increased sickness. On the contrary, the death rate is lower than the average in both places."

DR. LARGHI considers that he has opened a new road for surgeons to follow in the treatment of bony tumours and osseous cysts. It consists in the introduction of pencils of nitrate of silver into the tumours. Thus, a man, 23 years of age, had a tumour, as large as a child's head, formed in the lower half of the right fibula. In it he placed and left pieces of nitrate of silver. "After a third introduction, violent reaction set in; gases escaped from the tumour, which appeared to be in a continued state of ebullition. The whole tumour became gangrenous; the soft parts were not destroyed, and only a portion of the skin. The areolar osseous tissue of

the tumour is on the point of separating, and the cure may be considered complete. He has thus saved his patient's limb."

The following gentlemen have been appointed by the minister to deliver the supplementary lectures instituted at the Faculty of Medicine of Paris; Diseases of the Skin by M. Hardy; Diseases of Children, M. Roger; Diseases of the Mind and Nervous System, M. Lasègue; Syphilitic Diseases, M. Verneuil; Diseases of the Urinary Organs, M. Voillemier; Diseases of the Eye, M. Follin.

M. Ricord has been appointed *Médecin* in Ordinary to the house of Prince Napoleon.

It would appear that in France a *sage-femme* may not legally bleed a man, either with or without the concurrence of the doctor; but she may legally bleed a woman *enciente*, under all the different conditions of her puerperal state. Moreover, any person initiated in the art of extracting teeth may legally practise the operation without possessing a diploma.

The *Gazette des Hôpitaux* relates a remarkable case of what it calls "Anæsthesia in Diseases of the Lungs." A student was lately seized in Paris with fearful hæmoptysis. He was almost suffocated by the quantity of blood in the bronchi, which he could not expectorate. Hence arose a very high degree of asphyxia, without loss of consciousness. Associated with this, was erection and seminal ejaculation, as occurs in those hanged. This last fact gives an idea of the intensity of the asphyxia.

M. Trousseau thus sums up his views of the disease exophthalmic goître, or, as he now designates it, Graves's disease: "It is not, I believe, a cachexia; it is not a disease of the heart. I consider it to be a nervous affection, of which I give the following formula: 1. There exists a disease which is usually characterised by well-marked phenomena, exophthalmia, goître, rapid beating of the heart. 2. With these phenomena are invariably associated various disturbances of the nervous, gastric, and uterine functions. 3. At its commencement, some of these phenomena may be ill-defined, or even absent. 4. This affection is distinguished by symptoms and by a course which is peculiar to it. It constitutes a distinct morbid species. 5. It should therefore have a scientific denomination. We would therefore reserve for it the title of Exophthalmic Goître, or, what is better, Graves's Disease."

Rokitansky, in thanking a deputation of professors for their congratulations on the occasion of his being made a Hofrath, replied, that the fact was one which concerned the whole profession; for, since the time of Peter Frank, no Austrian professor of medicine has received the title. He, therefore, hoped that in future the honour will be given to the medical profession as it was in past days, and as it is bestowed on other professions.



## Association Intelligence.

### NEW MEMBERS OF THE ASSOCIATION.

THE following names of new members were accidentally omitted from the list published on August 23rd.

Coveney, J. H., Esq., Prestwich.  
Harvey, R. S., Esq., Lincoln.  
Hewson, J., Esq., Lincoln.  
Roberts, D. L., M.D., Manchester.  
Samelson, A., M.D., Manchester.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, August 30th, 1862.

### EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Ship Hotel, Faversham, on Thursday, the 11th of September, at 3 P.M.

Dinner will be ordered for 5 P.M.

THOMAS BOYCOTT, M.D., *Secretary*,

Canterbury, August 27th, 1862.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 24TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

REPORT UPON SYPHILIS, WITH REFERENCE TO THE MORE MIXED AND UNUSUAL FORMS OF THE PRIMARY SYMPTOMS. BY J. A. MARSTON, M.D., ASSISTANT-SURGEON, ROYAL ARTILLERY.

[Communicated by HENRY LEE, Esq.]

THE writer commenced his paper with a *résumé* of the modern doctrines usually held and taught. When model cases presented themselves, the diagnosis and prognosis were easy. It was the frequent occurrence of mixed cases—sores of various kinds and forms—that offered such great difficulty. Putting aside all question as to the objective symptoms by which an infecting can be differentiated from a non-infecting sore, there could be no doubt that these two varieties or species existed, as proved by daily observation, the results of confrontation, and the very important results obtained from Danielsen's inoculation of patients suffering from Norwegian leprosy with chancreous virus, one case only having been followed by constitutional symptoms, in which the virus had been obtained from an indurated sore.

The author, taking typical examples, gave the leading pathological characteristics of the two forms of sore as follows:—

What peculiarly marked the soft chancre was a solution of continuity of the soft parts by an ulceration and suppuration, having in its origin and progress an intimate connection with an active inflammatory process.

In the infecting form a slower process of abnormal nutrition in the part affected was observed, by which was induced a localised product, partaking of the nature of a morbid growth, without any necessary relation to inflammatory phenomena. For these reasons it was relatively chronic in its source, and capable of removal by a gradual process of absorption, without the production of pus, or any loss of substance. In the first, the virus (as holds in the case of a mechanical substance) might pass by the lymphatics to be arrested at the nearest gland, there inducing a repetition of the inflammatory process it had originally caused; while in the second, the sphere of in-

fluence exerted by the virus was much wider, affecting the vascular as well as the lymphatic absorbents, by which it happened that the blood elements, passing through both chancre and gland tissue, became affected.

Dr. MARSTON then spoke of the limited character of the ulceration or erosion, compared with the deeper and wider seat of the induration. From an infecting sore so characterised, some epidermic or epithelial scales would necessarily be mixed with the scanty excretion obtained from its surface, in addition to lymph cells, which would approach the characters of pus, as the infecting possessed the characters of the non-infecting sore—viz., depth of erosion, activity of progress, and vascularity. The line of demarcation between the two sores, however, the author thought, could not be easily drawn from the character of the discharge alone.

Mr. Henry Lee's important observation in 1856, as to the non auto-inoculability of the indurated sore, was next remarked upon. Alluding to the views promulgated by De Méric, Diday, De Clerc, Rollet, and particularly the exhaustive series of observations made by Bassereau upon a duality of the virus, as the cause of the differences observed in the infecting and non-infecting sores, he cited in illustration the case of a battery stationed at Christchurch. Amongst the many instances of venereal disease, only one ulcer proved to be of the infecting type, and in it the virus was obtained from a London source.

The writer then alluded to the modifications in the character of venereal sores effected by the physiological properties of tissue, the effects of irritation and indolence, giving some cases in illustration of his observations. Having premised thus much as essential to the right appreciation of what followed, the author treated of—

- I. The varieties of infecting sore.
- II. The results obtained by auto-inoculation.
- III. The occurrence of syphilitic infection after suppurating bubo.
- IV. The occurrence of constitutional symptoms following urethral discharge clinically identical with gonorrhœa.
- V. The bubon d'emblée.
- VI. The periods of incubation preceding the appearance of the two kinds of venereal sores; and the absence of any guarantee against constitutional infection by any abortive treatment applied to the primary syphilitic lesion.

I. Excluding the Hunterian chancre, and ulcers possessing specific induration, the author made some observations upon superficial erosions, involving but a part of the integument or mucous membrane, and leaving scarcely any induration about the cicatrix, as the frequent precursors of syphilitic infection. He alluded to the different structures upon which such might appear. Ulceration (as generally understood) might scarcely affect such sores at all. When the induration proper to the specific morbid process had its seat in the hardness belonging to the seat of the sore, whether arising from the physiological properties of the affected tissues, or induced by irritation, an infecting sore, most difficult of diagnosis, resulted. When, moreover, the subject of the disease had a hybrid affection—i.e., sores of different characters upon the same spot, a pusproducing and infecting sore, capable of auto-inoculation, and attended with suppurating bubo, might be present.

Under the head of "observed facts," the author cited the following cases:—

1. The infection of a man by his wife, in whom a very trivial erosion existed upon the inner aspect of the left labium without induration or appreciable discharge.
2. The appearance of strictly circumscribed elevation upon the inner aspect of the prepuce of an officer, the epithelium upon which appeared dull; no trace of ulceration appearing until the part was irritated by the application of a powder, and then very limited in extent. There was a symmetrical enlargement of the inguinal glands, and he afterwards suffered from psoriasis palmaris, etc.



3. A case of numerous superficial erosions upon the surface of the glans healing by local treatment. Eighteen days afterwards the appearance of a Hunterian chancre upon the prepuce, from which last inoculation proved unsuccessful.

4. Two soft, purulent, inoculable sores upon the fossa glandis, which twenty-two days afterwards became indurated; secondary symptoms following.

5. Three soft chancres upon the prepuce, a suppurating bubo in the right groin, and inflamed glands in the left. Inoculation from the sores and bubo proved successful. Sixteen days after the appearance of the disease, and beneath the surface of one healed sore, specific induration appeared, and was healed by mercury.

6. An unbroken pustule seated upon the prepuce, and having an inflamed base. After inoculating the integument of the thigh with the pus, the original pustule destroyed by potassa fusa. The result of inoculation and re-inoculation successful, as far as regards the production of a soft sore, which was destroyed by caustic. As the slough separated from the original seat of disease, induration was apparent around the periphery; symmetrical affection of the inguinal glands; subsequent evolution of secondary symptoms.

7. A case of indurated chancre upon the face, the result of inoculation, by the patient's fingers, of a spot of herpes, followed by enlarged submaxillary gland and secondary symptoms.

Upon these cases the writer made the following remarks.

CASE I. The relative rarity of typical indurated chancre in women had been the subject of frequent remark. It would appear that the syphilitic virus falling upon the vascular and loose glandular tissues of the vulva, gave rise to a product identical with what is observed upon the glans penis of the male, and, equally with it, to be often deficient of any peripheral induration.

CASES II, III, IV, V, and VI, taken together, were capable of receiving one of two explanations. Either they were instances of double infection; the soft non-infecting sore, appearing early, suppurating, and auto-inoculable, with the subsequent appearance, of the indurating infecting sore upon the same part, or in the same neighbourhood. Or the inoculation of pus obtained from an indurated sore in an inflamed or irritated condition, gave rise to a pus-producing erosion, which in time became affected with the specific hardness. Mr. Henry Lee had shown that the infecting chancre is incapable of auto-inoculation; but if such be made first to yield pus, auto-inoculation would succeed, as far as the production of a pustule or soft ulcer. When the author came to the subject of inoculation he would have occasion to remark upon the occasional production of an abortive form of pustule, from the inoculation of other than specific pus.

Thus, Dr. Marston referred Case VI to a pus-inoculation from an indurated sore, and thought that the pustule and inflamed base resulted from the reaction of that secretion, while the induration was the result of the syphilitic virus obtained through that pus as a vehicle. He referred Cases IV and V to hybrid sores, the result of a double infection.

Some observations were made, and cases cited, by the author in illustration of the fact, that sores upon the integument of the sheath of the penis were commonly infecting. In that situation he had observed secondary infection after—1. The most superficial indolent erosion without appreciable induration (or with it of such slight degree and duration as to have escaped detection), and with little or no suppuration. 2. The same with a well-defined, strictly limited, and very narrow rim of induration. 3. Sores, appearing like boils or spots of ecthyma, sometimes covered with a scab; discharging pus, indolent, with raised and prominent edges, honeycombed-looking base, and large, but ill-defined hardness. (The author

purposely excluded that form of sore appearing as well-defined, flattened, indolent induration, because he desired to avoid model cases.) He next adverted to the fact, that many of these sores leave scarcely any trace of induration in their cicatrices, but that at first a dull reddish-brown discoloration remained at the seat of the cicatrix, which ultimately became whiter in tint than the surrounding skin, with faint depressions and radiating lines, marking a circular, stellate form of cicatrix. The result of much observation left a firm impression upon the author's mind that secondary infection was the common result of almost any variety of venereal sore seated upon this part of the organ.

In soldiers suffering from constitutional syphilis it was very common to find the above marks of cicatrices upon the integument of the penis. Of six cases of which notes were kept, five afterwards had secondary symptoms, and in two of the six suppuration appeared over the seat of an inflamed lymphatic upon the dorsum of the penis.

## Correspondence.

### PUBLIC GRATUITOUS MEDICAL SERVICES.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—It may, perhaps, advance a cause which you have ably advocated, if you will give the subjoined resolutions a place in the JOURNAL. The discussion of them at our late annual meeting was prevented, because I was not aware of the salutary rule which requires the assent of the Council before any subject can be brought under the notice of a general meeting.

I regret that the opportunity of a public discussion was thus missed, because this question, more than any other, requires the unanimous action of the profession; and the opinions elicited in such a discussion would have guided the Council in dealing with a confessedly difficult matter. Like the wind, so admirably suggested by Professor Paget, as the one remedy for desperate cases of pyæmia, the mere ventilation of the question at so influential a congress of medical practitioners, might have exerted a curative effect upon what has been termed the incurable ulcer and the devastating dragon in the body politic of the profession. No doubt, agitation in, as well as out of the profession, leading to some definite action, is the only means of obtaining redress from him "that useth his neighbour's (medical) service without wages, and giveth him not for his work." The want of success that has hitherto attended Mr. Griffin's agitation, may, I think, be attributed to the fact that his crusade is only directed against one of the natural fruits of the gratis system; namely, the beggarly remuneration of the Poor-law medical service; and not against the system itself, root and branch. If we desire to assist him in his righteous cause, let our Association do so, not only by petitioning the legislature, but by laying the professional axe to the root of the evil.

The discussion at Canterbury on special hospitals was of service, inasmuch as it led to the almost unanimous conclusion that public medical services ought to be paid for. Since that meeting, you have, in a series of articles remarkable for their truthful statements and conclusive reasoning, exposed the injustice, as well as many fallacies (even in the minds of physicians) that attach to this subject.

There is one point which, perhaps, has not been sufficiently insisted upon; namely, the inefficiency of the out-patient practice, especially at our metropolitan hospitals, where one unpaid medical officer is expected to register the names and addresses of from fifty to one hundred new patients, and to examine and treat from



three hundred to five hundred cases at a single sitting. An assistant officer, fresh from the schools, with abundance of time on his hands, and anxious to gain experience, may possibly do something like justice to such a task. But what man, who has his bread to earn, can, year after year, afford the time necessary for the proper investigation of even one hundred patients, making, when necessary, stethoscopic, urinary, abdominal, and vaginal examinations? It soon degenerates into such rapid routine, if not *scamped*, work, that he begins to think that the steam-engine which grinds the drugs might, with advantage to all concerned, be made also to do the prescribing work.

If the opportunity occur, I hope to bring the subject under the notice of the Metropolitan Counties Branch. Meanwhile, as I have individually referred the matter to the Committee of Council, I will briefly indicate some of the steps that might be taken to remedy this no less impolitic than unjust system.

First, frankly to tell the public that the honour and supposed indirect emoluments of public medical service are no longer sufficient to compensate for the necessary sacrifice of time and labour.

Secondly, to publish a list of all the hospitals and dispensaries (and there are several, mostly the older ones) which recognise the principle of payment; when I believe all medical gentlemen, at least—if not the general public—would prefer to give their patronage to the institutions that pay their doctors. This plan has done good service in the case of the insurance companies.

Thirdly, by having the expediency, as well as the justice of paying for medical, no less than for legal and clerical services, brought under the consideration of the governors and committees of all institutions. This should be done on public grounds. I have no personal interest in the matter; but am more and more convinced, at least in London (and the example of London, whether for good or evil, is, sooner or later, followed by all provincial towns), of the injury, moral, and physical, which the gratis-system inflicts upon the community at large.

I am, etc., SEPTIMUS GIBBON.

3, Finsbury Square, E.C., August 19, 1862.

1. Resolved—That, in the opinion of this meeting, the system of gratuitous medical services, as given at most of our public hospitals and dispensaries, is detrimental to the general welfare of the profession, and unnecessary, if not prejudicial, to the interests, whether of science or of humanity.

2. That it be referred to the Committee of Council to consider what steps (if any) this Association can take to suppress the ever-increasing evil of public gratuitous medical services.

## THE RELIEF OF NEAR SIGHT WITHOUT SPECTACLES.

LETTER FROM J. V. SOLOMON, ESQ.

SIR,—In the report of the *Medical Times and Gazette* for August 16th of the discussion which took place on the reading of my paper "On the Relief of Near Sight without Spectacles", at the late meeting of the British Medical Association, some inaccuracies have crept in. I am there made to say that, during the greater part of the time I had been engaged in my investigation, Jäger's test-types were not in use in this country. What I stated was, that the method of testing optical accommodation by lenses had not been introduced into this country as a practice among ophthalmic surgeons; and that, so late as a year ago, I had visited one of the largest ophthalmic hospitals in London, and found only one gentleman so employed, his services having been specially engaged for the purpose. I also added, I gratefully received suggestions from any quarter; for, to use a phrase, I had no Germonophobia; but the method

employed at Berlin had not yet commended itself to my judgment as a practical surgeon, and therefore I continued to use in cases of myopia such tests of the range of distinct vision as were intelligible to the class of persons who resort to eye institutions, and to others who might inquire of me, What amount of advantage will your operation afford to those who are near-sighted? At the risk of being considered obstinate and contumacious by the Berlin-olators, I may state I have no intention of altering my method of examination. I am encouraged in this resolution by the fact that my papers on the Surgical Treatment of Short Sight (*Med. Times and Gazette*, vol. 1861) have gained for the operation of intraocular myotomy the favourable judgment of several English surgeons who, after acquiring a practical knowledge of ophthalmic surgery in this country, have studied at the *clinique* of Berlin or Utrecht; some of these have treated myopia on my plan, and with success. Others have assured me of their intention to make trial of it; also that my operation has already obtained a place in foreign ophthalmic literature.

As regards the tabulated abstracts of the cases of ten patients, printed in characters sufficiently large for diagnosis, with which I illustrated the beneficial effects of intraocular myotomy on the range of distinct vision in myopic persons: in *five*, the ophthalmoscope revealed the presence of a posterior staphyloma, which is considered by Sichel, Desmarres, and others as "*pathognomonic*" of myopia; *two* of the patients had worn deep concave glasses for near and far vision previous to the operation; *two* others had been tested by me with concave spectacles prior to the surgical treatment. Having accounted for nine, under which head shall we place the remaining case? We will go with the last fashion, and say it is an example of hypermetropia—that new (?) disease, the objective signs of which were given by Richard Banister two hundred and forty years ago; its optical condition defined by Porterfield upwards of a century back; and its relief from convex glasses, when present in children and adolescents, pointed out and practised by Samuel Pierce some fifty years past. But, sir, I am warned that I must apologise to some of my colleagues for exhuming the labours and the names of these worthies of the past—for they were Englishmen!

I am, etc., J. VOSE SOLOMON.

Birmingham, August 1862.

## MR. POLLARD OF CHORLEY.

LETTER FROM WILLIAM ALLISON, ESQ.

SIR,—In the *BRITISH MEDICAL JOURNAL* of August 30th, you have commented upon a charge against Mr. Pollard, and an astounding decision of a jury.

The evidence does not appear, which left the jury without a reasonable doubt about "gross ignorance or negligence"; but, unless the surgeons who gave evidence had *themselves seen* Mr. Pollard extract the child, they could not form judgment upon their own knowledge of facts.

I have practised midwifery forty-five years; and, from what I understand of Mr. Pollard's case, have been in the same position as he was in, having one of three courses to pursue: 1. To leave the mother, and perhaps the child, to die; 2. To save the mother by destroying the child; 3. To endeavour to save both, by risking the possibility of "a ruptured perinæum", which would be more likely to occur if art did not interfere, and if the case were left to natural efforts and consequences.

If Mr. Pollard is to pay £120 and law expenses for the occurrence of a possible casualty which may entirely depend upon a want of healthy elasticity and power of retraction of the part lacerated, and which



rupture generally occurs when no artificial means have been used; and also for having chosen the least of three evils,—would the jury have fixed upon £500 if he had destroyed the child? and upon £1,000 if he had left the mother, or perhaps both, to die? Hitherto, under such circumstances, I have risked a similar consequence; and, fortunately, without the occurrence of the contingency. How am I to act in future?

Surely one of "the three surgeons", or all together, will humanely publish directions for our future guidance. If a similar case presented itself, and they had conjointly the management of it, we might not hear of their practice with the result of it; and, as they found sufficient ground in the evidence given in reference to the case in question, they must feel that they have ability, and I hope they will have a will also, to give us the needful and therefore desirable instructions.

I am, etc., WM. ALLISON.

September, 1862.

### THE LANCET AND THE BRITISH MEDICAL ASSOCIATION.

SIR,—If anything were wanted to prove the merits as well as the onward progress of the BRITISH MEDICAL JOURNAL under its present able management, it is afforded by the rabid anger of the proprietors of the *Lancet*, exhibited through the mouthpiece of their editor. What is the real grievance, but the patent fact that the early publication of the splendid intellectual products of the late annual meeting was likely to affect the *Lancet* in its trading capacity? It is absurd in the editor to find fault with you for wishing to have the privilege of first communicating the transactions of the Society which you represent. What would he say if any of those who contribute to his pages should at the same time send a copy of their communications to your JOURNAL or to the *Medical Times*? The *animus* is too patent; and the profession will doubtless regard the *Lancet* in this particular juncture as I do—with a feeling akin to contempt.

I am, etc.,

A FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,  
AND AN OLD MEMBER OF THE BRITISH  
MEDICAL ASSOCIATION.

September, 1862.

LONDON AND PARIS DIETS. The *Gazette des Hôpitaux* gives some statistics of food in Paris, as compared with London. According to these, the Londoner's nourishment is more substantial and invigorating than that of the Parisian. The consumption of bread is about equal in the two cities; but in London a large quantity of flour is used in family kitchens, in addition to baker's bread. Of butchers' meat, 20 per cent. more is eaten in London than in Paris; the difference of population, of course, being taken into account in all these estimates. Twice as much fish is used in London as in Paris. The consumption of butter, milk, poultry, and fruit is larger, however, in Paris than in London. Of colonial produce, tea prevails in London, and coffee in Paris. Of sugar, incomparably the larger quantity is consumed in the British capital; but this, we must presume, is attributable to the use of home-grown (beetroot) sugar in France, although the *Gazette* is not quite explicit on this point. As to drinks, beer prevails in London, and wine in Paris; but there is a tendency to an increase of beer-drinking in Paris and of wine-drinking in London. Paris, happily for itself, consumes far less spirits than London. "In a word", the *Gazette* concludes, "London has the advantage in respect of the solidity of its food; and this is but fair, for we have not to contend with an English climate."

## Medical News.

UNIVERSITY OF LONDON. Bachelor of Medicine—Preliminary Scientific Examination. Pass Examination.

### First Division.

Allen, Bryan Holme, University College  
Archer, Herbert Ray, St. George's Hospital  
Armitage, Frederick William, Guy's Hospital  
Beck, Marcus, University of Glasgow  
Berrell, Charles, King's College  
Birt, Joseph, Sydenham College, Birmingham  
Bond, Thomas, King's College  
Cavafy, John, St. George's Hospital  
Coombs, Carey Pearce, St. Mary's Hospital  
Eastes, George, Guy's Hospital  
Evans, John Tasker, St. Bartholomew's Hospital  
Evans, Julian Augustus Michael, University College  
Flint, Frederic, King's College  
Greaves, Charles Augustus, St. Thomas's Hospital  
Green, Thomas Henry, University College  
Hilliard, Henry Charles, Guy's Hospital  
Mason, Philip Brookes, University College  
Mayou, Marmaduke John, Guy's Hospital  
Nunneley, Frederic Barham, University College  
Philpot, Charles William, King's College  
Powles, Revett Coleridge, King's College  
Read, Charles, University College  
Roberts, Edwin, King's College  
Smith, Charles, Guy's Hospital  
Smith, James William, Guy's Hospital  
Snow, William Vicary, University College  
Tayler, Francis Thomas, B.A., Guy's Hospital  
Tayler, George Christopher, St. Bartholomew's Hospital  
Tayler, Arthur, Guy's Hospital  
Trimmen, Henry, King's College Hospital  
Turner, Ebenezer Fulham, Guy's Hospital  
Warren, Thomas Pickard, Guy's Hospital  
Willey, Henry, King's College  
Williams, John, University College

### Second Division.

Barrett, John, Bristol and Bath United Hospital  
Bott, Charles Glen, Guy's Hospital  
Churton, Thomas, Leeds  
Clothier, Henry, University College  
Coxeter, James John, University College  
Duke, Olliver Thomas, Guy's Hospital  
Eccles, William Soltau, St. Bartholomew's Hospital  
Fairbank, Thomas, St. Bartholomew's Hospital  
Foster, Joseph, Royal Manchester School of Medicine  
Glynn, Thomas Robinson, St. Bartholomew's Hospital  
Groves, Joseph, King's College  
Harvey, Walter Anstice, St. Bartholomew's Hospital  
Irvine, James Pearson, Liverpool  
Jackson, James, London Hospital  
Kempthorne, Henry Law, King's College  
Legg, John Wickham, University College  
Lloyd, John, Queen's College, Birmingham  
Lush, William George Vawdrey, St. Bartholomew's Hospital  
Mackey, Edward, Queen's College, Birmingham  
Murray, Thomas, St. George's Hospital  
Perks, Charles, Queen's College, Birmingham  
Prosser, Charles Howard, Marlborough College  
Purvis, John Prior, St. Thomas's Hospital  
Salter, John Henry, King's College  
Savage, George Henry, Guy's Hospital  
Seaman, Alfred Baird, King's College  
Shuttleworth, George Edward, King's College  
Stone, Robert Sidney, St. Bartholomew's Hospital  
Willoughby, Edward Francis, University College

### Examination for Honours.

#### Chemistry and Natural Philosophy.

Allen, Bryan Holme, University College  
Berrell, Charles, King's College  
Greaves, Charles Augustus, St. Thomas's Hospital  
Mason, Philip Brooks (Exhibition), University College  
Nunneley, Frederic Barham, University College

#### Biology.

Mason, Philip Brookes (Exhibition), University College  
Powles, Revett Coleridge, King's College  
Willoughby, Edward Francis, University College

APOTHECARIES' HALL. On August 28th, the following Licentiates were admitted:—

Duce, James, Wednesbury, Staffordshire  
Flinn, John James, Liverpool  
Hicks, John Abernethy, Emsworth, Hants  
Hughes, David Watkin, Wymondham  
Mowat, George, Plymouth  
Trimmer, Francis, Gloucester



At the same Court, the following passed the first examination:—

Best, Frederick Arthur, St. Bartholomew's Hospital  
Chapman, James, Grosvenor Place School of Anat. and Med.

### APPOINTMENTS.

BRENCHLEY, Horatio C., Esq.  
BRINGLOE, John, Esq.  
BICHOL, Robert, M.D.  
BTLEY, John, Esq.  
BUCKLE, George, M.D.  
BEBSTER, George, Esq.  
ARDELL, John M., Esq., appointed Deputy Coroner for the Southern District of the county of Wilts.  
EDWARDS, William T., M.D., appointed Physician to the Glamorgan-shire and Monmouthshire Infirmary, Cardiff.  
EVANS, John T., M.D., appointed Surgeon to Christ's Hospital, Bedford, in the room of the late R. D. J. Evans, M.D.  
FORTON, William A., Esq., appointed Certifying Surgeon under the Factory Act, for Horwich, Lancashire.  
DELL, Thomas, Esq., appointed Surgeon to the Hertford General Infirmary, in the room of the late R. D. J. Evans, M.D.  
PARSONS, John D. F., M.D., elected Resident Medical Officer to the Clifton Dispensary, in the room of Robert Watts, Esq.  
PATRICK, Samuel A., Esq., appointed District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.  
RICORD, M. Philip, appointed Physician in Ordinary to the Household of Prince Napoleon.

elected Medical Officers to the  
New Camberwell Provident  
Dispensary.

**LUNATICS AT THE EXHIBITION.** A number of the female patients from the Peckham Lunatic Asylum were last week taken to the Exhibition by Dr. Armstrong.

**CAUSES OF DEATH.** Last week there died a woman, aged 30 years, who had been afflicted with eczema and chthysis from birth. An infant was suffocated last week by sucking the India-rubber nipple of a feeding bottle into its mouth.

**THE PASHA OF EGYPT.** "During the stay of the Pasha at Neuilly, the two great lights of the medical faculty in Paris, Jobert de Lamballe and Royer, resided with him, they being so constantly required that frequent visits would not even suffice."

**THE FEMALE BLONDIN.** The chief injury suffered by the Female Blondin was fracture of the neck of the high-bone, and some severe injury about one shoulder. The poor woman fell, she states, through having been forced to drop her pole in consequence of cramp of one of her hands.

**VACANCIES.** The following appointments are vacant:—Surgeon to the Royal Victoria Dispensary, Northampton; surgeon to the Northampton Borough Gaol; medical officers for the first district of the Wolverhampton Union, for the Union Workhouse at Redhill, and for the Edgware District, Hendon Union; medical officer for the third district of the Forehoe Incorporation, Norfolk; consulting accoucheur to the Western Dispensary, Westminster, by the resignation of Dr. Frederic Bird; house-surgeon and apothecary to the General Infirmary, Northampton.

**PAPER.** Among the botanical specimens sent over from Japan to the Société d'Acclimatation by M. Eugene Simon, there are a few young trees out of the bark of which the Japanese make very good and strong paper. In China, the bark of the *Broussonnetia papyrifera*, a kind of mulberry tree, is used; that of Japan is a variety of the same species, to which Van Sieboldt has given the name of *Broussonnetia Kaminoki*. Considering the daily increasing difficulty of meeting the demand for rags, which are sold at about £2 per cwt., the bark of this tree, imported from Japan, would prove extremely valuable to the paper trade, inasmuch as it would not cost more than half that price.

**SOCIAL SCIENCE.** The arrangements for the inaugural congress of the International Association for the Promotion of Social Science, which will be held in Brussels from the 22nd to the 25th inst., are now, we understand, nearly completed; and, from the number of dis-

tinguished men in all parts of the Continent as well as in this country who have promised their attendance and support, there is every reason to believe that the meeting will be of a highly interesting and important nature. We may mention, for the guidance of many who will be attracted to Brussels at the time of this meeting, that any information may be obtained at the office of the National Association for the Promotion of Social Science, 3, Waterloo Place, Pall-mall.

**A NEW SPECIALITY.** The Russian Government has ordered that a division of the Military Hospital at Kiew should be devoted to the detection of simulated diseases, the determination of the responsibility of delinquents, and the ascertaining whether a possibility or impossibility of continuance in the service exists, etc. The Professor of Medical Jurisprudence at the University of Wladimir has been placed at the head of this division of the Hospital. (*Med. Times and Gaz.*)

**THE INTERNATIONAL TEMPERANCE AND PROHIBITION CONFERENCE.** At this Conference, the following papers were read in the Scientific and Medical Section; Dr. James M'Culloch of Dumfries in the chair:—Alcohol in Relation to the Nervous System; by Professor Kirk, Edinburgh. Alcohol in Relation to the Digestive System; E. G. Figg, M.D., Bo'ness, N.B. Does Alcohol Arrest Metamorphosis, and thereby Save Tissue? James M. M'Culloch, M.D., Dumfries. Alcohol, Medical Men, Publicans, and their Victims; John Higginbottom, F.R.S., Nottingham. The Medical Profession in Relation to Abstinence and Prohibition; Henry Mudge, M.R.C.S., Bodmin. Alcohol not Needed as a Medicine; L. M. Bennett, M.R.C.S., Winterton, Brigg. On Continental Intemperance, and its Connexion with Insanity and Suicide; Dr. F. R. Lees, Leeds. Testimony of a Medical Man against the Use of Alcohol as a Medicine; B. Collenette, M.D., Guernsey. The authors generally opposed alcoholic medication. In other discussions upon those papers, Dr. TRALE of New York, as the only representative of the Disunited States, denounced the use of alcohol for stimulating purposes.—Dr. MADGE, Mayor of Bodmin, said the visiting committee of the lunatic asylum there determined to reject alcoholic liquors from the regular diet of the institution, but were ordered by the medical inspectors in their annual round to restore them. The visiting committee complied with the rule, but allowed them to be used only as medicines. Accordingly, every patient prescribed intoxicating liquors was inspected once a week; and the result was, that in that lunatic asylum there was a large wing under this head.—The Rev. Mr. BRASSEE of Swansea suggested that a medical work be written recommending non-alcoholic treatment. It was very difficult for a sick man to resist the prescription of his medical alcoholic adviser, unless he was fortified with such a guide.—The following resolutions were adopted:—1. "That the recent experiments and discoveries of physiological science, confirming observation and experience in all climates, have clearly demonstrated that alcohol has no dietetic value; but that its use as a beverage, in any form or to any extent, is injurious both to the body and the mind of man." 2. "That the progress of medical science and experiment has exploded many theories on which the prescription of alcohol has been heretofore based, and has demonstrated not only its non-dietetic character, but also its non-medicinal virtue in a large range of diseases; that the scientific, as distinguished from the empirical application of remedies, requires that their specific properties and reactions should be understood—conditions never yet fulfilled in regard to alcohol; this convention therefore earnestly calls upon the members of the honourable profession of medicine not only to respect their own reputation as a body, but to bear in mind their grave moral and social responsibilities, in prescribing so questionable, so dangerous, and



so absurd an article. The convention would also press upon the friends of temperance the duty of insisting that alcohol, whenever prescribed under the plea of a supposed, or the justification of a real necessity, should be dispensed like other drugs, not by the publican, but by the apothecary."

## Varieties.

**ARSENIOUS VAPOURS.** We could point to chimneys in populous districts in England which have unceasingly vomited forth arsenic by the ton during these last twenty years. And, so far as we know, not a single case of injury to man or beast has occurred in consequence. (*Times*.)

**LOSS OF LEAD.** The reader will have an idea of the prodigious amount of lead which may be saved when he is informed that in one year a large smelting establishment in the north of England obtained 800 tons of lead from the dust accumulated in their long flues! Expedients of various kinds, some of them costly, have been tried with a view to the complete condensation of lead-fume; but there is not one which is in all respects satisfactory.

**LOCAL APPLICATION FOR THE CURE OF TINEA SYCOSIS.** M. Bouchardat's *Annuaire Thérapeutique* for the year 1862, amongst other important formulas, mentions an application which M. Decondé has used with success for the destruction of the fungus (*Microsporon mentagrophytes*) which causes sycosis. Its efficacy appears unquestionable. The following is its composition:—Crystallised acetate of lead, ʒj; thick cream, ʒjss. Reduce the acetate to a fine powder; mix. The diseased parts should be covered at night with this compound, which renders depilation unnecessary, the salt of lead penetrating readily to the skin, and destroying the parasitic growth. (*Jour. de Méd. et Chir.*)

**DOMESTIC EMPLOYMENT OF CASTOR OIL IN CHINA.** In China, castor oil is constantly employed for the ordinary purposes of life, as we should use olive oil or butter, its evacuant action having become subtended by force of habit. The Chinese, however, sometimes forget that Europeans do not enjoy this immunity; and M. Stanislas Martin relates that several years ago some French envoys believed themselves to have been poisoned by the mandarins, who had invited them to dinner. All the dishes had been prepared with the oil of *palma christi*, which induced a terrible purgation; but happily the discovery was made before reprisals, for what appeared to have been traitorous conduct, were taken. (*Med. Times and Gaz.*)

**READING OLD BOOKS.** We may here record a fact of interest to the manufacturing public, and which we have never seen published. The late Mr. Alexander Wright, a surgeon of Birmingham, discovered the value of cyanides of potassium and sodium as solvents for silver in electro-plating. The application was immediately patented, and the patent was afterwards purchased by Messrs. Elkington and Co. This application has proved of immense value to the electro-plater in every respect. Mr. Wright was led to this important invention from reading a passage in Scheele's *Chymical Essays* (p. 405, London, 1786). So much for old books. At first Mr. Wright received a royalty of 1s. on every ounce of silver deposited; but after his decease, which took place not long afterwards, a different arrangement was made with his widow. (*Times*.)

**RESEARCHES ON THALLIUM.** Mr. William Crookes observes that the occurrence of a brilliant green line in some selenium residues, whilst examining them for

tellurium, led him first to suspect the presence of a new metal. In March, 1861, he announced definitely that the green-line substance was decidedly a new element. The position of the green line does not coincide with any definite line in the solar spectrum. According to Kirchhoff's theory, we must therefore assume that thallium is not present, at all events to any great extent, in the sun. Under the highest telescopic power of his apparatus, the line appears to be absolutely identical in refrangibility with a sharp, well defined line in the barium spectrum to which Professors Bunsen and Kirchhoff have given the name Ba δ. Pursuing the investigation, he was enabled in the following May, to give a further account of this body, and to propose for it the name of *Thallium* (symbol, Tl). *Thallium* in the pure state is a heavy metal bearing a remarkable resemblance to lead in its physical properties. Its specific gravity is, however, higher—about 12. The freshly-scraped surface has a brilliant metallic lustre, not quite so blue in colour as lead, and it tarnishes more rapidly than this latter metal. It is very soft, being readily cut with a knife and indented with the nail; it may also be hammered out and drawn into wire, but has not much tenacity in this form. It easily marks paper. The fusing point is below redness, and with care several pieces may be melted together and cast into one lump. There is, however, generally a loss in this operation, owing to its rapid oxidation. The metal itself does not appear to be sensibly volatile below a red heat. He has made no special attempts to determine the atomic weight; although, from two estimations of the amount of sulphur in the sulphide, it appears to be very heavy. He believes it to be above 100. He obtained this element in the pure metallic state, and exhibited it to several friends as early as January last. Thallium is soluble in nitric, hydrochloric and sulphuric acids, the former attacking it with greatest energy with evolution of red vapours. (*Chemical News*.)

**CONSUMPTION OF DRINKS.** Twenty years ago the consumption of tea per head among the population of the United Kingdom was only 1.37 lb.; since then the duty has been reduced from 2s. 2½d. per lb. to 1s. 5d., and in 1861 the consumption per head was 2.67 lbs., and the revenue received had risen from 2s. 11¾d. per head to 3s. 9¼d. Of coffee the consumption twenty years ago was 1.06 lb. per head; the duty has been very greatly reduced, and the consumption per head in 1861 was 1.21 lb.; the increase of consumption has not been so great as in tea, and the population contributed on coffee to the revenue in 1861 only 3½d. per head, instead of 7½d., which was the rate in 1841. The consumption of sugar was 17 lb. per head in 1841; the duties have since been reduced and equalised, and the consumption more than doubled; in 1861 it was 35.21 lbs. per head, and the revenue obtained was 4s. 2¼d. per head, having been only 3s. 10d. in 1841. If now we take a stronger class of beverages, we find malt showing little change; the rate of consumption per head was 1.35 bushel in 1841 and 1.49 in 1861, and the rate of contribution to the revenue per head in this respect 4s. 1d. in 1841, and 3s. 8¼d. in 1861. The wine duties, it will be remembered, have been greatly altered, and the consumption of wine rose from 6,184,960 gallons in 1841 to 10,693,071 in 1861, or from 0.23 gallon per head to 0.37, the rate of contribution to the revenue per head in taxation upon wine falling from 1s. 3½d. to 10d. The duty on British spirits has been raised considerably, and the amount of duty received is greatly increased, but the consumption has somewhat fallen off; in 1841 the rate consumed was 0.77 gallon per head, and the individual contribution to the revenue 3s. 8½d.; in 1861 the consumption was 0.67, and the contribution to revenue 6s. 7¼d. But on foreign spirits the duty has been reduced; hence, though the consumption has largely increased, the contribution to revenue remains about the same, 1s. 9¼d. per head, the



te of consumption rising from 0·13 to 0·18 gallon.  
the consumption of tobacco increases; in 1841 it was  
33 lb. per head, in 1861 1·19; and the contribution to  
venue, 2s. 8d. per head in 1841, became 3s. 10d. in  
1861. Of all the articles above named, British spirits  
one have diminished in absolute quantity consumed in  
the last twenty years; the consumption of no beverage  
is increased so much as that of tea; but smokers also  
have increased and multiplied.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.  
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.—Royal Orthopædic,  
2 P.M.  
FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.  
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—AUGUST 30, 1862.  
[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 912 } { Girls.. 940 }	1852 1147
Average of corresponding weeks 1852-61 .....	1823	1193
Barometer:		
Highest (Sun.) 30.128; lowest (Tu.) 29.756; mean, 29.941.		
Thermometer:		
Highest in sun—extremes (Tu.) 125.7 degs.; (Mon.) 116 degs.		
In shade—highest (Tu.) 76 degrees; lowest (Sun.) 44.7 degs.		
Mean—58.6 degrees; difference from mean of 43 yrs.—1.1 deg.		
Range—during week, 31.3 degrees; mean daily, 22.6 degrees.		
Mean humidity of air (saturation=100), 76.		
Mean direction of wind, N.E.—Rain in inches, 0.00.		

TO CORRESPONDENTS.

\* All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.  
CORRESPONDENTS, who wish notice to be taken of their communica-  
tions, should authenticate them with their names—of course not  
necessarily for publication.

THE THERAPEUTICAL INQUIRY.—SIR: Our JOURNAL is too scant of  
space to allow of any being wasted. Will you therefore allow me  
simply to reply to Dr. Dobell, that my "sketch" was meant to be  
filled up (as sketches mostly are), that I ask to have "important  
points" noticed, and that I believe the schedules issued by the  
Committee will content him. I beg to assure him that I am  
much gratified by the interest he and other able minds have taken  
in the matter, and that I hope they will cooperate cordially. Is  
not Dr. Farre's anticipation one which may be realised, of having  
a Therapeutical Society flourishing side by side with the Patholo-  
gical? Why not? I am etc.,  
August 29th, 1862. C. HANDFIELD JONES.

EXTENSIVE INJURY OF THE ABDOMEN, ETC.—Dr. W. Taylor, Surgeon  
to the Cardiff Infirmary, sends us notes of the following case.  
"It was that of a man who had fallen from a scaffolding and  
received several serious injuries, such as a fracture of radius and  
ulna, and of the left arm just above the wrist; dislocation of right  
wrist, a compound fracture of the skull just above the left eye-  
brow, with depressed bone. He also appeared to have received a  
severe blow across the epigastrium. The collapse on admission  
was certainly very slight indeed; he was perfectly sensible when  
spoken to, and answered questions correctly. At a consultation,  
it was not deemed necessary to interfere with the slightly de-  
pressed bone, at that time 9 P.M. The poor fellow died at 2.30  
A.M. next morning. Upon examination, I found that the mem-  
branes of the brain were uninjured by the fractured skull, and  
therefore sought elsewhere for the cause of death. Upon opening  
the abdominal cavity, it was found quite full of venous blood,  
which had evidently been poured out from a rupture of some of

the portal vessels. The external coats of the stomach were slightly  
ruptured, but not quite through; the ascending portion of the  
duodenum was completely torn away from the pyloric end of the  
stomach immediately below the valve. There was also another  
lesion of the duodenum about three inches below the other, but  
not quite across its whole extent. The cause of death being evi-  
dently the venous hæmorrhage."  
R. W.—A correspondent says that many of our readers might like to  
re-peruse "The Oath of Hippocrates". "It would be instructive  
to some, and amusing to others."  
"I swear by Apollo tho physician, by Æsculapius, by Hygeia,  
and Panacea, and all the gods and goddesses, calling them to  
witness that I will fulfil religiously, according to the best of my  
power and judgment, the solemn promise, and the written bond,  
which I now do make. I will honour as my parents, the master  
who has taught me this art, and endeavour to minister to all his  
necessities. I will prescribe such a course of regimen as may be  
best suited to the condition of my patients, according to the best  
of my power and judgment, seeking to preserve them from any-  
thing that might prove injurious. No inducement shall ever lead  
me to administer poison, nor will I ever be the author of such  
advice; neither will I contribute to an abortion. I will maintain  
religiously the purity and integrity both of my conduct and my  
art. I will not cut anyone for the stone, but will leave that opera-  
tion to those who cultivate it. Into whatsoever dwellings I may  
go, I will enter them with the sole view of succouring the sick,  
abstaining from all injurious views and corruption, especially from  
any immodest action towards women or men, freemen or slaves.  
If during my attendance, or even unprofessionally in common life,  
I happen to see or hear of any circumstances which should not be  
revealed, I will consider them a profound secret, and observe on  
the subject a religious silence. May I, if I rigidly observe this  
my oath, and do not break it, enjoy good success in life, and in the  
practice of my art, and obtain general esteem for ever; should I  
transgress, and become a perjurer, may the reverse be my lot."  
(Greek and Roman Biography, by William Smith, LL.D.)

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—  
15. The subscription to the Association shall be One Guinea  
annually; and each member on paying his subscription shall be  
entitled to receive the publications of the Association of the current  
year. The subscriptions shall date from the 1st of January in each  
year, and shall be considered as due unless notice of withdrawal be  
given in writing to the Secretary on or before the 25th of December  
previous. If any member's subscription remain unpaid twelve  
months after it shall have become due, the publications of the  
Society shall be withheld from such member until his arrears be  
paid.  
16. The name of no member shall remain on the books of the  
Association, whose arrears extend over three years; but the omis-  
sion of the name from the list of members shall not be deemed,  
either in honour or equity, to relieve any member from his liability  
for the subscriptions due for the period during which he has availed  
himself of the privileges of membership.  
PHILIP H. WILLIAMS, M.D., General Secretary.  
Worcester, September 1862.

COMMUNICATIONS have been received from:—Mr. THOMAS  
HUNT; Dr. SKINNER; Mr. HIGHLEY; Dr. RANKING; Mr. WILLIAM  
ALLISON; Mr. W. PARKER; Dr. G. SHANN; Dr. C. HANDFIELD  
JONES; Dr. P. H. WILLIAMS; Mr. W. A. EDIS; Dr. EDWARD  
WELLS; Dr. HYDE SALTER; Mr. THOMAS PAGET; Mr. JOHN WIL-  
LIAMS; Mr. HARRISON; Dr. GOODE; and Mr. G. B. NORMAN.

BOOKS RECEIVED.

1. Defects in the Moral Treatment of Insanity in the Public Lunatic  
Asylums of Ireland, etc. By J. A. Blake, M.P. London: 1862.
2. Is Alcohol Food? By Thomas Inman, M.D. Liverpool: 1862.
3. A System of Surgery. Edited by T. Holmes. Vol. iii. London:  
1862.
4. Introduction to Clinical Medicine. By J. Hughes Bennett, M.D.  
Fourth edition. Edinburgh: 1862.

ADVERTISEMENTS.

Medical Assistant.—Wanted by  
the 26th instant, an Out-door ASSISTANT to Dispense,  
Visit, and attend Midwifery. His duties would chiefly consist in  
attending to a Colliery Practice.—Apply, stating terms and refer-  
ences, personally to Messrs. GALE, OLDFIELD, & Co., Wholesale  
Druggists, Bouverie Street, Fleet Street, London, or by letter to Mr.  
WILLIAMS, Trosnant Lodge, Pontypool, Monmouthshire.



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# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS  
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-  
PHYSICIAN TO THE HOSPITAL.

## LECTURE III.—ON CATARRHAL LARYNGITIS.

*Reasons of the Gravity of the Affection. Case. Analysis of Diagnostic Symptoms—Breathing, Voice, and Cough. Treatment. Summary.*

GENTLEMEN,—You are all of you familiar with the word *laryngitis*, and equally familiar with what it means—inflammation of the larynx. The name is an individual name; but I must warn you to banish from your minds the idea that it represents an individual disease—a pathological entity. It is nothing more than a topographical definition. The essential pathology in different cases may differ as widely as the poles; but as long as it is the larynx that is affected the disease is laryngitis; and it is from its situation—the very circumstance that gives it its name—that the affection derives its gravity and peril.

It is, indeed, a most terrible malady; terrible for what chiefly imparts terror to disease—its danger to life; and terrible, also, from the peculiarly painful character of the condition that it is apt to induce—strangulation. There are few diseases more fraught with peril to life than acute laryngitis; and what is more, there are few diseases that kill quicker. This arises entirely from the situation, shape, and function, of the part affected. The larynx holds the key, so to speak, of the function of respiration; suspend that function for three minutes, and life is extinct. There are but two organs, in my opinion, more vital than the lungs—the heart and the brain. The larynx is, as it were, the doorway of the lungs, and the chink of the glottis may be said to be the doorkeeper; through this narrow chink the breath of life must pass, and anything which befalls it and destroys its patulousness is necessarily mortal; and mortal at once, or slowly mortal, according to the degree in which the strait is narrowed.

Thus we see, then, that anything befalling the larynx is critical from the commanding position which it holds. But it is further critical from the conformation of the part. Capacious as the larynx is below, the channel that measures the freedom of access of air is the chink of the glottis; and this is so slender that a very small amount of anatomical change will completely obstruct it. You may have a good deal of tumidity in the chamber of the larynx, or even the cylindrical tube of the windpipe, and their capacity a good deal encroached upon, and yet no evil arise; but place the same amount of tumidity, thickening, or what not, at the rima glottidis, and the passage is effectually occluded.

But yet again, anything befalling the larynx is further critical on account of the physiological en-

dowments of the part. I have told you that the glottis is a sort of *janitor vitæ*, placed as a sentinel over the function of respiration; its very purpose is to close the respiratory passages, and to do so in obedience to certain impressions. It takes cognisance of the approach of any offending or hurtful material, and at once shuts it off from access to the delicate organs that it guards; as, for example, particles of food, noxious gases, irritating vapours. It is, therefore, highly sensitive, and endowed with an elaborate muscular apparatus giving it strong stricture power, uncontrollable by the will in the presence of any source of irritation.

I may, perhaps, yet add a fourth reason that makes inflammation of the chink of the glottis perilous—the looseness, namely, of the submucous areolar tissue. This favours the development of one of the most serious results of inflammation in this situation, namely, œdema; and renders it possible to occur to any extent and with any rapidity.

From these various causes, and from the intensity of the inflammation that sometimes falls on the larynx, laryngitis is so dangerous an affection that it may terminate fatally within a few hours of its first supervention, and may require prompt surgical interference in order to avert the impending catastrophe.

On going into the wards on Tuesday, Oct. 16, we found sitting in bed, for he could not lie down, a man with a pale, slightly dusky face and anxious expression, breathing in a very peculiar way, such as I shall presently describe to you, and voiceless. His breathing was evidently quite inadequate to satisfy his respiratory exigencies, and his distress was respiratory distress; he could not sleep; his pulse was rather small, but regular, and but little accelerated; he had a peculiar cough which, like the dyspnoea, I shall presently describe to you. We subsequently gleaned the following history from him.

Thomas Farrell, aged 45, is by occupation a waiter at an hotel, and constantly exposed in his avocations to heat and steam in the cooking department; he has been in the habit of drinking freely, and is frequently exposed to draughts when in a perspiring state; he is very apt to perspire about the neck and get his neckcloth wet, wearing it in that state till it has again become dry. He has been married for the last twenty-five years, and has never had syphilis. He was always well up to four years ago, when he caught a severe cold, accompanied with cough, expectoration, and soreness of the chest. From this he soon perfectly recovered, but ever since, off and on, he has been liable to such attacks, having had five or six of them; he has been quite well in the intervals, and they were unaccompanied with any throat affection. Last winter, however, just after Christmas, after waiting at a ball (it was the 14th of January, the coldest night of that inclement winter), he caught a cold of unusual severity. He had occasion that night, in his waiting, constantly to run across, in the open air, from the hotel to the ball-room, snow being on the ground and the ball-room very hot. This time the attack fell upon his throat. Cold shiverings came on in the night, and in the morning he found that he could not speak—his voice was reduced to a whispering; he had a sore chest, tightness across the sternum, hissing laryngeal respiration, and great difficulty in getting air through the glottis. After three weeks these symptoms abated, and he remained well up to



three weeks ago, when he was seized with the same symptoms after a similar exposure. It was the night of the great fire near London Bridge; and he stood in the cold wind, looking at the fire from the bridge, after having been perspiring at his hot work at Simpson's Divan, in the Strand. In the night, he was seized with the same rigors as before, the same constriction and strangulation about the throat, the same voicelessness, etc., and has remained in that state ever since, some days a little better, some days a little worse; and, at last, feeling decidedly worse, applied for admission on October 16.

Let me now direct your attention to those points on which the diagnosis turns. They are such as constitute the most striking phenomena which presented themselves to us when we first came across this man in going through the wards, and consist in certain modifications of the natural functions of the part implicated.

And here let me remind you, in parenthesis, that you will, in the modified functions of parts, almost invariably find your safest and surest clue to the diagnosis both of the seat and of the nature of the disease you may be investigating.

Now, what are the functions of the larynx? They are vocalisation, cough, and respiration; the two former actively, the latter permissively. How, in this case, are these three functions modified? I will take them in the order in which we became acquainted with their modifications as we stood by this man's bedside.

In the first place, we noticed that he was breathing in a very odd way, that he was making a noise in his throat, both at inspiration and expiration, of the same kind as people do when they whisper. This was so loud that it could be heard at a considerable distance across the ward. On applying the stethoscope to the windpipe, and indeed all over the chest, a loud rasping sound was heard, both at inspiration and expiration, and drowning the natural inspiratory murmur. We observed, moreover, that the respiratory rhythm was deranged; that, although there was evidently considerable respiratory distress, the breathing was not hurried, but, on the contrary, was rather long drawn; and that, instead of consisting of the natural three elements—inspiration, expiration, and rest—the post-expiratory rest was effaced, and the whole respiratory interval occupied by a laboured and tedious inspiration, followed by an equally tedious and laboured expiration, the next inspiration starting sharp from the termination of the expiration, so that the man's breathing constituted a long drawn, rasping, see-sawing. The expiration and inspiration were of about equal length, and both of them accompanied with the same rasping, hissing sound.

This is true laryngeal breathing; and nothing else but a narrowing of the chink of the glottis will produce it. Its distinguishing characteristics are, the sound, its long-drawn character, and the loss of the natural pause. The breathing is long-drawn, because it is impossible to draw in through the narrowed chink of the glottis a sufficient complement of air in a shorter time. The post-expiratory rest is lost, because, by the end of the tedious expiration, there is a pressing demand for another inspiration. The breathing is hissing, because of the force with which the air is driven through the narrowed strait.

In the second place, we noticed that the man was voiceless, and could do nothing but whisper. Now, whenever the voice is gone, we may be sure that there is something the matter with the larynx. A man has an aneurism of the arch of his aorta, and his voice is affected; a child has croup, and its voice is raucous or hissing; a patient is labouring under phthisis, and shows the characteristic hoarseness; an hysterical girl suddenly becomes aphonic; a man takes a cold, and his voice is gone. In all these cases, the larynx is functionally or anatomically affected; and it *must* be so, because in the larynx, and in the larynx alone, is the voice generated. The diagnostic indication is so precise because the seat of the function is so circumscribed.

But, further, we had not been at this man's bedside half a minute when we heard him cough, and his cough was as laryngeal as his breathing or his speech. Laryngeal cough is distinguished by three things; it is brassy in its tone, terminates in a hissing sound, and does not begin sharp. What gives it its peculiar metallic ring I cannot say; I do not know the acoustic principles called into operation. Its hissing termination is caused in the same way as the hissing breathing; and it does not begin sharp, because, owing to the thickened, irregular, and roughened condition of the lips of the glottis, perfect closure cannot be effected. We know that perfect closure of the glottis, so that the air may be shut up, for the parietes of the chest to be brought to bear upon it with explosive violence, is the first step in natural coughing. Where this cannot be done the cough begins indefinitely, and not with a sharp and sudden stroke; the commencing expiratory compression, instead of accumulating on the contained air till the glottis is suddenly opened, begins to drive it forth at once; so that the cough begins by a hissing expiration, just as it ends in one. The tight closure of the glottis, which commences the act of coughing, increases the expulsive and clearing power of cough just as damming up a stream accumulates a force which, when allowed to burst forth, scours the channel and carries everything before it. Where, therefore, the glottis cannot be closed tight, force cannot be accumulated upon the shut-up air, because it is *not* shut-up. Such cough, therefore, has lost its expulsive power, and is very inefficient; and we see such patients' embarrassments sorely increased by the inoperativeness of their cough.

Such cough as this is highly indicative of some condition of the glottis preventing perfect closure, and must inevitably exist whenever such a condition is present. But, should you ask me if it is pathognomonic of such a state, I say, decidedly not; for there is one other condition in which (in most of its features) it may occur, and in which I have known it to occur; and that is, in states of extreme debility, as when a patient is dying from some exhausting disease. I have often been struck, in such cases, with a cough very closely resembling the cough of laryngitis, as far as its indefinite commencement and sibilant character go. Here the glottis is not kept closed, because its muscles are so weak that they cannot resist the explosive force of the contained air, but yield the moment the expiratory muscles are brought to bear upon it. Whenever, therefore, I hear this well-known cough, I know that one of



two things exists: either the glottis is so weak that it cannot resist the slightest expiratory force, or its opposed surfaces are so anatomically altered that perfect closure is physically impossible. Which of the two is the existing condition, it is hardly possible in any case to doubt; still, we are just prevented from saying that such cough is pathognomonic of anatomical lesion of the glottis. In the last stage of phthisis, of which this cough is so eminently characteristic, I believe both causes are generally at work—debility of the glottic muscles, and roughening of the edges of the chink.

There are yet two other signs diagnostic of laryngitis that are present in this case. One is a sense of constriction across the throat, like a cord tied across the thyro-hyoid membrane; the other, the way in which the expectoration is got up. There is no cough proper. The way in which the phlegm is raised is by "clearing the throat"—what is called in the country "hawking" it up. I think I have heard it in London called "quilting". Now, for this method of expulsion to be efficient, the mucus must be immediately below the *rima glottidis*, in the larynx; if it were down even no lower than the windpipe, I do not think this action would drive it through the glottis. If, then, prior to its expulsion, the mucus is always lodged in the larynx, there can be no doubt that it is *generated* there; and if generated there, the larynx must be the seat of the inflammation of which the mucous exudation is the result. The other signs of laryngitis, however, are so conclusive that this must be regarded rather as a concurrent clinical phenomenon, than as of diagnostic value.

Let us now say a word or two to you about the treatment of such a case as this.

The most pressing necessity, when we first saw this man, was to snatch him from the danger, which seemed hanging over him, of death by asphyxia. He was tugging the air into his lungs, and slowly driving it out again; and, with all his long-drawn efforts, breathing very imperfectly; and I felt that a little more narrowing of the glottis would jeopardise his life, and that such an increase of the narrowing might at any time occur. After, therefore, expressing to those about me the possibility that it might be necessary to resort to tracheotomy, I ordered that the patient should at once inhale, from an inhaler, the steam of boiling water. This is a remedy from which I have often seen the greatest advantage; and, certainly in three cases, the patient apparently snatched from impending suffocation.

The ward was warm, and the patient's bed next to the fire; otherwise I should have made him sit over the fire, and breathe the warm air. The temperature of the respired medium is of great importance in these cases. With the view to making the air that played over the glottis as warm as possible, I ordered the man to keep his mouth shut, and breathe exclusively through his nose. There is a great difference in the temperature of the respired air, according as it enters by the mouth or by the nose. In the latter case it is much warmer, as it is drawn through a labyrinth of passages among the turbinated bones and ethmoidal cells, and heated by the highly vascular membrane with which these are covered.

The next thing I did was to insure perfect functional rest, by forbidding any attempts at speaking,

and telling the patient to clear his throat of mucus as gently and as seldom as possible.

Another part of the treatment was counterirritation, by a blister over the thyro-hyoid space. Some advanced representatives of young medicine repudiate counterirritants altogether, on principle; and I believe, in the large majority of instances, they are right. But I think, in this particular case, counterirritants have a particular usefulness, acting as what I may call derivatives of the attention. The use of a blister in this case is, I believe, that of a mental rather than a physical counterirritant. There can be no doubt that a part is most completely at rest and most let alone when the attention is directed to some other subject, and that the direction of the attention to a part induces a constant fretting of it, by probing its condition, moving it, keeping it under surveillance, and altogether in a state of unrest. I think, too, that the direction of the attention to a part is of itself sufficient to "get up" a sensation in it. One of the ways, I am sure, in which pain is relieved by sleep is from the suspension of attention to the part. It was chiefly with a view to an effect of this kind that I ordered the blister to the throat—to relieve one part of the direction of the attention to it by directing the attention to another. Not but that it would also act as a source of warmth to the part.

The last thing I did was to order a couple of grains of opium to be administered, if the appliance of the other remedies should give sufficient relief to the embarrassment of the breathing to make the giving of opium safe.

No, this was *not* the last thing;—the last thing I did was to inform the house-surgeon of the man's condition, and to tell him to be in readiness in case he should have to perform tracheotomy in the night.

On coming the next day we found our patient much better; all anxiety had vanished from his expression, all dusiness from his complexion, his breathing, though still hissing, was no longer distressing, and he could lie down. Attempts at speech still issued in nothing but a whisper, and a slight occasional cough had the same hissing stridor; but the danger had passed away, we had tided over the critical point, and we felt that every hour made his condition safer. I ordered him a mixture containing quinine, chloric ether, and small doses of opium, so as just to keep him under its sedative influence.

From that time to this he has, with the exception of an intercurrent attack of slight bronchitis, gone on steadily improving, and now an unskilled observer would not detect that he differed in aught from a perfectly sound man. Just contrast his present state with what it was when he came in:—then, labouring for the niggard supply of air that he could draw through his narrowed glottis, pallid and anxious, and disturbing the ward by the stridor of his breathing; now with the aspect of perfect health, with even a ruddy colour on his lips and cheeks, and breathing as tranquilly and inaudibly as a sleeping infant.

Now, if you ask me to what I attribute this striking improvement, I should say—I attribute it partly to the warm and equable air of the ward, partly to the enforced silence and nasal breathing, partly to the inhalation of the steam, partly to the blister, partly to the medicinal treatment. And if you ask me which I



attribute the most to, I say—the *local* treatment. The condition at the period we saw him, and since, was essentially local, and local and not constitutional treatment is that which most affects it : especially do I attach value to that which gave the part functional rest and suspended all sources of irritation.

What is the real good that a sedative, such as opium, does in a case like this. Partly, no doubt, it directly relieves the local inflammation by lessening the pain and sensibility. Viewed by the light of modern physiology, and bearing in mind the direct superintendence which the nervous system exercises over the vascular system, we recognise in sedatives agents exercising a direct control over the inflammatory state. Experience teaches us that pain as inevitably produces the phenomena of inflammation as inflammation pain. Thus, pain the result of inflammation becomes pain the cause of inflammation. If, then, we put a stop to pain, we break through this pernicious reaction. This is the way, I believe, that opium is of so much value in serous inflammations; and I do not see why it should not be proportionately useful in mucous. But I believe the special relief that it gives in such cases as this, is partly by relieving (through lowering the irritability of the part) the spasm-element of the glottic narrowing, and partly by allaying cough. Cough, we know, involves firm closure and pressure of the lips of the glottis, and iterated cough involves iterated pressure : thus cough becomes a great aggravation of the irritability of the part, and putting a stop to it a negative source of great relief.

But is this man cured? Certainly not. He is snatched from immediate danger, and nothing more. This is his second attack, but it is probably not his last. Every severe cold that he takes henceforth will probably fall on his larynx, and the tendency of those repeated attacks will be to aggravation. Each attack leaves as its legacy a certain amount of permanent organic damage, and one of the inflammatory results—fibrinous exudation into the submucous cellular tissue—has a constant tendency to increase the narrowing by the contraction that it undergoes. There is looming in the distance a double danger—a danger that by repeated attacks the narrowing may gradually become so extreme that the air admissible may be insufficient to maintain life; and a danger that at any time life may be suddenly extinguished in the acute stage of a fresh access of inflammation. I have seen old catarrhal laryngitis terminate fatally in the former way; I have heard of many in which it has terminated fatally in the latter.

In conclusion, let me commend to your memories, as a summary of the teaching of this case, the following points :—

1. That laryngitis is one of the legitimate inflammations of catarrh.
2. That it is an exceptional incident of catarrh, because the rule is for catarrhal inflammation, for some reason or other, to leap from fauces and nose to bronchi, missing the larynx.
3. That the tendency of catarrh to implicate the larynx appears to depend on constitutional idiosyncrasy.
4. That a person who has once had it is very liable to have it again.
5. That the mischief arising from repeated attacks is accumulative, and leaves the larynx permanently damaged.

6. That the danger and symptoms alike arise from the anatomical and functional attributes of the part.

7. That the best treatment is functional rest and local sedation.

## Addresses and Papers

READ AT

### THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

#### ON THE NON-ALCOHOLIC TREATMENT OF DISEASE.

By JOHN HIGGINBOTTOM, Esq., F.R.S., Nottingham.

THE subject I bring before this Society is a practical one—On the Non-Alcoholic Treatment of Disease. I thought it a proper one for the British Medical Association, particularly at this time; as we know a controversy has been carried on in our JOURNAL since the last annual meeting, under the title “Is Alcohol Food or Physic?” I contended that alcohol was neither food nor medicine. One of the writers in that controversy said: “As far as I know, Mr. Higginbottom alone makes that assertion.” On that account, I consider it due to my professional brethren to give a brief statement of facts which have occurred to me in my own practice, and which facts have led me to form that opinion.

I have been for many years a diligent reader of works in which alcohol is recommended or prescribed as medicine and food, but have failed to gain information as to what those alleged medicinal or dietetic qualities are.

It is now generally admitted that alcohol is not an aliment; and, from daily observation for more than half a century, I do not consider it a medicine in the true sense of the word.

What is a medicine? It is a term derived from “*medeor*, to cure.” During my long practice, I have not known or seen a single disease cured by alcohol; on the contrary, it is the most fertile producer of disease, and may be considered the bane of medicine and the seed of disease. It is destitute of any medicinal principle implanted by the Creator in genuine medicines—such as emetina in ipecacuanha; rhein in rhubarb; jalapin in jalap; quinine in Peruvian bark; etc. Alcohol is the invention of man in the forms we use it, by the destruction of the good food God has given us—a poet says, by the agency of the devil:

“He joys to transform by his magical spell,  
The sweet fruits of earth to an essence of hell;  
Corrupted our food, fermented our grain,  
To famish the stomach and madden the brain.”

Shakspeare says: “O, thou invisible spirit of wine; if thou hast no name to be called by, let me call thee devil.”

The subject has occupied my attention since the year 1810. At that time, I was of opinion that alcohol in various forms—such as wine, brandy, ales, etc.—could not possibly be dispensed with in medical practice, but was absolutely necessary, and that nothing could be substituted for it in the treatment of some disorders and diseases. I believe many of my professional brethren are of that opinion at the present time.

I was educated in the opinion, that port wine was absolutely necessary in the low and sinking state of typhus and typhoid fever; and, in order to procure it for my poorer patients when I commenced practice, I was desirous of forming a wine dépôt, with the assistance of my



benevolent friends. Soon afterwards, a singular occurrence happened in a village in Derbyshire. The typhoid fever was prevalent; and it was observed that a number of the rich died, who had been treated with the *artificial* stimulus of wine; and that the poorer lived, who had little else but *natural* stimulants, pure air, pure water, and simple diet. The fact was so apparent, that it was a saying in the villages: "The doctors were blamed for killing the rich; and the Almighty was praised for curing the poor." From this simple fact, I was induced to try the experiment of treating typhoid fever without wine. I had soon a very ample opportunity; for in the month of August 1813, and the four following months, nearly one-half of my time was devoted to visiting patients with the fever in the parishes of Basford and Radford—villages extending from one to three miles from Nottingham. I may observe here that, at that period, the practice of medical men contracting for the attendance on parishes was not prevalent; consequently, they did not place themselves under the often degrading surveillance of the guardians of the poor.

My treatment of the fever was to secure free ventilation, cleanliness, and particular attention to the digestive organs, commencing with a full emetic dose of ipecacuanha, aperients, saline medicines; and, in the low state, a decoction of Peruvian bark (quinine was not then known), and light nutritious diet.

After finishing my long attendance with this simple treatment, I had lost only two patients; both of them had wine given to them, unknown to me, by a family in the neighbourhood. I believe none of the other patients had any wine; I know they had none from the parochial authorities; and I could not learn that any was obtained from any other source.

In one family alone, of the name of Dawson, the father, mother, and seven children, were all sick of the fever at the same time. A nurse from the workhouse, and an orphan girl they kept (who did not take the fever), were their only nurses; no neighbour dare approach them. I have not prescribed or recommended wine in typhoid fever since that time, nearly fifty years ago, and my treatment has been attended with eminent success.

During the autumn of 1848, typhoid fever was prevalent in Carrington, a hamlet near Nottingham. The disease was fatal in a number of cases. I attended, conjointly with my son, twenty-seven patients at one time; several of them had bad symptoms, great depression, delirium, intermittent pulse, etc. The same treatment was pursued in the commencement of the fever, as before stated. In the low and sinking state, the sulphate of quinine, with the compound infusion of orange peel, was given three times a day; and the strength sustained by mild nutriment; a little given at very frequent intervals, night and day; and the result was most successful. All the patients recovered. I believe the wine treatment would have been fatal to several of them; they would have died from exhaustion. There is no doubt patients often recover in typhoid fever, in spite of the wine given; but, after long experience and observation, I am of opinion that its administration in typhoid fever is always injurious in its operation, and often fatal in its effects. I believe this opinion is contrary to that of many of my brother practitioners, but I declare it as a fact in my own practice.

The next complaint which I thought required wine or brandy was *post partum* hæmorrhage. I need not give a detailed account of my practice in these cases, as they may be found in the *Lancet* of June 25th, 1845, March 6th, 1858, and August 4th, 1860.

I may relate the case which led me to consider wine and brandy as injurious. I had attended a delicate female in labour three times in the years 1821, 1823, and 1826, each time with the most severe flooding immediately after the separation of the placenta. I used

all the ordinary remedies; pressure, cold in various ways, also opiates, wine and brandy each time; it was a case of intense anxiety, and I had to remain three or four hours after delivery before I could safely leave her. In her third labour, I was afraid she would die, after having used all my usual remedies. I had given her half a pint of brandy and a pint of port wine, in about three hours, which was of no avail; she was evidently fast sinking. It occurred to me that, in her two former labours in which I attended her, when I had made use of the same means to check the hæmorrhage, there was no amendment until she had ejected the contents of the stomach. I was then most anxious that vomiting should take place, in hope of relief, as she was rapidly sinking. I thought, as vomiting had been so beneficial to her before, I was in this instance justified in producing it by giving an emetic dose of ipecacuanha; a full vomiting soon succeeded, and a large quantity of fluid was ejected. I was much struck with an expression of my patient which I had heard in similar cases after the vomiting: after a deep sigh, she said, "Oh, I'm better, I'm better now"; the hæmorrhage ceased immediately and did not return; the symptoms of sinking subsided, and the patient appeared in her usual state of body, but very feeble. A little plain gruel was all the nourishment given her; and she gradually recovered from her weak state of body. I attended the same patient in labour three times afterwards, in the years 1827, 1829, and 1831; and, what is very satisfactory in favour of the *secale cornutum*, which was about that time becoming more used in Nottingham, I gave her each time half a drachm of the powder before the birth of the child, and a similar dose after the birth, before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no necessity of the ipecacuanha, or indeed of any other remedy. I would mention here that there is a difficulty in procuring the *secale cornutum* good. A physician accoucheur informs me that he gathers it fresh for himself, and he can testify to its effects in cases of uterine hæmorrhage.

In extreme cases of uterine hæmorrhage, when other remedies have failed, I have continued the use of ipecacuanha emetics with success, in my own practice, and also in consultation. A medical man in the town of Nottingham, engaged in a most extensive obstetric practice for the last ten years, informs me that, having commenced the emetic plan at my suggestion, he never knew it fail in checking the hæmorrhage, although he does not resort to it until ordinary remedies have failed. From the confidence he has in the remedy, he never fears the result in the worst of cases. He related to me an instance. A lady in the neighbourhood had, after the birth of twins, the most uncontrollable flooding; an emetic was given her, and as it did not act speedily, the fauces were irritated with a feather; vomiting ensued, and the hæmorrhage ceased immediately. Upon two subsequent confinements, when syncope was setting in, she exclaimed, "Oh make me sick; I shall not be better till then." This was done, and the hæmorrhage and the syncope ceased together. For about thirty-six years, I have lost all confidence in diffusible stimulants such as wine and brandy, etc., in uterine hæmorrhage, from a conviction that they increase the action of the heart and consequently the hæmorrhage.

I should not think it right to take up the time of this society, by detailing my treatment of many disorders and diseases in which alcoholic stimulants are usually prescribed or ordered by my professional brethren, but only several of those in which they have been generally given. I may name delirium tremens. For the first twenty years of my practice, I treated delirium tremens on the stimulo-narcotic plan, with brandy and opium, and followed the directions of the most approved authorities of the day. During the last thirty years I have laboured to prevent as well as to cure delirium tremens



the prevention is by no means uncommon now in men, arising from their entire abstinence from intoxicating agents, such as alcohol, tobacco, and opium.

This has been successfully the case with many men, who have quite reformed their habits; but, I am sorry to say, that I have never known a female really reformed. In women, ebriosity and its sequences appear quite incurable, so far as my strict observation has extended. Females addicted to excessive use of stimulants do not appear to possess mental and physical powers sufficient to enable them to abstain therefrom.

In the year 1834 I attended, with the late Dr. Andrew Blake of Nottingham, a patient with delirium tremens. He published the case in his well known work, *A Practical Essay on Delirium Tremens* (second edition), in which he states—"The patient was a fat and robust publican, who lived in an atmosphere charged with alcohol; in addition to which he daily indulged very freely in ale and spirits, and had done so for years past." I wished this patient to remove altogether from his public house; he took my advice, and reformed his drinking habits—a very rare instance at that time, now twenty-eight years ago. He is still living, seventy-four years of age; and to use his own words when I called upon him a few days before I published his case in the *Lancet*, on my saying to him—"Why, you are still alive!" he answered—"I'm but a lad yet." His wife died of delirium tremens about a year after her husband's attack of the disease. I have discontinued the use not only of alcoholic stimulants in the treatment of delirium tremens, but also the use of opium, having been much dissatisfied with its effects; and have been led to consider it only as a palliative, which hides and often aggravates disease.

The emetic treatment in delirium tremens is invaluable. I prefer ipecacuanha to the tartarised antimony, as being safer and more effectual; but I will not enter into details, but rather refer you to the *Lancet* of November 28th, 1857, where I have given some account of the treatment of that disease.

I may mention here also the cure of *periodical drunkenness*, which may be considered as a disorder. It is observed that, in the intervals between the attacks, the person is quite sober, and often remains so for two or three months, or for a longer period; when the mania comes on, the desire for alcoholic stimulants is so strong as to destroy all power of self-control, while the sensation of depression and sinking is so great as to compel him to use those stimulants as his only remedy. When a person is in that state, it will be found that his stomach is in fault, and that the unnatural appetite arises from a vitiated secretion; if half a drachm of ipecacuanha be taken so as to produce full vomiting, the desire of intoxicating stimulants is immediately removed, and the circulation, which has been previously languid, is restored. From the experience I have had of ipecacuanha emetics, I am of opinion that, if a patient can be persuaded to follow up the emetic plan for a few times when the periodical attacks come on, he will be effectually cured, and the dipsomania (for such I look upon it) will be overcome.

There is another subject which demands the most serious attention of the profession at the present day; that is, the alcoholic forcing system—falsely called "a generous diet"—by taking rum and milk in a morning, and wine and malt liquor several times a day with food; a most injurious and dangerous method of treating disorder or disease; which is now frequently adopted by some of our junior practitioners. Whatever present relief may be obtained from it, it must terminate injuriously, if not fatally, to the patient. I will not enter further into the subject, as my opinion has been so lately given, in the *BRITISH MEDICAL JOURNAL* for January 18th of the present year.

In quitting this part of the subject, I would refer to ipecacuanha in emetic doses, as an invaluable remedy in disorders and diseases in which alcoholic stimulants

have been thought necessary. I do not know another medicine equal to it in the whole of our materia medica both in the commencement of the disease, and also in the sinking state of disease. I give ipecacuanha emetic nearly as freely as I would a purgative; nor have I known any injurious results, but have always found them perfectly safe and satisfactory in their effects.

After twenty years of constant and unremitting attention to the effects of alcoholic stimulants on the human system, in an extensive practice as a general practitioner, I discontinued them altogether both as food and medicine, now about thirty years since, from a full conviction of their insufficiency and dangerous qualities; even before the origin of the temperance societies. Some years before the establishment of temperance societies, these convictions were thrust upon me; and upon their formation I gave my most hearty concurrence and assistance; it favoured me with an extensive field of observation, and I particularly marked the changes which occurred in the habits, personal appearance, and health of the members. The chief motive I had in joining the society, was for the purpose of preventing and curing drunkenness; disregarding altogether any pecuniary loss. I considered it a legitimate employment for me as a medical man. Previously to the institution of these societies, drunkenness was deemed incurable. I am not come here to give a temperance lecture, but I may say with truth, that the total abstinence societies have effected more good than all the united efforts of all the benevolent societies of England, of a secular nature; it does away with the necessity of benevolent institutions. Delavan, the great American temperance advocate, said, "that if total abstinence from alcoholic fluids became general in England we should have to search for objects of charity."

I now state some observations on the effects of alcohol on the human system, connected with these societies.

1. The first circumstance which arrested my attention after being some time in the temperance society, was by members saying that they had lost their rheumatism (or gout), since they had abstained from alcoholic drinks. I designated it at an early period of the society, alcoholism, and not rheumatism, as abstaining from alcoholic stimulants cured them. The improved state of health of many corroborated the truth of that passage in Shakspeare, "Ask God for temperance, that's the appliance *only* which your disease requires." If abstinence from alcoholic and all fermented liquids were prevalent, we should seek in vain for a gouty patient; proving the truth of the opinion of Dr. Erasmus Darwin, who said, "he never knew a case of gout but the patient was addicted to the use of vinous or fermented drinks." I believe, even in hereditary predisposition to the disease, it is probable that attacks might ultimately be prevented by continued abstinence.

2. I noticed in my new and improved method of treating disease, the tardiness of recovery in those patients who were in the habit of taking daily alcoholic beverages, compared with others who were abstainers; this contrast was enforced upon my observation, and accordingly I formed my prognosis, that I could expect no particular amendment until the nerve-poison, alcohol, was eliminated from the system. In severe attacks of disease, patients using alcoholic stimulants regularly were in a more prepared state for disease, and certainly had less probability of recovery.

3. It is almost impossible to relieve patients labouring under chronic disease, whilst they are daily taking alcoholic fluids.

4. When a patient is in a sinking state from disease, and when a medical man has thought an alcoholic stimulant absolutely necessary to snatch the patient from death, in this case the great danger is, that such a stimulant will extinguish the small spark of life remaining, and that the patient will be destroyed. It was truly said of the Brunonian system, "that Dr. Brown had



made no provision in his system for the recovery of exhaustion arising from the effects of taking alcoholic stimulants." Lord Bacon observes, "If the spirit is assailed by another heat stronger than its own, it is dissipated and destroyed."

5. It is not unusual to give wine or brandy at the apparent approach of death; such a practice is a mistaken kindness. In many instances patients are sent drunk into another world, having their minds beclouded and rendered incapable of leaving a dying testimony to their anxious and expectant friends and relatives. I have heard this commented upon as a very just and serious complaint against some medical men. "Let me go home sober," said an old lady when urged on her death-bed, to sustain her failing strength with brandy. "The medical friend of the late excellent Dr. John Pye Smith, on perceiving a rapid diminution of power, recommended some brandy to his water beverage. This proposal was conveyed to the eye of Dr. Smith in writing, on account of his great deafness. He turned to his wife, and emphatically said: 'Never, my dear; I charge you, if such a remedy be proposed when I am incompetent to refuse, let me die rather than swallow the liquid.'"

6. I have had patients apparently in a dying state, who have recovered by giving them very frequently small quantities of light nutritious food, and particular attention to natural stimulants, similar to those cases I have related in the sinking state of typhoid fever. Shakspeare says: "While the vital flame burns feebly, a little give at first; that kindled, add a little more; till by deliberate nourishment the flame revived with all its wonted vigour glows."

7. I have been led to observe the very great tenacity of life even in those patients suffering under incurable disease, when they have been total abstainers from alcoholic fluids; and the very speedy death of the very intemperate under similar circumstances.

8. The adage that "wine is the milk of old age" is very erroneous, as it regards our alcoholic wine; it possesses no analogy to milk. Milk contains all the constituents of food, and is the type of food. Dr. Erasmus Darwin used to say, "Milk is white blood." The oldest individuals I have known have lived chiefly on milk and farinaceous food. Such food alone is sufficient to preserve the body in a healthy, cheerful, and happy state. Alcoholic wine is not at all adapted to support or repair the decaying body in old age; but to exhaust the vital powers, produce disease and death.

9. There is a subject with which I have been much impressed; that is, the great and fearful responsibility in ordering or prescribing, by medical men, alcohol as a medicine, particularly to delicate females. From my own observation, the effects have been most calamitous in producing confirmed drunkenness; the very slow, insidious, pleasing and delusive manner in its attack is such in the commencement, that the patient is totally unconscious of her state. On visiting a lady, I perceived she did not articulate her words distinctly, and on inquiry she told me she had been taking brandy and water. I thought it right to inform her that if any neighbour were to see her in the state she was in, it would be said that she was intoxicated. She directly said, "If I thought so, Mr. Higginbottom, I would never take a drop again as long as I live." Such an amiable character never expects to come on the list of drunkards. I have known some of the most truthful, beautiful, and excellent mothers and wives arrive at such a state of intemperance as to become a burden to their families and outcasts of society; in a lost state, from which there is no recovery. What compensation can a medical man make for being the cause of such a calamity?

I have been called to a lady dead drunk, when her husband has been under the greatest apprehension of her dying. On the following day the poor inebriate stoutly denied to me that she was ever intoxicated in her life,

and that "she only took a little to do her good." I never knew a lady who acknowledged that she had taken too much.

The non-alcoholic treatment is equally successful in surgical, as well as in medical cases.

I have found that, by abandoning the alcoholic treatment, acute disease is much more readily cured; and chronic disease much more manageable.

I have never seen or known a patient injured by leaving off alcoholic fluids at once. I should as soon expect "killing a horse, by leaving off the whip or the spur."

I have not heard from my professional brethren or any of my patients that my non-alcoholic treatment of disease has occasioned a single death; my greatest trouble has been for many years in preventing patients from being destroyed by the use of alcohol—I do not say the *abuse*; for I consider the *use* the *abuse*. In all cases it shortens life.

My new improved practice has been so satisfactory to me, that I have not once desired to deviate from it. So strongly do I feel and am convinced of the truth of it, that I should consider myself criminal if in any case I again recommended alcohol either as food or as medicine. If my professional brethren remain still in the opinion that alcohol is food and medicine, they will be obliged to admit that I have discovered a great truth; and have made a great discovery that alcohol in every form may be dispensed with in medical and surgical practice, and is not required in a single disorder or disease.

What evidence can be clearer or more satisfactory? For my practice has been open to hourly inspection and observation for about thirty years, in the centre of a large populous town, surrounded by more than forty surgeons and physicians; most of them intelligent and discerning men. Some of them, I think, would have informed me of my insufficiency or mal-practice had I been in error in the treatment of disease; but I have heard of no such remark from a single individual.

I am not aware that any other medical man has tested the plan of treating disease without the use of alcoholic fluids for so long a period, or seen on so extended a scale its great practical importance as I have done; on these accounts I claim the discovery.

The least new discovery usually excites a doubt on the mind of any person to whom it is related, but when demonstrated, the simplicity of the fact arouses the attention of the observer, and he is surprised that it has been so long unobserved, and not been discovered or previously known. Several such discoveries have occurred to myself. By your permission I will briefly relate them, in order to substantiate my present claim or title to the discovery of the non-alcoholic treatment of disease.

The first is in pharmacy. On mentioning to a senior medical man that in my apprenticeship I was led to discover that I could prepare a pound of strong mercurial ointment in ten or twelve minutes without mixing any extraneous substance with it, which previously had taken me ten or twelve hours to prepare, he said, It is impossible; but on being informed, he directly admitted the fact. This simple discovery was new in pharmacy, although the ointment had been in use for many centuries, having been used by the ancient Arabian physicians, a thousand years ago. This ready method of preparing the ointment occurred to me in the good old days of apprenticeships; when an apprentice acquired an early habit of industry; he had to make most of the preparations used in practice, and was well worked with the pestle and mortar. Unfortunately those good days have departed, and I am sorry to say the tobacco-pipe and cigar have taken the place of the pestle and mortar.

The second discovery which was new to surgery was the proper external application of the nitrate of silver in inflammation, etc. At an early period of my late brother-in-law, Dr. Marshall Hall, being in London, I wrote to him that I had applied externally the nitrate of silver in



two cases of inflammation—one of erythema, and the other of erysipelas; and that it had quite subdued and removed the inflammation in four days. Dr. Hall read my communication to the Westminster Medical Society; the members of the society did not think it possible, considering the nitrate of silver as a destructive agent. Our oldest and most respectable physician in Nottingham, the late Dr. Storer, who was extremely accurate in observing facts, and cautious in admitting them, said, "I could expect no success from the practice, militating so directly against the views generally entertained, and would give no ear to it without ocular demonstration of its utility"; on seeing two cases, he was satisfied with the result. I have found the failure of the application of the nitrate of silver to be owing to the imperfect and improper mode of its use, probably arising in part from the slight and erroneous directions given in the manuals and *vade mecum*s of the present day, which only give a few lines of erroneous directions, sufficient to bring the remedy into contempt; instead of referring to those directions for its use, which cost me ten years of observation and labour. I know no application equal to it in subduing external inflammation; and I never knew of any bad effects arising from the use of it.

The next discovery is one of development in natural history. From the experiments of Dr. W. F. Edwards of Paris, it was considered as a fact that the tadpole of the frog, in the absence of light, could not be brought to the full development of a frog. Contrary to the received opinion, I made experiments in three Nottingham rock-cellars, each of different degrees of temperature, in which no solar light ever entered; and proved fully that the development of the tadpole into the frog depended on temperature, and not on the absence of light.

All discoveries in science or philosophy fall into utter insignificance, compared with the discovery that all disorders and diseases can be safely and successfully treated without the use of alcohol; and also, that alcohol is not an aliment. The discovery is of a world-wide importance, and the blessings and benefits arising from it are incalculable. The simplicity of the remedy to be employed for obtaining it, is admirable; only abstain from alcohol, and the work is accomplished. No effort is required in those individuals who have never tasted alcohol, as it is not a natural, but an acquired appetite. In those persons who have been habituated to the use of it, total abstinence for several weeks is generally sufficient to take away the desire.

There are some very lamentable cases of individuals, who are confirmed drunkards and have injured their brain; their mental powers have become affected, and they have lost all self-control; these cases call loudly for legalised national institutions or retreats, where the poor sufferers may be placed and taken care of, as they cannot be considered lunatics, and, consequently, not subjects for common lunatic asylums.

By universal abstinence from alcohol as food and as medicine, thousands and tens of thousands of lives of the people will be preserved and prevented from falling into a premature grave. The foul stain of drunkenness will be wiped away from our land, and domestic peace, wealth, comfort, and happiness will be diffused into innumerable families who are now utter strangers to them. It would be like a second curse removed from the world which man has created himself.

What I have written in this paper, I leave as a last testament to my junior brethren. I am now in the seventy-fifth year of my age, and have nearly finished my day's work, having been devoted to our profession as a general practitioner for more than half a century. I have been much attached to medical and surgical practice, and have diligently attended to it more from a sense of duty than from any pecuniary emolument. I believe there is not a medical man here who would commence the profession as an avocation to become rich in

money; as they well know there is not a more laborious calling, or one that is so inefficiently remunerated. It is a high and noble profession; antiquity has long designated us as "The hands of God". If I had to commence life again, I would begin and end as a general practitioner; as I consider that I should have a more extended range of practice, and also should be placed in a more enterprising position to discover new facts.

No person can form any idea, except from experience of the superiority of the practice of medicine and surgery, when alcohol is banished from it. It is the complete emancipation from the *slavery* of alcohol; and the practitioner has a freedom in practice which he never before experienced. He will find an improved method of treating disease, by the exchange of alcohol for natural stimulants; a proper use of water, pure air, exercise, and nutritious food; the employment of genuine medicines; and a variety of stimulants will occur to him in practice, of a non-intoxicating quality, adapted to various cases he may have to attend.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### CASES OF DIPHTHERIA.

By R. W. ELLIS, Esq., Bristol.

[Read May 1st, 1862.]

THE following brief account of a case of diphtheria, which recently occurred in my practice, I am inclined to read to this meeting, because some of the symptoms were of much interest. I must premise, that it is drawn up from some notes hastily jotted down at the time, and from a vivid recollection of the case. Shortly after my attendance commenced, I had the advantage of the advice and assistance of Dr. Brittan, who watched the course of the disease with me until its fatal termination.

I was first requested to see my patient on the 31st of March last. He is a youth, sixteen years of age, short and thick set, of dark but florid complexion. He suffered in his childhood from dropsy; and, although of healthy appearance, I believe he inherited a weakly constitution.

Upon examination, he was found to be suffering from the following symptoms: An inflamed throat, consisting of a diffused redness of the fauces and of enlargement of the tonsils, both of which were hollowed out by ulceration, the surface being coated with pus; the right tonsil was much affected, and pushed forward the velum on that side; the right submaxillary region was swollen, indurated, and tender; the left also, but in a less degree; skin hot; pulse frequent; tongue furred. He had been ailing with his throat since Tuesday, the 25th of March.

April 5th. I observed for the first time a diphtheritic deposit on the right side of the velum palati. It presented the appearance of a thick, gelatinous, semitransparent exudation.

April 6th. There was a sanio-purulent discharge from the mouth and nostrils. The act of deglutition was performed with great difficulty, and very imperfectly, a small portion only passing downwards; the rest returned through the nostrils. The effort was attended by pain referred to the epigastrium, and some coughing. The discharge thus brought away contained sloughy matter and diphtheritic membrane. The inside of the nostrils was red and swollen; the back part of the velum and uvula, as far as could be seen, were ulcerated and sloughy; the breath was very offensive. The patient took scarcely any nourishment. Pulse 84-90.

April 7th. In the morning he was much the same as on the previous day. He took no food. In the evening,



a great change was observed in him by the nurse, and I was sent for. On my arrival, I found the skin cold; the pulse less frequent, and weaker; prostration and restlessness extreme. The elbow and wrist were swollen and puffy with petechiæ at the posterior part of the former joint. The throat was better and cleaner; there was less discharge from the nostrils; the tongue was moist.

April 8th. The left arm was very much swollen throughout its whole length, brawny and cold; the colour of the skin, except where covered with livid patches and spots, was pale. The right arm presented a similar appearance, but not so bad. The patient had pain in the right side. Pulse imperceptible at wrists; at carotids, 70-75. He referred all his distress to the cardiac region. The heart's action was tumultuous and labouring. Near the upper part of the sternum, a rubbing sound was heard, which was less distinct towards the apex of the heart. The breathing was very quiet, and scarcely perceptible.

April 9th. He died about seven o'clock this morning.

His brother, a little boy of seven years of age, has since died of diphtheria (April 19th). It commenced as a small spot (April 5th) on the soft palate, rapidly increased in size, and was stripped off by us on the following day as a thick, tough, and blanched membrane, or rather substance. There was the usual discharge, with fœtor of the breath, and, towards the end, occasional vomiting of offensive sanies. Very little nourishment could be given, and he sank gradually from asthenia.

Another brother, aged 14, as well as the mother, were also seized; but they both recovered. Two sisters, who were also in the house, but slept out, escaped. The hygienic condition of the house is very bad; this and the adjoining one are the only houses in the road that do not communicate with the main drain. There is a sickly and offensive smell proceeding from the back of the house, and the water-supply is derived from a well in the same part. In December last, I attended the mother with cramp and choleraic purging; and in January last, the youngest boy (the one aged 7 years), in an attack of typhoid fever. On these occasions, I advised removal from the house, as I considered it unhealthy.

The interest of the case which I have just detailed depends, I presume, upon the œdematous state of the upper extremities, and the mode in which death took place. If the symptoms which I have recorded are compared with Dr. Richardson's description of the general and physical indications of a concretion on the right side of the heart (*vide* BRITISH MEDICAL JOURNAL, 1860), they will be found to correspond in most particulars. Dr. Richardson thus describes them:—

"The general indications are, coldness of the surface, pallor, prostration, restlessness, enfeebled pulse, and the peculiar dyspnœa\* of which I have spoken at length. . . . The physical symptoms as regards the heart are, irregular or weak tumultuous action, with feeble sounds; as regards the lungs, emphysema and congestion." He further adds: "The class of symptoms I have thus described marks peculiarly that condition of the body in which fibrine is in absolute excess—hyperinosis."

There is no doubt that fibrine is in excess in diphtheria, but of a cacoplastic kind. The œdema of the arms I look upon as a sequel of the fibrinous coagulation in the heart, from an extension of the coagulation to the great vessels of the upper extremities; although, it will be remembered, our attention was first attracted to the limbs. In the absence of a *post mortem* examination, it would be vain to speculate as to the exact condition of the heart—whether the left side only, or both, were affected; or to the precise seat of the rubbing sound. The latter was most probably due to fibrinous

effusion in the pericardium. When the swelling was noticed in the elbow, we were led to anticipate a collection of pus there, and to look upon it as the result of blood-poisoning; but that hypothesis does not appear necessary to explain the symptoms.\* The occurrence of petechial or hæmorrhagic spots seems, *primâ facie*, to be contrary to a disposition in the blood to deposit fibrine; yet Dr. Richardson mentions it as an occurrence that obtains in scurvy and purpura—produced in these diseases by an enfeebled circulation retarding the current of the blood, and thus favouring its separation; or by a want of the proper alkaline solvent. But diphtheria, which is generally considered a disease of low type, is placed by Dr. Richardson amongst the sthenic inflammatory diseases in which coagulation occurs from *absolute* excess of fibrine.

It is worthy of remark, that my patient's throat was improving when the more formidable symptoms developed themselves.

### MIDLAND BRANCH.

#### ON INCONTINENCE OF URINE AFTER LITHOTOMY IN FEMALES.

By THOMAS PAGET, Esq., Leicester.

[Read June 18th, 1862.]

VARIOUS modes of incision and dilatation have been suggested for obviating the incontinence of urine so generally, if not uniformly, remaining after lithotomy in females; nor does the rarity of the operation itself make it a matter of indifference whether or not the means exist of obviating a result alike opprobrious to surgery and wretched for the patient. The alternative is but a poor one between wearing into death with racking pain, or being raised by science into a life of outcast loathsomeness.

The success of suture in vesico-vaginal fistula seems to offer a hope that female lithotomy may be done even with free incision, and its bane avoided, if the operation be finished at the time by a similar process of suture. I have recently had two cases bearing upon the point, of which I hope a short history may induce others to have recourse to this addition to the operation. The first shows that in operating (at all events, at a very early age), the attempt at suture may be confronted by difficulty in a degree sufficient to prevent its accomplishment without a previous step. It however, also shows the misery endured under incontinence, and suggests the means whereby to overcome the difficulty and effect the suture at any age.

CASE I. Aug. 22nd, 1859. Eliza Mason, aged 3½, was admitted into the Infirmary with marked symptoms of stone, which had existed a year and a half. On sounding, a calculus was found. The child was plump and healthy looking.

Sept. 1st. A free opening having been decided upon, and suture of the wound having been prepared for, an incision was made through the whole length of the urethra, beginning at the meatus, and continued in the median line. Two stones were extracted, which, after a few weeks drying, weighed four and a half drachms. On attempting to seize the edges of the divided urethra, they had so completely collapsed, and the bladder itself had so retracted within the small vagina, that, after several trials, I found myself obliged to desist, and leave the result to Nature's unaided powers of repair.

Sept. 13th. On the patient's being discharged this day, the house-surgeon's note on the case is: "She has not had a bad symptom; incontinence of urine gradually decreases."

\* A gentleman at the meeting suggested that the pericardial effusion supported this view.

\* In my case, I should prefer the phrase peculiar apnœa.



I saw the child, however, more than a year after this, and found incontinence remaining to a grievous extent. The perinæum, labia, nates, and thighs were at times considerably excoriated, and every attempt at examination was met by a gush of urine. I could only promise that, with age and development of parts, a good chance would offer itself of further operation and complete restoration. The parents were to bring the child to me again nearly a year ago, but have not appeared. I have recently seen the girl. She is still in a constantly wet state; but her mother says she can keep her from excoriating by frequent washing.

CASE II. Jan. 29, 1861. Ann Patrick, aged 18, had been suffering for many years from symptoms of calculus, latterly also accompanied by muco-purulent deposit. In 1854, Dr. Ody of Market Harborough was refused an examination; and writes me that, since that period, as he is given to understand, none of the many men consulted have been allowed that satisfaction. Under these circumstances, he declined a solicitation to see the case again, except under full permission to investigate it; and the result of sounding was to find a stone, which he took to be a large one.

Feb. 21st. Four weeks of rest in the Infirmary, with a course of opiates and alkalis, failed to lessen the muco-purulent deposit; it was, therefore, decided, in consultation with my colleagues, the late Mr. Macaulay and Mr. Benfield, not to wait longer. Indeed, I may here remark that the four cases I read to the Midland Branch of the Association in the year 1852, together with others that have occurred since, have removed my fear of operating where muco-purulency exists. I have operated upon several without any bad consequence.

The operation was, therefore, done to-day under chloroform; and by an incision the whole length of the urethra in its median line. It was made by pushing a curved bistoury into the staff behind, and bringing the point out at the meatus. The first attempt at extraction, after seizing the stone in two or three different directions to ascertain the most favourable position, broke from its whole surface a coating of friable phosphate, of which some fragments were a quarter of an inch thick, but the larger portion was converted into sand, which was troublesome to remove, and required many introductions of the scoop and syringe. This is only named to show how much liberty may be taken with a muco-purulent bladder, and no bad symptom supervene. The nucleus (removed, of course, first) measured in length one inch and three-sixteenths; in width, one inch and one-sixteenth; and in thickness, one inch. Its weight was 1oz. 3dr. 10grs. avoirdupois.

The divided edges of the urethra were adapted and secured, after the manner of vesico-vaginal operations, by five silver wire sutures fastened by twisting, and guarded by split shot. This part of the operation was much aided by a previous step suggested by the failure in Case I; and which I would urge in operating upon young females. After passing the staff, and before slitting open the passage, each side of the urethra at its meatus was perforated by a thread-suture, and these, with their needles removed, were reserved for the after part of the operation. The incision was made between them.

After extraction, it was evident that, when held together by these threads, the edges of the divided urethra were commanded, and their adaptation, as well as the passing of the silver sutures, was importantly facilitated. In bed, a short catheter, bent to an italic s form, with India-rubber tube and bag attached, was left in the bladder.

Not to fatigue with daily reports, I find from the notes that no heat of skin or tenderness of abdomen followed the operation; a quick pulse (130) in a very excitable temperament was the only noteworthy constitutional symptom. The catheter and bag did their duty

in catching the urine and keeping the bed dry while in the proper position (the bag lowest), and the eyes not plugged with mucus; but towards the end of the second day, the catheter slipped away and the bed was wetted with urine from the bag; none escaped from the bladder during the two hours of the catheter's absence. The plugging up of the eyes also several times afterwards caused a leakage, until the instrument was removed and cleaned.

At the end of the fourth day, one ligature had passed away, another came off during examination, and the rest were removed. Union was found to have taken place to a considerable extent.

The catheter was continued to March 4th, when it was removed, under the impression that union by adhesion had had time for its completion, and that granulation would be impeded by the presence of a foreign body. "8 P.M. The urine runs away at short intervals."

March 12th. There was still a dribbling at times; but the urine collected to the extent of near half a pint, and the patient passed that quantity three or four times yesterday.

April 1st. Incontinence was almost confined to the night and to sleep.

April 8th. She held urine for four hours, passing sometimes half a pint.

April 11th. There was no incontinence unless the bladder was allowed to get too full, and the patient then moved too quickly. She was allowed to go home, and desired to present herself again in two months.

June 1st. She called at my house to-day, and reported that she now rarely had an escape of urine; only, in fact, when exerting herself strongly with a full bladder. The meatus appeared, on examination, as much too large, as might be expected, if the wound had healed at all the ligatures except the one most anterior.

Feb. 20th, 1862. In expectation of seeing me, Dr. Ody called upon the patient, and reported her entirely well, and working at a carpet manufactory.

June 14th. The girl herself came fourteen miles to assure me she was quite well, and never had an involuntary escape of urine.

## Reviews and Notices.

**PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON DISEASES OF THE ABDOMEN**; comprising those of the Stomach and Upper Parts of the Alimentary Canal, Œsophagus, Cæcum, Intestines, and Peritoneum. By S. O. HABERSHON, M.D.Lond.; Fellow of the Royal College of Physicians; Senior Assistant Physician to Guy's Hospital; etc. Second Edition, considerably enlarged and revised. Pp. 594. London: 1862.

NOTWITHSTANDING that in recent years several works on diseases of the intestinal canal have been published by authors of acknowledged reputation, Dr. HABERSHON cannot be accused of making a book *de trop*. With large resources at his disposal, in the form of living patients, of dead bodies, and of museum preparations, capable of being employed for the elucidation of the subject to which he has turned his attention, he has availed himself diligently of those resources; and, in putting them together, has produced a work in which the systematic and the clinical elements are happily blended.

This work has, since the first edition appeared, undergone considerable revision and enlargement. It now consists of seventeen chapters, on the following subjects:—I. Introductory; II. Diseases of the



Œsophagus; III. Organic Diseases of the Stomach; IV. Functional Diseases of the Stomach—Hæmatemesis—Pain—Vomiting; V. Diseases of the Duodenum; VI. Muco-Enteritis and Enteritis; VII. Strumous Disease of the Alimentary Canal; VIII. Diseases of the Cæcum and Appendix Cæci; IX. Diarrhœa; X. Colitis and Dysentery; XI. Typhoid Disease of Intestine; XII. Colic; XIII. Constipation; XIV. Internal Strangulation—Intussusception—Carcinoma of the Intestine; XV. Intestinal Worms; XVI. Perforation of Intestine from without—Abscess in the Abdominal Parietes extending into the Intestine—Fæcal Abscess; and XVII. Peritonitis.

There are also five lithographed plates; and in the body of the work are the records of two hundred and eighty-five cases, illustrating various points of pathology and diagnosis.

The plan of treating of each disease followed by Dr. Habershon is, as we have observed, one in which the systematic and the clinical elements are combined. That is to say, he begins each chapter with a statement of the general conclusions to which he has been led as to the nature, frequency, causes, diagnosis, treatment, etc., of the disease under notice; and then gives his cases, adding such comments on each as will serve to call attention to the particular point which it illustrates. He, however, wishes these cases to be considered "as facts upon which each one may form his own opinion, rather than depend entirely upon the deductions we have drawn from them."

In the chapter on Disease of the Œsophagus, Dr. Habershon points out how, in a large proportion of instances of cancer of this part, death takes place from disease of the lungs. In two cases only out of twenty-one, admitted into Guy's Hospital, was death produced by inanition, the result of complete dysphagia; and even in one of these there was chronic bronchitis, and the other lobular pneumonia. Of the remaining cases, eleven presented pneumonia—acute in seven; four had gangrene; and in one there was acute bronchitis and laryngitis, in one pleurisy with renal disease, in one cancer and congestion of the lung, and in one hæmorrhage took place from perforation of the aorta, but the lung was also involved.

The exciting causes of the pneumonia appear to be various. Sometimes the lung-complication, in the form of pneumonia or of gangrene, is traceable to pressure on or destruction of the pneumogastric nerve by the disease in the œsophagus. In other cases, pneumonia, acute bronchitis, or laryngitis, seems to result from the extension of the disease into the bronchi. In other instances again, the inflammation of the lung is of septic origin, as in pyæmia; the sloughing of the cancer producing morbid changes in the blood. Sometimes, also, cancerous growths or tubercle in the lung may produce congestion or inflammation; or there may be preceding strumous disease of the lung.

One case in particular, recorded by Dr. Habershon, is interesting as having a bearing on the question of the possibility of cancer co-existing with acute phthisis. A woman, aged 31, several of whose relations had died of phthisis, died in Guy's Hospital of extreme dysphagia, arising from cancer of the palate, fauces, and pharynx. On examination after death, the right lung was found to be firmly adherent at the apex, and moderately so at the lower lobe; and numerous minute tubercles existed beneath the pleura.

At the apex of this lung was an irregular vomica with a smooth lining, and surrounded by iron-grey lung with several opaque tubercles.

"At the lower lobe a considerable portion of the lung was red and consolidated; and several lobules were infiltrated with pale yellow low organised deposit, which was breaking down in several parts, and precisely resembled the lung observed in cases of acute pulmonary phthisis."

The tubercles found in the lungs, Dr. Habershon says, were not cancerous, but were composed of imperfectly developed nuclei, dark pigmental granules, and some nucleated cells.

The chapter on Functional Disease of the Stomach contains some instructive remarks on the diagnostic value of three symptoms to which a prominent place is generally given; namely, hæmatemesis, pain, and vomiting. The latter two, which are regarded as especially indicative of disease of the stomach, are more than any other apt to mislead. The conditions in which these symptoms may be absent when they might be expected to be present, or in which, being present, they either do or do not denote disease of the stomach, are fully analysed; and the data for estimating their diagnostic value are amply given. Thus, *inter alia*, Dr. Habershon observes that pain may be entirely or nearly absent in acute disease of the stomach affecting the mucous membrane alone, in organic disease of the mucous membrane, and in many conditions of functional disease; while, on the other hand, pain apparently indicating stomach-disease may arise from spinal disease, from a diseased state of the pneumogastric nerve at its centre or at its peripheral branches (though this generally produces vomiting), or from aneurism of the abdominal aorta. Of vomiting, the causes are even more complex and varied than those of pain, and are classified by Dr. Habershon into those which originate in the stomach and intestines, and into those which are sympathetic.

"In the first division we place—1. Inflammation of the stomach—gastritis and gastro-enterite; 2. Undigested food, or foreign bodies in the stomach; 3. Irritants and medicines; 4. Great irritability of the mucous membrane; 5. Ulceration of the stomach; 6. Obstructive disease of the pylorus; 7. Cancerous disease; 8. Acute peritonitis; 9. Pressure on the stomach, as in ascites and ovarian dropsy, in abdominal tumours, etc.; 10. Diseases of the duodenum; 11. Hernia, intestinal obstruction, intussusception; 12. Pharyngeal and œsophageal regurgitation.

"In the second division are—1. Diseases of the liver and gall-bladder; 2. Diseases of the kidneys; 3. Diseases of the suprarenal capsules; 4. Diseases of the uterus and ovaries; 5. Diseased conditions of the blood and general nervous system, as at the onset of the exanthems, fevers, pyæmia, erysipelas, etc.; ague, yellow fever, and cholera may, perhaps, be classed among these as arising from blood-change; 6. Diseases of the spine; 7. Diseases of the brain; 8. Diseases of the lungs." (P. 225.)

Each of these conditions is commented on, and several illustrative instances are given; and, even if the fact were not sufficiently patent already, the perusal of Dr. Habershon's remarks must convince every one of the importance of distinguishing between vomiting of cerebral, spinal, or nervous origin, and that which arises from gastric or other abdominal disease.

We must now conclude our notice of this work;



and in doing so, we must observe that it is in every way worthy of a place in that series of publications which have been and are being issued by the medical staff of Guy's Hospital, and in which an attempt is made to render the rich resources of that institution generally useful to the profession. It is to be hoped that Dr. Habershon, having so ably elucidated the diseases of the abdomen, will not fail to turn his attention to the cases of disease of other parts, recorded in the case-books of his hospital, and give us further information, as well arranged and as practical as that which he has hitherto furnished.

#### CONSUMPTION: ITS EARLY AND REMEDIABLE STAGES.

By EDWARD SMITH, M.D., LL.B., F.R.S.; Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton; etc. Pp. 447. London: 1862.

It must have long been evident to all readers of British medical periodicals, that Dr. EDWARD SMITH holds notions regarding consumption which own him as their principal and most zealous exponent in modern times. What he has, at various times and in divers places, already said on the subject, he has here put together, with the necessary complements, in a connected form; so that, if his meaning have not been already understood, it may be plainly comprehended now.

Dr. Smith commences his work by endeavouring to show that the moderns, since the days of Laennec, have been paying too much attention to the deposition of tubercle and the physical evidences thereof, to the neglect of the constitutional conditions which may even precede any sign of tubercular deposit; that this "one condition in the progress of phthisis has (because it is always found at some period) been raised from the minor to the dignity of the major premiss; and instead of the statement that all cases of tubercle (in the lung) are phthisis, it is averred that in all cases of phthisis there is tubercle."

His main stand-point, then, is that tubercle is not the essence of the disease, but only one of its results; and that, if we can determine the character of phthisis from its constitutional symptoms, independently of an accidental (though very frequent) manifestation, we shall place the disease in a more hopeful state, as regards its prognosis, than that which it has occupied in the professional and public mind.

It is but just to Dr. Smith, before proceeding further, to say that he by no means pretends to be original in propounding the idea that the constitutional indications of consumption demand at least as much attention as its local manifestation. In an historical sketch, occupying the second and third chapters of his book, and containing an epitome of the views of writers on phthisis from the earliest to the most modern times, we find him producing evidence to show that Hippocrates and the physicians of the Greek school

"Well knew of the existence of true phthisis; they recognised the existence of tubercle, but did not associate the two conditions as belonging to the same disease. . . . They also believed that . . . the proper treatment of the disease was by the improvement of the nutrition of the system by milk, flesh, meat, fat, exercise, and sea-air." (P. 13.)

After noticing in order the gradual development

of the idea of the necessary connection of tubercle with phthisis, Dr. Smith states that there has been in recent years a kind of reaction—

"A belief that there are conditions existing anterior to this deposit, which have such a connection with phthisis, that, if continued, the deposition in the lungs commonly appears. These have not been regarded necessarily as cause and effect, but as preexistent circumstances, having a general tendency to the sequence just pointed out, and have commonly been designated 'pre-disposing causes'; and whether that term, or the 'first stage of phthisis', would the most correctly indicate them, will depend upon the view which is taken of their causative influence." (P. 31.)

He also refers to physicians who admit the impossibility of detecting the presence of tubercle in the earliest stages, but who ascribe this non-detection rather to the difficulties of minute physical diagnosis than to the absence of the deposition.

After some remarks on the variations of type of health and disease, Dr. Smith examines *seriatim* the conditions of the bodily functions met with in phthisis; and, after noticing the pathology and progress of tubercle, he gives a series of chapters on treatment, taking up each indication in detail.

We extract from the work the propositions which Dr. Smith lays down regarding the phenomena of the early stage of phthisis.

"The whole of the processes concerned in the function of alimentation are commonly lessened in vigour. The appetite seldom remains natural, but is somewhat lessened in respect of food in general and of some foods in particular, and is commonly wayward and uncertain. There is commonly some derangement of the function of digestion, but it is frequently small, and in such cases is not computant. The amount of food taken is somewhat lessened. The assimilation of food is commonly defective. The weight and bulk of the body are almost universally lessened.

"The fixation of fluid in the body is lessened, and the elimination of it increased. The action of the skin is commonly increased, either absolutely or relatively to vital transformation. The amount of urine evolved is, perhaps, equal to that in health, but varies with the activity of other outlets of the body. Perspirations are common in the early as in the later stages of phthisis, and oftentimes have a sour odour.

"There is a general tendency to defect of temperature of the body.

"The muscular power is commonly lessened.

"The circulation is commonly enfeebled, and somewhat quickened.

"The respiration is shorter, shallower, feebler, and perhaps quicker. Dyspnoea is not present in ordinary respiration. The vital capacity of the lungs is diminished, even when there are no evidences whatever of the presence of tubercular deposits.

"Innervation is commonly lessened.

"The menstrual function is frequently disturbed, but probably not in a greater degree than occurs in health. There is much liability to leucorrhœa.

"Muscular pains about the chest are very common.

"The form of the throat in phthisis is peculiar, and differs much from that seen in chronic bronchitis.

"There is commonly only a small or moderate amount of cough.

"There is commonly a small amount of expectoration.

"In a majority of cases there has been hæmoptysis in some degree, but not necessarily proceeding from the lungs.

"A tendency to vomiting not unfrequently occurs.

"If the observer place himself immediately in front



of a patient whose chest has been uncovered, he will not fail to notice a diminution in the chest-movement. There is no increase in the abdominal movement, nor any unusual expansion of the thorax at its lower part.

"The earliest and therefore the most universal condition" (among internal pulmonary evidences) "is that of lessened force and fulness of the respiratory murmur, and diminished length of the ordinary inspiratory act. The earliest evidence of the deposition of tubercle is that which indicates a localised and isolated obstruction to the current of the air. Dulness on percussion is a sign of great importance, but it occurs in very different degrees and under very different conditions."

For the author's development of these propositions, we must refer the reader to the book itself. But, having given them, we may attempt to determine what amount of merit is due to Dr. Smith for enunciating them so prominently.

If we take up any standard work on consumption, we shall find as an almost universal rule, that the disease is described at those stages in which physical examination gives undoubted evidence of the presence of tubercle in the lung. Now, Dr. Smith asserts—and, as we have already said, he is not alone in his belief—that there is a condition in which physical examination will not absolutely denote the presence of tubercle, but which is sufficiently marked by certain constitutional phenomena to be recognisable. Assuming this ground, he very properly holds that the recognition of this early stage is all important in regard to the probable success of treatment: and he therefore formulates carefully the phenomena—especially the constitutional—of this stage, and the treatment appropriate thereto. In doing this, he has done that which promises to be of good service. At the same time, his propositions require to be further tested by experience: and they are worthy of this, as being the results of much labour and thought. To those who have the opportunities of applying such experience, we commend the study of Dr. Smith's book.

**THE WINTER CLIMATE OF MENTON** (South of France): with Hints to Invalids intending to reside there. Illustrated with an Engraving from a Photograph. By P. C. PRICE, F.R.C.S.E, Surgeon to the Great Northern Hospital, King's Cross; etc. Pp. 79. London: 1862.

**A NOTICE OF MENTON**, supplementary to "Nice and its Climate"; with Remarks on the Influence of Climate on Tuberculous Diseases. Re-issued with Additional Observations, and an ACCOUNT OF SAN REMO. By EDWIN LEE, M.D. Pp. 60. London: 1862.

**VICHY AND ITS MINERAL SPRINGS**; extracted from the (unpublished) Fourth Edition of the Baths of Germany, France, and Switzerland. By EDWIN LEE, M.D. Pp. 38. London: 1862.

HERE are two more books about Menton; which has been, since it came into the possession of the French, increasing in reputation as a resort for invalids. Our valued associate, Mr. PRICE, the author of the first of the works on our list, says that he spent last winter there with considerable benefit to his health: which we are glad to learn. He now gives the result of the observations he made while there, in three chapters; the first containing a General Description

of Menton; the second, his Medical Experience of the Climate; and the third, General Observations of Interest to those intending to reside at Menton. As the work of a man who, before he was compelled by the state of his health to leave England, had made himself a good name as a diligent observer in medicine and surgery, we commend Mr. Price's book to all who wish to become acquainted with the sanitary qualities of the climate of Menton.

Dr. EDWIN LEE is already well known as an able writer on the invalid-resorts of the continent. Menton, of course, could not escape him; and in the work before us he describes its characteristic features in his usual instructive manner. We have not space for a longer notice of the work; but we cannot avoid referring to one evidence of the good sense of the patients frequenting that town. When Dr. Lee published the first issue of his little work, there was a Scotch homœopathic practitioner in the place. Now, however, he has departed; "homœopathy, both here and at Nice, having fallen into comparative disrepute of late".

The account of Vichy is brought down by Dr. LEE to the latest date. We will simply recommend its study to those who are desirous of learning the qualities of the celebrated waters of that place, and the indications for their therapeutic use.

**OBSERVATIONS ON THE DISEASES OF FEMALES**, connected with Uterine Inflammation and Ulceration, Hysteria, Neuralgia, Paralysis, Spinal Irritation, Sterility, Dysmenorrhœa, Chlorosis, Derangement of the General Health, etc.: with Illustrative Cases, successfully treated. By JAMES WILLIAMS, M.D. Pp. 55. Malvern and London: 1862.

WE doubt very much whether Dr. JAMES WILLIAMS has acted judiciously in publishing this book. To many, the proceeding which he has adopted may seem the act of a man who wishes to hold himself forth as skilled in the management of the class of diseases on which he has written—in a word, to get patients. Certainly Dr. Williams might have published all he has here said in one of the weekly periodicals, with at least as much mutual good to the medical profession and to himself as is likely to be derived from the work before us.

Dr. Williams takes occasion to notice the good effects of baths in diseases of females. We trust that, residing as he does in the head-quarters of the "water-cure", he will not allow himself to be led into any extravagant notions about hydrotherapeia, but will calmly and philosophically investigate its value, and let the profession have something rational about it, even from Malvern.

**A HANDBOOK OF VOLUMETRICAL ANALYSIS**. By ROBERT H. SCOTT, M.A. T.C.D., Secretary of the Geological Society of Dublin, and Lecturer in Mineralogy to the Royal Dublin Society. Pp. 107. London: 1862.

THIS little work is intended as a brief practical exposition of the method of volumetrical analysis, and is founded chiefly on the *Titrim-Methoden* of Mohl and the *Maass-Analyse* of Schwarz. To the student of chemistry, for whom it is intended, we believe it will be found an useful guide.



THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, SEPTEMBER 13TH, 1862.

### THE THERAPEUTICAL INQUIRY.

A SUGGESTION made by Dr. Handfield Jones, in his note of last week, invites a few remarks on the best mode of carrying out the important inquiry, to which he has recalled the attention of the British Medical Association. "Is not Dr. Farr's anticipation," he asks, "one which may be realised, of having a Therapeutical Society flourishing side by side with the Pathological?" We confess to a wholesome dread of the multiplication of medical societies. To remedy what had long been felt by many to be a great evil, a strenuous but unsuccessful effort to promote union was made in the course of last year by the Royal Medical and Chirurgical Society. Whether we shall ever see the great idea, so ably advocated by Mr. Charles Hawkins, of the absorption of existing societies into a "Royal Society of Medicine," successfully carried out, seems, at present, very doubtful; but we may, at least, refrain from still further complicating the situation by setting up one more obstacle to union in the shape of a Therapeutical Society. We have heard it rumoured that the next subject taken up for special investigation by the Royal Medical and Chirurgical Society will be this very one of the action of medicines; and who would not hail such a decision as in the highest degree satisfactory? We have repeatedly and earnestly denounced specialism in the practice; let us beware how we unduly encourage it in the study of medicine.

We have long regarded that change in the regulations of our English examining boards, which made the *materia medica* a short summer, instead of a long winter course, as a short-sighted and injudicious one. Its tendency—we had almost said its inevitable consequence—is to divorce the study of drugs from that of the question, how they act on the living body. Thirty years ago, the *modus operandi* of medicines formed, as we suppose it does still north of the Tweed, an essential part of the course. But we cannot conceive how, in thirty lectures, even a master mind can convey to his youthful hearers any adequate knowledge of pharmacy and of the whole *armamentarium medicum*, and bestow

even a passing glance on the most important part of the whole subject, the mode of action of remedies.

How much less, when the lecturer is a novice who is set *bon-gré, mal-gré*, to try his prentice-hand on this most unpopular of topics, and who, regarding the post only as a stepping-stone to something better, listlessly fulfils his dreary task for a few years, until his promotion to the chair of medicine devolves on another novice the unimportant duty of training young recruits in the use of those weapons where with they are to combat the inroads of disease! Till the lectureship of *materia medica* shall not only cease to be regarded as a penance and a drudgery but shall be reckoned a post of honour, worthy of the best and life-long services of such men as Christison, Pereira, Garrod, Neligan, and Fleming, we cannot consider the prospects of therapeutical science in any sense satisfactory.

Still we are happy to think that this department of medical research is now beginning to challenge for itself, in the minds of our profession, the place to which its great importance justly entitles it. In our previous articles on this subject, we have made no allusion to what has been already attempted within the bosom of the Association. In the report of the proceedings at the annual meeting of the Metropolitan Counties' Branch, held on the 14th of July, 1857, we find that

"Dr. Stewart, in an able speech, insisted on the investigation of the action of medicines as an important subject to be taken up by the Branch, and proposed the following resolution: 'That the following gentlemen constitute a committee to consider and report on the propriety of instituting a series of observations on the action of medicines; Drs. Risdon Bennett, James Bird, W. Jenner, E. Lankester, E. W. Murphy, W. Ogle, B. W. Richardson, C. H. F. Routh, E. H. Sieveking, E. Smith, J. Snow, A. P. Stewart, G. Webster, A. Wynter and Alexander Ure, Esq.'"

Having taken some pains to ascertain the cause of failure of this very promising movement, we feel warranted in stating that a great diversity of opinion prevailed among the members of Committee as to the value of bedside observations, and, indeed, of any results obtained otherwise than by the exact experimental method. The difficulty of eliminating fallacies was felt and acknowledged by all; and a conviction was strongly expressed by several of the worthlessness of conclusions drawn from patients subjected to medicinal treatment, without any trustworthy data as to the natural progress of diseases whereby to check them. In answer to a proposal to test the alleged efficacy of the alkaline treatment of acute rheumatism, a chorus of voices exclaimed, "Who is prepared, in the interest of science, to treat his rheumatic patients without drugs? Not one." But a very acute observer and able physician has lately promised soon to fill up this *lacuna* by giving to the world the result of his inquiries into "the natural history of rheumatism". In the recent me-



orable discussion in the Medical and Chirurgical Society, Dr. Gull answered that he has for years been treating his rheumatic patients on the expectant method, and with very satisfactory results. When he has set the example, perhaps others may apply the same rule not only to rheumatism, but to other acute disorders, and so furnish on the large scale the standard of comparison so much desired in 1857. We may further state that a subcommittee then appointed drew up several schedules, one of which had reference to the very subject now brought forward by Dr. Handfield Jones; viz., the employment of arsenic, Donovan's solution, ointments, and other external applications, in *psoriasis*; and another to the external uses of chlorate of potash. These schedules were never issued.

But it is to the grounds on which the Metropolitan Counties Branch was solicited to undertake this inquiry, that we are chiefly anxious to direct attention. Dr. Fleming's society being then in a state of suspended animation, the ground was entirely unoccupied. To many distinguished members of the Association residing in London, medical politics were distasteful, and deterred them from joining the Branch. Frequent meetings for scientific purposes would likewise be a grave objection to many. The institution of a new society was universally condemned. Was it not possible to introduce something like unity and system into the observations of the many physicians and surgeons of the London hospitals who were daily making many thousands of random therapeutical experiments, which, for want of concert and cooperation, were actually lost to science? And might not the results of systematic observation be embodied in a half-yearly or quarterly report, which, with more exact experiments by individual members, might be laid before the meetings of the Branch, and impart to them a high scientific interest and value?

The lapse of years has, in our opinion, added to, instead of detracting from, the cogency of the foregoing considerations. The objection to the multiplication of societies has never been so strong. The members of the Association in the metropolis are more numerous and influential than ever; but the great majority of them decline to join the Branch, because it has nothing to do. The question which it proposed five years ago to investigate, but in which few then felt any interest, is now becoming the great question of the day. Were such a work now undertaken in good earnest, we cannot believe that one of the three hundred metropolitan members would grudge his half-crown subscription to the Branch; and many, we feel sure, would gladly double it, if by so doing they could render more available for the advancement of our therapeutical knowledge the unrivalled opportunities which this great metropolis affords.

We have addressed our observations exclusively to the members of the Association resident in London, because the Branch here, though it seems to us an instrument ready made, and peculiarly fitted for carrying out the resolution adopted at the annual meeting of the Association, is the only one which does nothing for the advancement of science. That the provincial Branches will do their part, we are fully persuaded. But we should greatly regret to see the metropolitan members distanced in the race, when, considering the facilities they enjoy, they should lead the van. Honest rivalry in work like this must conduce to the honour and the good of all.

### TARTUFFE'S HEROISM.

On the 1st June, 1861, the *Lancet* told the profession that an insane man was not insane. The *Lancet* did this in face of the facts, that the unfortunate individual was at the very moment a resident in a lunatic asylum; that two physicians had solemnly certified to his lunacy; that he was under the immediate charge of a celebrated alienist, who had also certified to the fact of his being a lunatic; and, above all, in face of the fact that the gentleman had gone voluntarily into confinement, because he felt that, if not restrained, he should destroy some member of his family! If any of our readers be curious enough to ask, "Why this astounding perversion of facts?" we would bid him read the article, and draw his own conclusion.\*

Once again the *Lancet*, true to such antecedents, has resorted to a similar unblushing perversion of facts, and on this occasion with the sole object of attempting to throw discredit on the BRITISH MEDICAL JOURNAL. It is no pleasure to us to pursue this muddy business; but we have a duty to perform; and we once for all tell the *Lancet* that, so long as it continues to play off its calumnies upon the Association and its JOURNAL, so long shall we continue to expose and bare them to the profession. The *Lancet*, if it be wise, will not try the patience and long-enduring of the profession beyond what it is able to bear. The time may come when the profession will again call that journal to account for daring thus to trifle with its morality.

The *Lancet* asserts, that the Association at its late meeting attempted to interfere with the liberty of the press; to limit the diffusion of intellectual food; to declare the papers of its members private property; to lay embargo on the addresses, etc., delivered at its meetings; or, to use its own elegant language:

\* We give the very words of the *Lancet*, to prevent any doubts as to the correctness of our statement. "Mr. —'s mind at this time showed none of the ordinary symptoms of insanity. He had no delusions or hallucinations; neither was there any reason for supposing that his intellect was in the slightest degree impaired. His condition was that of great nervous dread, having a morbid fear of the possibility of doing mischief to one of his family."



"Of all the monstrous forms the hideous vice, Protection, ever assumed, it would be difficult to recall one so loathsome as that in which she was reproduced at the recent meeting of the British Medical Association. It was then and there, to the utter astonishment of the learned world, including Fellows of the College of Physicians who had actually received the Association, professing by title to be 'British', as guests, declared that the mental labours of Drs. Burrows, Walshe, Sharpey, Mr. Paget, and others who had consented to speak to the medical world for the furtherance of medical knowledge and the interests and honour of the medical community through the Association, were the actual and exclusive property of this 'British' Association. There must of course be some powerful vested interest at the bottom of a proceeding so repugnant to the practice of modern scientific institutions. It is this—the Association have staked nearly every farthing of their funds in the maintenance of a periodical." [Ever harping on the JOURNAL!]

This is what the *Lancet* states in face of facts which give the directest denial to the statement—in face of the fact that this *private* property was completely at the service of his reporter and every other reporter in the kingdom; that the *Lancet* took, not only without remonstrance, but with the complete concurrence of the Association, the fullest possession it chose of any amount of that *private* property; that the *Lancet* actually published, with their full concurrence, all this *private* property; that copies of all the papers were offered by this JOURNAL to the *Lancet*. In face of all these facts, the *Lancet* actually ventures to accuse the Association of desiring to do what Mr. Abernethy did, who attempted, by an order from the Court of King's Bench, to prevent the publication of his lectures! Two columns of the *Lancet* are actually given up to the solemn elaboration of this trumped up and most untrue accusation, and to the solemn proclamation of its own glorious and successful defence of the liberty of the press! Did the richest bunkum from Yankee-land ever beat the following precious piece of impotent and vain-glorious bravado?

"We beg deliberately to inform the Association that, whether justice and good sense prevail with them to rescind the stupid resolution which now blots their transactions, or no, it is our intention to maintain the rights of free journalism, and to publish their proceedings to the world, be those proceedings creditable to them or the reverse."

Why what does the Association desire better? What does it ask for more than the very widest circulation of its proceedings which the press can give them? We thank the *Lancet* for its promise, in the name of the Association. But why does not the *Lancet*, like other journals, quietly publish the proceedings? Why does it resort to these maudlin tricks—these stage pretences—this weak attempt at covering itself with a patriotic unction and a martyr's skin? *The Lancet knows as well as we do that the Association, in this matter of its papers, acts precisely as all other important societies which publish their own proceedings do—not otherwise.* The papers, when read at its meetings, are handed to the Asso-

ciation, for publication in its JOURNAL. The authors of those papers are still their masters in every other respect. They can, if they think it right, give copies of them to whom they please. The Association says nothing more than what the Royal Medical and Chirurgical Society, what the Society of Science Association, and other important societies have said to authors of papers:—"If your paper is read at our meeting, you of course hand it over to us to be dealt with, for publication or not, as we deem fit. Hand it to us—that is all we ask; but act otherwise just as you please, on your own responsibility; publish it where and how you please. We have no power or right, *other than that which common courtesy and custom demand*, to interfere with your proceedings in the matter." This is not the *private* claim which the Association has ever exercised over this literary property. But here comes this Tartuffe of the medical press, and accuses the Association of exhibiting the "loathsome vice of hideous protection"! Surely this is the very bravado of insolent injustice! The *Lancet* accuses us of this, he having himself actually, indeed, obtained, and put into print, papers which were to be read, and before they were read, at the British Medical Association! He tries to get a *prior* and *exclusive* possession of these papers; and when we exclaim against the petty larceny, and arrest him in the act, he, to cover his retreat, shouts out, "I'm a martyr; I have sacrificed myself on the altar of the press, by publishing reports" (garbled reports, by the way, Tartuffe!) "which no one attempted to prevent me from publishing. Have I not gloriously sustained the liberty of the press?"

So much for the honour, and the morality, and the truth of the profession, as represented by Tartuffe's great commercial firm! We tell him that his attempt, by slanders of this kind, to injure the JOURNAL, can have but one result; viz., to demonstrate to the profession the absolute necessity for the existence of a JOURNAL which, whatever its failings, can assuredly inscribe on its title-page, *Honour, Honesty, and Truth!*

## THE WEEK.

THE following is not a bad practical illustration of the working of the present Lord Chancellor's idea concerning evidence in lunacy. He stated that one man was as good as another at diagnosing the sane or insane state of an individual; that, in fact, Jones the pork-butcher was as capable of giving an opinion on the point as the most advanced alienists. Let him read the following and reflect:—

"The man Roberts, who was tried at the late Gloucester assizes for the murder of one of his children and attempted murder of another, and who was then acquitted by the jury on the ground of insanity, turns out to be perfectly sane. The Secretary of State called upon



the visiting justices to send him a certificate of the prisoner's insanity, in order to get his removal to some lunatic asylum. He was consequently examined by the gaol surgeon, Dr. Bleeck, and subsequently by that gentleman in conjunction with Dr. Lyon, and we hear that neither of those gentlemen has been able to discover the slightest symptoms of lunacy in the wretched man. The consequence is that, instead of a certificate being forwarded confirming the view of the jury, the magistrates have been compelled to send off one asserting, almost in direct terms, that Roberts is in full possession of his senses. The chief evidence at the trial for the prisoner's unsoundness of mind was that of his father and mother, who declared that he was considered half silly by his family and neighbours. It was known at Gloucester that the verdict of the jury did not commend itself to the judgment of the learned judge who presided on the trial."

DR. HALFORD, having been appointed Professor of Physiology in the University of Melbourne, is naturally anxious to surround himself with all the appliances requisite for the best performance of his duties. He, therefore, with the sanction of the Chancellor of the University, Sir Redmond Barry, asks his professional brethren to assist him, and "favour the Council by presenting to the library a copy of your published work, or to the museum any object that may enrich our collection. Mr. Guillaume, 42, Chester Square, S.W., will receive any contributions to the library; and Mr. Knight, Victoria Department, International Exhibition, any gift to the museum."

THE enlistment of soldiers for the Northern American Army is still most shamefully conducted. The *American Medical Times* says on this score:

"The medical inspection of enlisted men is, as far as we can learn, a most shallow farce. Under the pressure of a *per caput* fee, the inspecting officer aims to increase the numbers which he daily passes to the largest possible extent. Every manner of disability was found in the troops sent from the State of New York. Even cases of double hernia were endorsed by the inspecting officer."

Of the slaughter going on in the war, a slight idea may be formed from the following fact:

"The military hospitals in this city (New York), including the Ladies' Hospital, the City Hospital, Bellevue Hospital, St. Luke's Hospital, the Jews' Hospital, the two hospitals in Brooklyn, and the hospitals on David's Island, Bedloe's Island, Blackwell's Island, and Governor's Island, contain nearly five thousand sick and wounded soldiers."

DR. LEE, an intelligent American physician, who has been for some time studying matters medical, etc., in London, gives the following account to an American medical journal of the "diseased meat" system in London:—

"In my visits to the various markets in London, and especially to those narrow, dark streets, where meat is sold to the poorest classes, I have been greatly surprised to see the great quantities of diseased meat allowed to be sold. I have seen, within sound of Bow bells, more diseased meat offered for sale during the last two months, than I ever saw in New York during my whole

life. Indeed, such samples of flesh meat, I venture to say, could hardly be found beyond the precincts of this city; and that notwithstanding there are plenty of health officers and inspectors. Generally it sells as low as a penny per pound; and it is fearful to think what quantities of it must be consumed by the poorer classes. It is especially patronised by the sausage-makers, soup shops, and beef and meat pie shops. Such meat is sent here from all parts of the country, even from a distance of 150 miles, or more; and some insurance offices exist in London, who insure cattle and sheep on condition that if the animals die from diseases, they shall belong to the company, 'the party insuring receiving two-thirds the value of the animal, and one-third the salvage; or, in other words, one-third of the amount the beast is sold for when dead.' And those insurance offices have their own slaughter-houses, where such animals are killed and dressed. Nearly 5000 lbs. of such meat have been recently seized in this city in one week, and yet the trade flourishes."

THE medical journals tell us that there is in Vienna a bathing establishment, where the baths are formed of the contents of the bowels of recently-killed oxen. The establishment issues a large list of cures effected by its pollutions. The efficacy of these baths is attributed to their temperature, to the gastric acids in them, the salts, the gases, and the electrical action produced!

Records, recently found in the archives of Florence, seem to show that Dante was inscribed at the university in the class of doctors and pharmacists. Dante a druggist!

Professor Hyrtl and Professor Hebra have received Exhibition medals; the first for his anatomical preparations, the last for a water-bed.

*L'Imparziale*, speaking of the salaries of the chancery lunacy visitors, which he puts at 25,000 francs, says: "Happy are English doctors! they have no reason to lament over the recompenses awarded to them!"

Physiologist Bernard continues his researches into the actions of the ganglions of the sympathetic nerve. Hitherto, it has been held that the property of producing reflex actions resided solely in the encephalic nervous organs and in the spinal marrow. But now M. Bernard announces that the ganglions of the sympathetic may be centres of reflex action. It results, in fact, from his delicate and complicated experiments, that the submaxillary ganglion is the seat of reflex actions, which are carried on independently of the cerebro-spinal system. Nevertheless, the ganglion, though independent of, is subordinated to, the encephalic centre; for he finds that, when the submaxillary ganglion is separated from those centres, the secretion of the submaxillary gland goes on *continuously*. "I remarked," he says, after section of the submaxillary ganglion, the lingual nerve and corda tympani remaining intact, that the secretion of the gland became continuous; still, however, becoming greater when excited by sapid substances placed on the tongue."



## Progress of Medical Science.

**BODY TRANSFIXED BY A BAYONET: RECOVERY.** Dr. Irwin, Medical Inspector of the fourth division of the army of the Ohio, relates the following remarkable case which occurred in the course of hostilities between the United States forces and the Apache Indians in 1861. On a certain occasion, nine Indian prisoners made a simultaneous attempt to break away from the guards. One robust Indian aged 25, was knocked down by the sentinel by a blow from a musket on the back of the head, and held pinned to the earth by a bayonet which transfixed his body. The weapon entered the abdomen in the anterior upper angle of the left hypochondriac region, passed directly backwards and downwards, and made its exit a little below the posterior corresponding space, about two inches from the vertebral column. The victim was held in that position for some moments, until succour arrived to secure him and his desperate associates. A paroxysm of momentary weakness was all that appeared preternatural in him. The amount of hæmorrhage was very slight, and the man did not present any of the symptoms to be expected from so serious a lesion. He was tied and placed on his back; kept strictly quiet, and the cold water dressing applied—*snow-water* was used from necessity. The diet allowed was of the sparest kind. Not a bad symptom appeared, and on the fourth day the wounds were perfectly healed by adhesive inflammation. He complained but little of any pain or distress, probably from the innate pride of his stoical character; being a brother of the chief of his tribe, he held it beneath his dignity to manifest any external show of physical or moral suffering. On the ninth day he walked to the place of execution, where he, with five of his companions, was hung to the boughs of two stately oaks, overshadowing the graves of some fourteen American citizens, whom the savages had tortured to death while prisoners. (*Amer. Med. Times.*)

**CLASSIFICATION OF THE EXANTHEMATA.** Dr. Jacopi observes that, since the time of Dr. Simon of Berlin, whose clear understanding and studious habits the world prematurely had to bury within the gates of a lunatic asylum, all the forms of exanthems depending on either hyperæmia alone, or exudation, have been comprehended by the term of dermatitis—inflammation of the skin. A schematic exposition of the above views is readily understood in the following classification: *Erythema*. Superficial acute dermatitis; without formation of vesicles: uniform. *Erysipelas*. General acute dermatitis; with formation of blisters: uniform. *Herpes*. Superficial acute dermatitis; with formation of vesicles; location limited; typical course. *Urticaria*. Superficial acute dermatitis; with formation of papulæ. *Eczema*. Superficial acute dermatitis; with formation of vesicles; diffuse; no typical course. *Impetigo*. Superficial acute dermatitis; with formation of pustules; copious development of young cells. *Lichen* (strophulus). Acute dermatitis; with formation of conical noduli, mostly in groups. *Prurigo*. Acute dermatitis; with formation dispersed in groups, small and flat, and itching noduli. *Roseola*. Superficial acute dermatitis; with formation dispersed. These forms of cutaneous eruptions are, more or less, those which are by very many authors, and the public generally, attributed to the influence of dentition.

**RESULTS OF TONIC AND STIMULATING TREATMENT.** In the New York State Volunteer Hospital, a large number of cases were treated during the year of its existence, embracing principally measles, typhoid fever, pneumonia, and pericarditis. A record of the general practice of the institution as furnished by Dr. Hogan, the resident phy-

sician to the hospital, illustrates the value of the supporting plan of treatment, even in diseases characterised by severe inflammations. The number of cases of measles was very considerable. The patients were generally admitted with the rash pretty well developed. The type of the disease was asthenic. The expectant treatment was followed out to the fullest extent, and generally at the end of a fortnight the patient was discharged cured. There were no fatal cases of this disease. The cases of pneumonia were quite numerous, and were for the most part caused by exposure to cold and wet. This disease was received in almost every stage, from the very commencement of the initiatory symptoms to the full development of hepatisation. The type of the disease was in the main asthenic. The interesting point of the treatment consisted in the fact that not a single man of the whole number treated—about one hundred—was bled, generally or locally, and not one died of the disease. The typhoid cases amounted to about one hundred and thirty. The disease as a whole was not of a very formidable character, two cases only proving fatal. Pneumonia, bronchitis, and also diarrhœa, were frequent complications. The first named complication existed in the two fatal cases referred to. Here, in the treatment of the disease, stimulants were used to their fullest extent of tolerance, and a suitable amount of nutritious diet was given at stated intervals. The stimulant which seemed to answer the purposes best was whiskey, in doses of eight or sixteen ounces daily, made into a milk-punch.

**REMOVAL OF A LIVING CHILD FROM A DYING MOTHER.** Dr. Esterle, Professor of Obstetrics at the Maggiore Hospital, Novara, brings under the notice of the profession, the best means of saving the life of the child when the mother is the subject of a fatal disease. All the information he has been able to acquire from his own inquiries tends to show the rarity of the birth of living children being the result. Precious time has been lost, and before its liberation the foetus is either dead or so enfeebled as to present little chance of continuing to live. His own procedure consists in delivering the child by the natural passages prior to the death of the mother; but he does not recommend its being indiscriminately carried into effect, and he lays down the following indications and contraindications: 1. The extraction of the foetus should be undertaken whenever the parturient woman is in such a condition that her death may be pronounced inevitable and imminent, the child being alive and at a viable age. 2. No operation should be attempted during the last moments of the life of the mother, unless indeed she is in a state of complete insensibility. 3. It should also be renounced when her powers are so exhausted that her death might take place during its execution. 4. When the imminent death of the mother cannot be predicted with certainty, but is only highly probable, we may operate when the procedure, executable without violence, not only is not likely to prove hurtful to the patient, but may even benefit her, and when the nature of the disease or the signs derived from auscultation indicate that the life of the child will be lost. 5. Pelvic deformities contraindicate the operation in proportion to their degree and the epoch of the pregnancy. 6. The delivery should never be executed without the consent of the patient or of her representative. 7. The determination as to the probability of imminent death should always, when possible, be the subject of a consultation. To the objection that it is an act of cruelty to torment a woman with the pains of delivery just at her last moments, the author replies that it would be still more cruel to allow a child to perish who could be saved without any real aggravation of the condition of the mother, who, too, would almost always be found most desirous that the attempt at saving her offspring should be made. In many of the cases where this means is indicated, the woman is in a state of complete insensibility. The procedure will generally consist



in the performance of version and extraction of the child, and fortunately it is often found in the last hours of life, without any sensations of the woman having indicated the fact, that the genital organs become so changed in condition as greatly to facilitate the operation; and, indeed, in such cases delivery is sometimes spontaneously in part or quite completed just before death—Nature almost seeming to indicate the mode in which the child's life should be sought to be saved. Forced dilatation, or, what would be preferable, incisions, are therefore rarely required. Where the case is not excessively urgent on the part of the mother or child, and when the parts are not sufficiently disposed to allow of delivery being easily effected, they may be rendered so by the introduction of a bladder or caoutchouc filled with tepid water, or labour may be provoked by introducing an elastic syringe within the uterus. In some cases the forceps may be opportunely employed. It will not do to wait till the number and strength of the foetal pulsations have become notably diminished, when the period of successful interference may have passed away. (*Omodei's Annali, and Med. Times.*)

**THE ACID PRINCIPLE IN THE GASTRIC JUICE.** Dr. Lussana of Parma has endeavoured to reconcile the statements of authors as to the nature of the acid in the gastric juice. He tried, by administering the salts of various acids, to cause those acids to be separated by the secreting action of the stomach, from their bases, and to appear in the gastric juice. The experiment was made with sulphate of potash, sulphate of soda, borate of soda, and tartrate of antimony and potash. These salts were injected into the veins of dogs in full process of digestion and previously prepared for the experiment by having a gastric fistula established; the gastric juice was collected some time after the injection of the salt, and analysed. The following are Professor Lussana's conclusions. 1. The alkaline salts of sulphuric acid are not decomposed by the secreting apparatus of the stomach in such a way as to present free sulphuric acid in the gastric juice. 2. Certain weaker acids (*e.g.* boracic and tartaric) can be displaced from their bases by the glandular apparatus of the stomach, and can appear in the gastric juice. 3. It is possible to vary the quality of this principle by means of the materials we may cause to enter the plasma of the blood. 4. The acidifying principle of the gastric juice is variable; there is no acid which is special, characteristic, and proper to that secretion. 5. The secreting apparatus of the stomach has the power of decomposing the saline substances of the blood, of appropriating their acids to the formation of the gastric juice, and abandoning their bases to the carbonic acid which circulates in the blood. The secretion of the gastric acid is a special function, which consists in the simple decomposition of the preexisting saline materials of the blood, a function which belongs probably to a special apparatus, and which is distinct from the secretion of pepsine. (*Annali Universali di Medicina, and London Medical Review.*)

**MEDICAL PROPERTIES OF WILD THYME.** M. Joset states, that by the simple administration of an infusion of wild thyme, slightly sweetened and mixed with gum, he has observed the improvement and even the cure, as if by enchantment, of cases of whooping cough, taken indifferently at all the periods of the disease. The same was the case in stridulous sore throat, and in convulsive and catarrhal coughs. In the worst cases of whooping-cough the pathognomonic paroxysms, although they did not entirely disappear at the end of a few days, became so much modified in their character, that the disease resolved itself into a case of simple bronchitis, which was easily treated. These remarkable cures, so rapidly effected, and obtained only by the administration of wild thyme, have led M. Joset to look upon this plant as a

sovereign remedy, and in some degree a specific one, in the affections of the air-passages. The employment of this plant is not a novelty, for it was formerly recommended very extensively in the treatment of obstinate coughs, and it enters into the formation of some popular powders and syrups. M. Joset advises it to be given in the form of a concentrated infusion, slightly sweetened, to be taken in any quantity which the patient can drink, and until the desired effect is produced. The favourable result has generally ensued at the end of a very few days. (*Brit. and For. Med.-Chir. Rev.*)

**THERAPEUTICAL USE OF MALT.** For some years the German physicians have employed malt as a medicine. The solution of malt after macerating an hour in water at 167 deg. Fah. exhibits the peculiarity of containing gluten in a soluble state. To the presence of this albuminoid body the German physicians attribute the successful results which they have observed in certain catarrhal affections of the bronchial mucous membrane, and in the different symptoms of dyspepsia. M. Frémy, in France, has lately employed this agent with favourable results. The substances employed by him, and which were sent from Baruth, near Berlin, were powdered malt, a beer made of malt, and malt-powder for baths. It should be mentioned that the powdered malt of Baruth is very rich in diastase—a character which does not exist in the powder made in Paris—and the German powder also contains more lupulin. M. Frémy administered malt to sixty-four phthisical patients, who it is admitted were not cured; but the general phenomena which usually accompany pulmonary tubercle—such as sweating and diarrhoea—were almost always relieved; and in the dyspeptic condition often following chronic bronchitis in old persons, malt also appeared to effect a rapid cure. It seems to relieve the bronchitis and restore the digestive powers. Simple dyspepsia also disappears rapidly under the use of malt. M. Frémy concludes that the introduction of malt into therapeutical use is likely to be attended with beneficial effects, and that it forms a very useful restorative medicine. (*Brit. and For. Med. Rev.*)

**HEALTHY URINE A SOLVENT OF URINARY CALCULI.** Dr. S. R. Percy of New York states in a lecture that he had under his care a man of about 40 years of age, suffering from a large calculus in the bladder. The urine contained much uric acid with some urate of ammonia. The calculus was free, and measured nearly two inches in length by one inch and one fourth in breadth, and was very hard. Lithotripsy was attempted, but, from the irritability of the patient and his refusal to take chloroform or ether, was not completely performed. Considerable irritation was caused by the edges of the broken calculus; and Dr. Percy was obliged for some days to employ morphia and injections of warm water into the bladder. "At this stage of the treatment," Dr. Percy continues, "I was taken with a severe cold, and a large amount of gravel was deposited at the bottom of the vessel I used. Upon testing this gravel I found it consisted of uric acid, urate of ammonia, and purpurine. One night before going to bed I passed a small quantity of highly coloured urine, after which, I took a warm bath; a dose of aperient medicine, and a large quantity of warm flaxseed tea. On getting up in the morning I found the urine that had been passed the previous night, of very dark-red colour, and containing a very large deposit. The urine made in the morning was passed into the same vessel, and completely dissolved the existing deposit, the mixture of the two being perfectly clear and transparent, and no deposit in this fluid was seen again for several hours. This occurrence led me to think of the state of my patient. He was daily passing small broken pieces of calculus, and considerable gravel. Why should I not dissolve this within the bladder; and if fresh and healthy urine would dissolve a deposit when out of the bladder, why



would it not also dissolve it within that viscus? Upon my next visit to my patient I caused him to urinate into a clean glass vessel; the fluid was very turbid, with mucus, uric acid, and urates. I then passed water into the same vessel, and nearly all of the sediment, excepting the mucus, was dissolved. The next day I passed about a pint of fresh urine from my own bladder directly into his, not expecting that the viscus would be able to retain it any length of time, for the organ was still irritable, and he seldom retained more than three or four ounces at a time. To my great surprise he retained this quantity in his bladder for nearly two hours; he said that it acted as a direct sedative to the organ, and that he had not been so free from pain for months. I entered upon the treatment of his disease with new interest, and he seconded me in all my efforts, for the recovery of his health. I laid down strict hygienic rules, which were attended to; and three times in every twenty-four hours the urine from my bladder was passed into his. He daily improved in health, and after awhile his own urine was passed, free from sediment. By this treatment, in seven weeks there was not a vestige of the calculus remaining in his bladder. For many days after the commencement of the treatment he could bear but a few ounces of his own urine in his bladder at a time, but immediately after emptying his bladder he would bear eight or ten ounces of my urine, asserting that it gave him relief, and acted as a sedative. As his health improved he could retain his own water in large quantities. Since that time I have treated another person in a similar manner. This person was much younger, and he supposed that the calculus had commenced to form while spending some time in the south-west. The calculus was small, and not so hard as the one described above. It was of about the size of a marble, and from analysis of the urine I supposed it to be composed of the earthly phosphates, urate of ammonia, and mucus. This calculus was not crushed, but as in the last case described, particular attention was given to restore the health of the individual, as without that I conceived that no local solvent would be of much avail. My urine was in the same way thrown into this young person's bladder for about nine weeks, and as in the case before related, it caused an entire solution of the calculus, and also allayed the irritability of his bladder in a wonderful degree. . . . The *new remedy* is in my opinion the best and most natural solvent we possess, and will in many instances, with proper attention to the health of your patient, effect perfect solution. But let me caution you as to the quality of this *new remedy*. If you intend to use that from your own person, abstain from everything which would render it impure; nicotine is not natural to the secretion, and does not, so far as my knowledge goes, possess any solvent properties, and the organ into which you may pass it may not be accustomed to its effects. Alcohol in all its forms may not be tolerated by an organ in a state of irritation; therefore if you expect good results, abstain from these two poisons." (*Amer. Med. Times.*)

**RENNET WINE.** Dr. George Ellis says that, of the preparation called pepsine, he has failed to detect the utility. It will not coagulate milk, and as to any digestive action on the food, he suspects there are few practitioners who, though continuing to prescribe it, do not feel inclined, from their own experience, to question its efficacy. About two years since, failing to obtain benefit from this new remedy, he had recourse to the direct preparation of a solution of gastric juice from the calf's stomach; and he has found the result very gratifying, its effect in gastric derangements very satisfactory and remarkable, both in his own hands and in those of several medical friends to whom he has recommended it. He gives the following formula. Take the stomach, or rennet bag as it is called, of a calf *fresh* from the butcher; cut off about three inches of the upper or cardiac extremity,

which portion, as it contains fewer glandular follicles, may be thrown away; slit up the stomach longitudinally; wipe it gently with a dry napkin, taking care to remove as little of the clean mucus as possible; then cut it into small pieces (the smaller the better), and put all into a common wine bottle; fill up the bottle with good sherry, and let it remain corked for three weeks. At the end of this time it is fit for use. One teaspoonful in a wineglassful of water immediately after meals. One teaspoonful will solidify, to the consistency of blancmange, in from one to two minutes, a cup of milk (about eight ounces) at the temperature of 100 deg. Fahr. This preparation, which he proposes to call "rennet wine," has many advantages over the watery infusion of rennet which is obtained from the dried and salted calf's stomach (used largely in cheese-making). Rennet wine is easily made, requiring no drying or salting of the stomach, is inexpensive, and can be easily prescribed in private and hospital practice. Dr. Ellis recommends the employment of good sherry, because this wine has sufficient body to keep the infusion sound for any length of time, and is not so strong in alcohol as to interfere with its power of taking up the active principle of the rennet. The rennet wine should be given *after* or *during*, and not *before* meals. A single dose given daily after dinner will be found quite sufficient to act speedily and effectively, without other treatment, in the common run of cases of functional disorder of the stomach. It is not, perhaps, easy to explain the operation of this small quantity when we consider the large supply of the gastric secretion required for the thorough digestion of an ordinary meal. (*Dublin Med. Press.*)

**COMPARATIVE ANATOMY OF THE RETINA.** In a recent number of his *Archiv* (Band xxiv, s. 454), Virchow states that Hyrtl has discovered that there are no arteries in the retina of birds, reptiles, or fishes. The optic nerve in these classes is supplied with bloodvessels, from its quitting the brain till it enters the globe of the eye, but there is no *arteria centralis*. In birds, the nutritive material of the retina must come from the *Ruyschiana*, through the cells of the pigment-layer of the choroid. In tailless batrachians and in ophidians, in whom Hyrtl first showed the hyaloid to be vascular, as well as in osseous and cartilaginous fishes, the hyaloid also may furnish plasma to the retina. The vision of these classes of the vertebrata ought to be much clearer than that of mammals, as the vascular network of the hyaloid is so wide, compared with that of the retina of this last class, as to affect very inconsiderably the transmission of light. (*Glasgow Medical Journal.*)

**REMOVAL OF THE CLITORIS IN CASES OF MASTURBATION.** In the *San Francisco Medical Press* for January, Prof. E. S. Cooper reports two cases of masturbation in females, that were cured by the removal of the clitoris. He says: "In the female it would appear, judging from the results of two cases, as though we have found a remedy by surgical interference, and of such mildness and simplicity as to commend it to an early trial in all cases where the habit of masturbation threatens injury to the intellect. It consists in removing the entire clitoris, including the corpus cavernosum clitoridis and the major portion of the *erectores clitoridis*."

**HOW TO ASCERTAIN THE PURITY OF CHLOROFORM.** M. Heintz has stated that chloroform is not attacked by sodium or potassium, even at the boiling point. M. Hardy proposes to employ this fact as a means of ascertaining the purity of chloroform. If a small piece of sodium be thrown into pure chloroform, no action whatever takes place; if, on the contrary, any impurity, such as alcohol, etc., be present, then a disengagement of gas takes place. (*Pharmaceutical Journal.*)



# Association Intelligence.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SHROPSHIRE ETHICAL. [Annual.]	Raven Hotel, Shrewsbury.	Monday, Sept. 15th, 1.30.
BATH AND BRISTOL. [Ordinary.]	The Athenæum, Corn Street, Bristol.	Thursday, Sept. 25, 7 P.M.

## SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD  
DISTRICT MEETINGS.

THE first meeting in the ensuing winter session will be held at the Crown Hotel, Rochester, on Friday, September 26th, at 3 P.M. Dinner will be provided punctually at 5 P.M. The price of the inner ticket will be five shillings, exclusive of wine. Trains will leave for London and all stations on the North Kent line at 8.20; and for Canterbury and Dover at 8.47. Gentlemen intending to dine, are requested to give notice on or before Wednesday, September 24th, to Dr. MARTIN, Rochester; or to JAMES DULVEY, *Honorary Secretary*. New Brompton, Chatham, September 1862.

# Special Correspondence.

## MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

As I find that some misapprehension has arisen, owing to certain remarks in my last correspondence on the number of members in our Branch of the British Medical Association, I hasten to set myself right.

I referred, as you may remember, to the infrequency of our meetings, and to the consequent preponderance of routine business over scientific or strictly medical proceedings; and I considered, as I still do, that this was a great hindrance to us, and that, if it were remedied, we might possibly have an accession of many valuable members. I maintained that we numbered a very small proportion of the profession among us, considering the aims and undoubted advantages of our Association; and in proof of this, stated that in Manchester our Branch contained only thirty-eight out of a body of two hundred and fifty-four medical men, and in Liverpool fifty-eight out of two hundred and seventy-four. These figures, I find, are not strictly correct as regards Liverpool, seeing that it numbers sixty-two and not fifty-eight; the mistake having arisen from my want of knowledge of its local topography, as I was unaware that Waterloo and one or two other places were included in its bounds.

I beg, therefore, to correct my figures to that extent; and I should also say that I consider the difference in proportion between the two places to be due, in no slight degree, to the presence and unwearied exertions of our Branch secretary, Dr. Waters. Again, it is but fair to remind your readers that we have among us several members of the Association who are not affiliated to the Branch, although I could not include these in my statistics. I believe there are seven such in Liverpool, and about seventeen in or near Manchester. The point, however, to which I wish chiefly to refer is, that in considering our numbers as much too small, I mean actually, and not relatively to other Branches. On the contrary, we must stand very high on the list in that re-

spect; for, if even our proportion of members obtained throughout the kingdom, the Association would be immensely increased. So great, however, is my belief in the advantages of a general Association of the whole profession, to watch over its own interests, and to unite it in the prosecution of scientific inquiries, that I shall never consider the British Medical Association to have attained its object until it can stand forth as the embodiment, not of a tithe, or a fourth, or even of a half of the profession; but of the whole of it. I may be Utopian; but I believe we may attain to this; and that a great means towards it lies in the constant energy of our Branches. I should like to see them taking up, as branches, the working out of such details as those indicated at our annual meeting regarding the action of remedies. If ever the whole profession is to unite in scientific research, it must be in some such way. We have plenty of accurate and thoughtful men in the provinces who could guide the inquiries of their brethren; and if the Branches would take some such inquiries as these, and work them steadily out, we might bring to our annual gathering such a mass of useful details as, rightly handled, would give an enormous stride to the progress of medicine in England. Such a course would rally round us the best men in the country, and place us in a position to make our voice heard to an infinitely greater extent than it is even now. I hope, therefore, that no member of the Lancashire and Cheshire Branch will, for a moment, suppose that I underrate its relative zeal and activity; but rather that I should like to see it taking the lead in a still more active and zealous progress.

I would just refer one moment to the trial for murder to which I alluded last time. The male prisoner is, of course, condemned, on account of the open assassination; while the female escapes through want of technical evidence of complicity. But the fact still stands forth that three children have been foully murdered together, no one doubting by whom, and yet that the authorities dare not bring the case forward; for the simple reason that none can tell them how the children died, although their bodies were uninjured externally, and open for examination and analysis. It may be right to bring the matter, in this case, as little as possible before the public; but I cannot but think it tells of a weak point in medical science, or in the modes of investigation of causes of death, which ought not to be allowed to be forgotten by the medical press.

SEEDS OF THE PUMPKIN IN TÆNIA. Dr. Patton, in a Cincinnati medical journal, gives a number of cases all of which had repeatedly undergone the usual routine of treatment. An emulsion was made with two quarts of the hulled seeds and two quarts of water, and a large tumblerful given three times a day, preceded by a light diet and free evacuation of the bowels. The effect was in all the cases to bring away large pieces of the worm, in some of which the head was found. He thinks the pumpkin seed claims our first attention as an exterminator of tænia, the frequent failure being due to discontinuing the remedy too soon. The treatment should be maintained from four to six days, unless the head be discovered, the patient being confined to a light diet. No purgative should be used during its use, as the emulsion itself is sufficiently laxative, if a light diet be enforced.



## Correspondence.

### IS ALCOHOL FOOD?

SIR,—Having had the privilege of attending at the College of Physicians on the occasion of the anniversary of our Association, I had the pleasure of hearing read, *inter alia*, the papers by Dr. Inman and Mr. Higginbottom; and, but for the pressure of time, I might have then related the following case, which bears strongly upon the question referred to; viz., Is Alcohol food or physic? I leave to your discretion the publishing of the case, and to my professional brethren the opportunity of drawing such conclusions as to them may seem most legitimate.

I am, etc., VERAX.

September 1862.

CASE. S. L., the widow of a farmer, residing with her son and two daughters, had led a busy, active life, and lived very abstemiously. At the age of eighty-two or eighty-three, her strength declined, and she was no longer capable of assisting in the affairs of her house. Her bodily powers seemed to give way all at once, her energy failed her, and her appetite nearly left her. This was about the latter end of the summer of 1828.

The general feeling of uneasiness and of sinking she nearly always experienced led her to take small doses of tincture of opium; and, as her appetite had nearly left her, she was persuaded by her friends to try and take small pieces of bread and butter, or a little soft biscuit, with brandy and water. She was quite free from disease of any kind; was perfectly sensible; but so weak and so much reduced as to be unable to sit up or to converse. Thus she continued to exist, frequently sleeping, always calm and tranquil, and never complained. Laudanum was the only thing she asked for; and the quantity she took during twenty-four hours occasioned so much alarm in the minds of her friends, that they were ever anxious to substitute brandy and water for the opiate, thinking it would prove less detrimental to her. In this they succeeded to some extent. Her weakness increased; and, when awaking from her short sleeps, she appealed to her daughter to give her "a little sip", meaning of laudanum. The eyes were for the most part closed; and her daughter generally offered brandy and water, which, when tasted, was frequently refused, with the remark, "No, not that; a little sip of the other". This plan was continued, only with increased doses of both brandy and laudanum, more frequently administered, till she died, in June 1830. During several of the last months of her life, she took upwards of two pints of tincture of opium, and upwards of two gallons of brandy, each week. The only medicine was calcined magnesia, a teaspoonful of which was administered occasionally, perhaps once or twice a week; and this was quite sufficient to affect the bowels. For some months before her death, she took no food whatever. Always of a spare habit, she was wasted to the extreme point of attenuation. Her mental faculties continued unimpaired to the last few days of her existence, the prolongation of which for a period little short of two years was mainly if not entirely owing to the opium or to the alcohol, or to a combination of the two.

### DOES CHLOROFORM TEND TO INDUCE UTERINE HÆMORRHAGE DURING OR AFTER LABOUR?

LETTER FROM THOMAS SKINNER, M.D.

SIR,—There is no subject in medicine which more deeply interests me than the behaviour of chloroform when used in obstetric practice. I have no intention in the present instance to go into detail in examining the

above question; I have already stated my candid opinion in a previous paper in the JOURNAL; all I desire is to lay before your readers the following particulars of a peculiarly interesting case.

On the 10th of August last, Mr. John K. Spender, of Bath, did me the honour to consult me by letter to the following effect:—"I am daily expecting to attend a midwifery case, in which I know, from past experience there will be great, if not alarming, *post partum* hæmorrhage. Now, is it your opinion that in such a case the inhalation of chloroform may be safely allowed? The lady is most anxious to have it, and I have no objection but the one in question." To this, I replied in the affirmative; stating, at the same time, that there is no case in which I would refuse to give chloroform, nor there one in which I would not recommend its adoption to moderate, if not to annihilate, the pains: *management* will do all the rest. Great plethora and extreme weakness of the heart's action form, in my opinion, the only contraindication. I further stated, from previous observation of two similar cases, that I would not be astonished if there turned out to be no hæmorrhage, if chloroform were used for the first time in his (Mr. Spender's) case.

The lady was confined on the 17th August, and the following interesting history is from the pen of Mr. Spender. "Total time from the consciousness of the first pain to birth of child, twelve hours and a quarter. Inhalation of chloroform during the last four hours, just up to the deadening of sensibility. The effect of the chloroform inhalation was to hasten the second stage of labour in a remarkable way. The placenta soon followed, accompanied with some enormous clots. I gave my iced water douche rapidly into action, having already given two doses of ergot." [These measures had been adopted on previous occasions.] "*Hæmorrhage almost instantly stayed*. Afterwards, everything well, and the binder tightened to the utmost degree of force. I consider that the inhalation of chloroform vapour was attended with the most beneficial effects in my patient's case, and the result will give me much more confidence for the future." On the 29th August, Mr. Spender wrote me to say: "My patient still does well, and will get up tomorrow."

The case speaks for itself. I will only add that I have twice observed exactly similar results in patients prone to *post partum* hæmorrhage, where chloroform had not been administered on previous occasions. It is impossible to overvalue the use of the cold or iced water vaginal and uterine douche in such cases, whether chloroform is given or not.

I am, etc.,

THOMAS SKINNER.

1, St. James's Road, Liverpool, Sept. 1st, 1862.

THE TRADE IN LIQUORICE. In a very interesting report by Mr. P. L. Simmonds, in the *Chemist and Druggist*, on this subject, it is stated that 31,917 cwt. of liquorice paste and juice, representing a money value of £99,454 : 0 : 0, was supplied in the year 1860, when the duty of £1 per cwt. was abolished. From Turkey we receive the largest quantity of paste, viz., at 16,790 cwt.; from France the smallest, viz., at 757 cwt. In the latter country there is an extensive use of liquorice water in the promenade and public places under the name of *coco*. It is also extensively sold as a drink in the streets of Turkey and Egypt under the name of *ergooss*, in the manner of sherbet. Under the name of Pontefract cakes, small liquorice lozenges, stamped with the arms of the town from whence they take this name, are still sold by our chemists and druggists. The fibres and small branches which are removed in trimming the root, are dried and ground to powder and were much used by druggists for rolling pills, in order to give consistency and substance to the compound.



Medical News.

UNIVERSITY OF LONDON. First M.B. Examination (entire). Pass Examination.

First Division.

Bruce, Alexander, University College  
Carter, William, Charing Cross Hospital  
Coombs, Carey Pearce, St. Mary's Hospital  
Harries, Gwynne Henry, King's College  
Hicks, John Wale, St. Thomas's Hospital  
Hinds, James, Queen's College, Birmingham  
Hingston, Charles Albert, St. Bartholomew's Hospital  
Kempthorne, Henry Law, King's College  
King, George, London Hospital  
Leech, Daniel John, Royal Manchester School of Medicine  
Morton, John, St. Thomas's Hospital  
Nunneley, John Albert, Leeds  
Phillips, John Jones, Guy's Hospital  
Taylor, Shephard Thomas, King's College  
Thorne, Richard Thorne, St. Bartholomew's Hospital  
Wesley, John Sebastian, King's College  
Willey, Henry, King's College  
Wood, John Henry, King's College

Second Division.

Bingley, William Phillips, University College  
Casey, Edward, King's College  
Edis, Frederick Pooley, Westminster Hospital  
Fairbank, Thomas, St. Bartholomew's Hospital  
Jackson, James, London Hospital  
Mickleley, Arthur George, Guy's Hospital  
Oliver, George, University College

First M.B. Examination (Physiology only).

Bogg, Thomas Wemyss, University College  
Jones, John Talfourd, University College  
Southam, George Thomas Mitchell, St. Bartholomew's Hospital  
Taaffe, Rickard Patrick Burke, St. Bartholomew's Hospital

Examination for Honours.

Anatomy.

Hicks, John Wale (Exhibition and Gold Medal), St. Thomas's Hospital	} Equal.
Coombs, Carey Pearce, St. Mary's Hospital	
Hingston, Charles Albert, St. Bartholomew's Hospital	

Physiology, Histology, and Comparative Anatomy.

Hicks, John Wale (Exhibition and Gold Medal), St. Thomas's Hospital  
Carter, William (Gold Medal), Charing Cross Hospital  
Bruce, Alexander, University College  
Hingston, Charles Albert, St. Bartholomew's Hospital  
Harries, Gwynne Henry, King's College

Materia Medica and Pharmaceutical Chemistry, and Organic Chemistry.

Bruce, Alex. (Exhibition and Gold Medal), University College  
Hicks, John Wale (Gold Medal), St. Thomas's Hospital  
Carter, William, Charing Cross Hospital  
Coombs, Carey Pearce, St. Mary's Hospital  
Hingston, Charles Albert, St. Bartholomew's Hospital  
Kempthorne, Henry Law, King's College

APPOINTMENTS.

BRITAIN, Thomas L., M.D., appointed House-Surgeon to the Birmingham Lying-in Hospital.  
BULLMORE, Charles F., Esq., appointed Apothecary to the Male Lock Hospital.  
HEYGATE, James, M.D., F.R.S., appointed Consulting-Physician to the Derby Infirmary.  
HUGHES, Thomas H., M.D., appointed House-Surgeon to the Birmingham Lying-in Hospital.  
KIRBY, E. A., M.D., appointed Physician to the City Dispensary.  
PARK, William, M.D., appointed House-Surgeon to the Royal Infirmary for Women and Children.  
SHORE, Otley B., M.D., appointed Physician to the Derby Infirmary, in the room of \*J. Heygate, M.D., F.R.S.  
WILLIAMS, John W., Esq., appointed House-Surgeon to the Male Lock Hospital.

ARMY.

BARTLEY, Staff-Surgeon Alexander F., to be Surgeon 12th Foot, *vice* W. Dick, M.D.  
DICK, Surgeon-Major William, M.D., 12th Foot, to be Staff-Surgeon-Major, *vice* A. F. Bartley.  
WILSON, Staff-Assistant-Surgeon William J., to be Assistant-Surgeon 28th Foot, *vice* Brice.

ROYAL NAVY.

ALCOCK, Daniel R., Esq., Assistant-Surgeon, to the *Resistance*.  
COOGAN, John, Esq., Surgeon, to the *Curlew*.  
LLEWELLYN, O. J., Esq., Surgeon, to the *Severn*, for the *Pantaloön*.  
MACLEAN, George, Esq., Acting-Assistant-Surgeon, to the *Severn*, for the *Pantaloön*.

MILITIA.

BROWN, J. D., Esq., appointed Surgeon in the Pembrokehire Division of the Carmarthen and Pembroke Regiment of Militia.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CANNEY, G., Esq., to be Assistant-Surgeon 4th Durham R.V.  
DAY, William H., Esq., to be Assistant-Surgeon 1st Norfolk R.V.

BIRTH.

CURGENVEN. On September 8th, the wife of J. Brendon Curgenven, Esq., Surgeon, of Craven Hill Gardens, Hyde Park, of a daughter.

DEATHS.

FORBES, James, M.D., Her Britannic Majesty's Consul at Santiago de Cuba, at Torquay, aged 57, on August 30.  
HILL, William H., Esq., Assistant-Surgeon 35th Regiment, at Agra, aged 25, on July 7.  
SAWYER, George, M.D., of Guildford Street, at Hampstead, aged 63, on August 21.  
STEVENS, William V., Esq., of West Brompton, at Margate, on September 3.

BEQUESTS. Mr. John Henry Parker, of Lincoln's Inn Fields, has bequeathed £500 to each of the following institutions: King's College; the Royal Berkshire Hospital, and St. John's Training Institution for nurses.

ROYAL COLLEGE OF PHYSICIANS. The following is a list of the college officers: *President*, Dr. Thomas Watson; *Censors*, Dr. Budd, Dr. A. Farr, Dr. Birkett, Dr. Monro; *Treasurer*, Dr. Alderson; *Registrar*, Dr. Pittman; *Harveian Librarian*, Dr. W. Munk; *Bedell*, Mr. W. Copney.

JUNIOR MEDICAL SOCIETY OF LONDON. The meetings of this society will be resumed on Tuesday evening, October 21st, at the Charing Cross Hospital; and will be continued at the various Hospitals on the third Tuesdays of the months of November, January, February, March, May, and June, and on the second Tuesday in December; commencing with the exhibition of pathological specimens by the students of the different Hospitals; after which, a paper will be read on some subject within the domain of medicine, surgery, or midwifery; concluding with a discussion.

MOTHERS AND INFANTS. In the inquiries conducted under the superintendence of the medical officer of the Privy Council, in pursuance of the Public Health Act, the excessive mortality of young children in certain centres of industry has not been overlooked. Dr. Greenhow, who made the necessary local investigation last year, frequently found, upon questioning married factory women, that two-thirds or three-fourths of the children born to them had died in infancy. They are deprived of the warmth and comfort of their mothers' bosoms, left to the care of strangers, fed on unsuitable food, and, when they dwindle and become fractious, drugged with opiates, for those of the family who have had to work by day cannot do so if disturbed at night. A member of the Nottingham town council states that he sells about 400 gallons of laudanum annually, at least half of which he believes to be administered to infants; but he refuses to sell it except in properly labelled bottles. Dr. Greenhow notices the grievous extent to which parents who entrust the management of their infants so largely to strangers get denaturalised towards their offspring, becoming more or less careless and indifferent about them; as so many of these children die, the mothers become familiarised with the fact, and speak of the deaths of their children with a degree of nonchalance rarely met with among women who devote themselves mainly to the care of their offspring. Without entirely concurring in the opinion expressed by several persons in Nottingham that child-murder is common in that town, it may yet be affirmed without hesitation, he says, that a greater degree of indifference is manifested towards their children by the female operatives of manufacturing towns than is observed elsewhere.



Mr. Simon, in presenting the report to the Privy Council, observes that such a picture of suffering and demoralisation is very sad; the poor factory woman, who meant only to sell that honest industry of hers, gradually finds that she has sold almost everything which other women understand as happiness. The law cannot reach the evil, but he suggests with reference to one part of it, that masters might establish within their factories, under well-advised regulations, nursery-rooms where working mothers might leave their infants in some proper and kindly charge, and might, as often as necessary, have access to them.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

### POPULATION STATISTICS AND METEOROLOGY OF LONDON—SEPTEMBER 6, 1862.

[From the Registrar-General's Report.]

	Boys..	Girls..	Births.	Deaths.
During week.....	922	905	1827	1179
Average of corresponding weeks 1852-61 .....			1788	1160

**Barometer:**  
Highest (Sun.) 29.91; lowest (Wed.) 29.48; mean, 29.702.

**Thermometer:**  
Highest in sun—extremes (Sun.) 117.5 degs.; (Mon.) 97.3 degs.  
In shade—highest (Tu.) 71.9 degrees; lowest (Fri.) 45.6 degs.  
Mean—57 degrees; difference from mean of 43 yrs.—1.5 deg.  
Range—during week, 26.3 degrees; mean daily, 18.8 degrees.  
Mean humidity of air (saturation=100), 82.  
Mean direction of wind, N.E. and S.W.—Rain in inches, 0.39.

### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE LANCET AND THE JOURNAL.—A correspondent calls attention to one other of Tartuffe's many "perversions" concerning the Association and its JOURNAL, which we had overlooked. He writes:—

"A publication which, be it remembered, consumes £2525 out of the £2820, which constitutes the whole income of the Association."

The very paper from which he got the information of the Association's income, told him that upwards of £700 of this income is not "consumed" by, but is actually *produced* by, the JOURNAL, through advertisements! Such statements may be fair as "tricks of the trade"; but, regarded from a professional point of view, can scarcely be called honest.

DR. THORBURN'S paper was duly received.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Mr. R. W. ELLIS; Dr. P. H. WILLIAMS; Mr. THOMAS WINDSOR; Mr. HIGGINBOTTOM; Mr. T. M. STONE; Mr. JAMES DULVEY; Dr. H. MARSHALL; Mr. E. GARRAWAY; Mr. CURGENVEN; Mr. F. W. COOPER; Dr. CRUISE; M.R.C.P.; Dr. WILLIAM BUDD; M.R.C.P.LOND.; Mr. JAMES REID; Mr. J. H. HOUGHTON; and Dr. WYERANTS.

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September 13th, 1862.—Price 3d.

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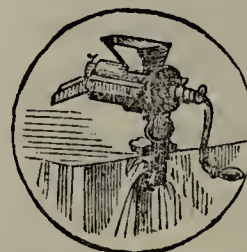
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# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### LEICESTER INFIRMARY.

#### STRANGULATED CONGENITAL HERNIA: OPERATION: RECOVERY.

By C. H. MARRIOTT, M.B.Lond., F.R.C.S. (by Exam.),  
Surgeon to the Infirmary.

THOS. —, aged 29, a labourer, admitted 11 A.M., April 24th, 1862, had had hernia from infancy. He had worn a truss; but, having broken it, he went to work on the 22nd without one; and, whilst he was wheeling a barrow on the railway, the hernia suddenly came down just after 6 A.M. He vomited within an hour afterwards, and continued to do so at intervals up to the time of admission, bringing up bilious fluid. Nothing had passed his bowels since the descent of the hernia.

On examination, there was on the right side a large scrotal tumour, very painful; the skin over it was red and rather tender. He had had taxis applied three times before admission. The abdomen was flat, not tender. He had occasional hiccough. Pulse 88.

When the patient was fully under chloroform, the taxis was tried, but with no effect, the upper part of the swelling being very tense. I then proceeded to operate. A small artery bled very freely, and was ligatured at once. Opposite the external abdominal ring was a tense band, which evidently constricted it; but, on division, the hernia could not be reduced; and the sac, which was very thick and tough, was obliged to be opened. The upper two-thirds were filled with omentum, which was only moderately congested, being of a dull red colour; but at the bottom lay two loops of small intestine (six or eight inches), of a deep purple hue, glistening, except one spot of the size of a four-penny-piece, which was covered with soft grey lymph. The internal abdominal ring did not feel very tense, but it was obliged to be freely divided before the contents of the sac could be returned. The testicle was visible at the bottom of the sac. Three sutures and a pad and spical bandage were applied. He was ordered to have a grain of opium every three hours.

8 P.M. Pulse 104. He was sleeping quietly, had been sick twice, and had passed flatus *per anum* freely. He was ordered to have arrowroot.

April 25th, 11 A.M. Pulse 120, full, firm. He felt much better; slept at intervals. There was no sickness, no tympanitis. He felt slight pain near the wound, but no tenderness. He was ordered to take the pill every six hours.

7 P.M. Pulse 140, small. The countenance was pinched, with a slight but well marked yellow tint; which was also present on the whole skin and conjunctivæ. The liver-dulness was not increased. He had a good deal of pain over the right flank and hypogastrium, and slight tenderness. He vomited up clear fluid occasionally; flatus passed in great quantity. He was ordered to have three ounces of brandy, to have a large injection of warm water immediately, and to add a grain of calomel to each pill.

April 26th, 11 A.M. Pulse 140. The injection brought away nothing. He vomited considerable quantities of nearly black bilious fluid. Tympanitis was well marked; pain and tenderness slight. The scrotum was swollen and red. Tongue furred. Hiccough was troublesome. He was directed to take the pills every four hours, and to have beef-tea.

4 P.M. Pulse 140. He had not vomited since 11 A.M.; but the hiccough was incessant. The pads were taken off, and the sutures removed. The wound looked well, and had united, except at the upper angle, whence oozed bloody serum. He was ordered to have camomile bags applied to the bowels, to repeat the injection, and to take creasote in mucilage as often as was necessary to control the hiccough.

April 27th, 10 A.M. Pulse 120. He slept well. This morning he has passed nearly a chamber-pot-full of brown fæculent fluid, with many lumps of solid matter in it. He had not been sick. The tympanitis was markedly less. The hiccough was troublesome now, but not so in the night; the creasote greatly relieved it. He could not take beef-tea, but took arrowroot freely. The wound looked healthy; the edges had disunited; and it was suppurating freely. Tongue clean at edges, darkly furred at centre; gums very slightly red and full. He was ordered to take the pills every six hours.

April 28th, 10 A.M. Pulse 116. The expression was more natural; the yellow tint was almost gone. He had had a restless night. He vomited, at 11 P.M., half a pint of black bilious fluid, and suffered a good deal of pain, but chiefly of a colicky nature. The belly was flaccid, and not tender on firm pressure. The hiccough was very troublesome at times. The hiccough seemed to be in great part from nervousness, as it came on and went away very suddenly, and was always worse at my visits. The bowels had not acted since the morning of the previous day. He was ordered to have another injection this evening.

April 29th, 10 A.M. Pulse 116. He was sick once during the night. The bowels acted after the enema, and again copiously this morning at 7 A.M., the motion being moulded. The hiccough was slight. The tongue was coated with yellow fur; the abdomen much swollen again, and highly tympanitic; no tenderness. The wound discharged copiously. The brandy was omitted.

8 P.M. Pulse 120, feeble. He vomited in the afternoon about a pint of clear fluid. He was ordered to have three ounces of sherry, beef-tea, and a turpentine stupe to the bowels.

April 30th, 10 A.M. Pulse 120. He slept well. The bowels acted well this morning. Tympanitis was rather less. The discharge from the wound was very foetid. The calomel was omitted.

May 1st. Pulse 100. He was ordered to take an opium pill at bedtime only, and to have rice-pudding for dinner.

May 4th. Pulse 88. The scrotum was swollen, œdematous, and red. When it was pressed, brown thin foetid fluid welled up from the wound.

May 6th. The discharge was still more abundant.

May 7th. A large slough had come out from the wound, about four inches long, and as thick as the mid-finger, evidently having come up from the scrotum, and being, in all probability, the sac of the hernia. In the bag of the scrotum, left after this had come out, the foetid pus accumulated; and I therefore made a free counter-opening at the bottom, which allowed it to escape easily.

May 15th. There was very slight discharge through the opening in the scrotum. The wound had nearly healed. His general health was very good. Bowels regular.

May 24th. The scrotum was healed. The wound had been covered with scab; this had come off, and left a raised line of pale flabby granulations, which were touched with caustic.

June 15th. The wound was perfectly cicatrised. The inguinal canal appeared quite obliterated; I was perfectly unable to pass the finger into it. A truss was applied, and the patient was allowed to get up. He was subsequently discharged cured.



## METROPOLITAN FREE HOSPITAL.

TUMOUR IN LOWER PART OF ABDOMEN DISCHARGING  
ITSELF AT INTERVALS PER VAGINAM.  
HYDATID CYST?

Under the care of J. HUTCHINSON, Esq.

MRS. PITT, aged 37, tall, rather stout, was admitted as an out-patient, August 10, 1861. She had been married for two years, but never conceived. Her menstruation had always been regular. She was formerly stout, but had latterly lost flesh.

About eighteen months ago, she first noticed a swelling in the lower part of the body, chiefly on the right side. She had for several years been subject to much pain in the abdomen, especially in the right side. She had never noticed that this pain had any connexion with her menstrual periods. It used to come on at intervals, but often without at all regarding the monthly periods. The pain used to prevent her from raising herself upright. The swelling gradually increased; and about a year ago (in June 1860) it suddenly began to discharge into the vagina. The discharge was copious, and of a dark brown colour. After discharging for about a month, it closed. Since then, periods of discharge had repeatedly occurred, seldom lasting as long as a month, and with intervals varying from one month to three. During the periods of freedom from discharge, her pain and sense of distension were much aggravated. She did not notice any very positive increase in size when the discharge was arrested; but this might be on account of the thickness of the abdominal parietes. She had never noticed the escape of any "skins" (hydatids). Neither pus or blood had ever passed with the urine. The bladder was irritable, and micturition often painful. Defæcation was painless, and not in any way interfered with.

August 10th. *Examination* (in consultation with Dr. Jones and Dr. Jackson). We found a large tense tumour, very perceptible in the right iliac and hypogastric regions. Fluctuation could not be distinctly detected. The tumour was fixed, and felt as if deeply situated, although it bulged forwards so as to touch the abdominal parietes, and cause dulness on percussion over a considerable area. In the lumbar region, percussion gave a clear note, as also everywhere in the median line, excepting close above the pubes. By the finger in the vagina, we felt a firm resisting swelling in front of the vagina and on its right side. The os uteri was so high up that it could with difficulty be reached. The vagina contained a large quantity of chocolate-coloured fluid mixed with mucus, and of a faint sickly odour. No orifice of communication with the tumour could be detected.

On August 13th, I made a second examination with the speculum. The vagina was now perfectly free from discharge; and I was assured there had been none since the day of the former visit. Its mucous membrane was healthy. I could find no opening of a fistula. The vagina was so long that the speculum was buried over its lips, and yet the os uteri could with great difficulty be found. With a sound in the bladder, I ascertained that the tumour was in front of that viscus. Although the bladder was nearly empty, yet it was stretched upwards so much that it readily received a child's sound up to its handle. With the finger in the vagina, the sound could be felt compressed against the tumour, so that the anterior and posterior walls of the bladder were in contact.

It seems to me not improbable that this tumour was an hydatid cyst, which was originally developed low down between the bladder and vagina. Were it a simple abscess, rigors and constitutional disturbance ought to have occurred in the beginning; whereas we have only a history of long continued pain and sense of pressure. If

ovarian, it would probably have attained a much larger size before it gave way; and its first stages of growth would have been without pain or inconvenience. As menstruation had always been regular, and as the symptom of local pain began more than a year prior to marriage, there is not much reason for suspecting extra-uterine foetation.

LARGE INTRA-ABDOMINAL ABSCESS CONTAINING FŒTID GAS  
AND FLUID; EVACUATION; RECOVERY.

Under the care of J. HUTCHINSON, Esq.

The following case affords an interesting example of a large abscess forming within the abdomen, and ultimately containing air. Whether the gas was a product of decomposition, or had escaped from the intestine, was doubtful; no proof having been ever obtained that the abscess communicated with the bowel. That there was no carious disease of the vertebræ, was made certain by the man's complete recovery. It will be observed that the disease began with a rigor. The symptom of dry red tongue, as indicative of local inflammatory disturbance, was from the first well marked, and, in the comparative absence of other signs, became an important aid in diagnosis.

Joseph G., aged 84, was admitted on November 1st. He was a tall, thin man, appearing in good condition, considering his age. He had had good health most of his life. When admitted there was a fluctuating, elastic tumour in the right loin, extending forwards into the iliac fossa, somewhat moveable, but not extending below Poupart's ligament. The loin was dull on percussion, both laterally and posteriorly. He had noticed the lump about a month previously. He had had but little pain, and had discovered it accidentally. He considered himself in very good general health; but his tongue was dry, beefy, and red. The condition of the tumour suggested a diagnosis of distention of the pelvis of the kidney, and upper part of the ureter. He stated that for some time he had been liable to difficulty in making water. The urine had, he said, generally been clear, but high coloured, and had, he believed, never contained blood. With regard to constitutional disturbance, he stated that his appetite had fallen off from the time he first noticed the swelling, and that his tongue (until then quite moist) began to be hard and dry. His bowels had been rather relaxed; and his sphincter ani so irritable, that he was never able to pass urine without going to stool also. He recollected that, one night at the commencement of his illness, he had a shivering fit, during which his "teeth chattered." He remained chilly for the evening, but this symptom never afterwards returned.

Nov. 9th. Since admission, he had remained in much the same state. He had taken his food fairly; had slept fairly; and had had no material pain. He had been mostly in bed. His tongue had been throughout quite dry down the centre, and nearly to its edges, being clean and beefy. No rigors had occurred. The tumour had varied much in size from day to day, having sometimes been scarcely large enough to be distinguished. There was now easily detectable above the right crista ilii a fulness which came forwards so as to conceal the anterior superior spine of the crest of the ilium, and to project over Poupart's ligament. There was a good deal of swelling about the groin. It was tender; and just above the middle of Poupart's ligament, there was a soft part where a sort of gurgling, as of small bubbles, when pressed to and fro, was produced. The percussion-note from the free margin of the liver downwards was quite clear, until within an inch of the crest of the ilium, when it became dull on superficial percussion, though there was a deep note even then, which was tympanitic. Lower down than this, over Poupart's ligament, and in the upper part of the front of the thigh,



owards its outer aspect, the note was very tympanitic. Here there evidently existed a considerable collection of fluid; and gurgling was easily produced by pressure. The skin in this position was œdematous; and the parts were very tender on pressure, and fuller than on the opposite side; and the tumour seemed to extend backwards towards the kidney.

To-day, I made a free puncture over the most fluctuating part of the swelling in the thigh (*i.e.*, about five inches and a half below the anterior superior spine) through the fascia lata; an escape of a large quantity of very foetid gas at once took place. This cavity, as explored by the finger, extended upwards towards the brim of the pelvis, apparently under Poupart's ligament. Foetid pus and gas were ejected with some force when pressure was made on the swelling in the loins. Probably not less than a pint and a half of thin and abominably foetid pus was evacuated. The intra-abdominal tumour evidently emptied itself through the opening.

From the time of the evacuation, the man began to improve. He never passed any fecal matter by the wound, or other substance which might lead to a special diagnosis as to the cause of the abscess. The discharge for the first week was profuse. He was discharged from the hospital six weeks afterwards in good health.

He presented himself again at the hospital six months later, and was then in perfect health, and wholly free from abdominal symptoms.

## Original Communications.

### RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 650 of last volume.]

CASE XV. *Inflammation of the Brain: Fatal.* Mrs. —, aged 28 years, of delicate constitution, was confined on the 5th of February with her fifth child, having had four before at the rate of one a year. On the 10th she was so well that her surgeon paid his farewell visit. On the 12th she felt cold and poorly, and at night experienced severe pain in the head, which increased on the following day in spite of aperients and other treatment. She had once before felt the same kind of pain, in consequence of a severe fall upon the back of her head about two years ago. I was requested to see her in consultation on the 15th, and found her still complaining of severe pain, principally on the right side of the head, with difficult articulation and partial inability to open her eyes. She seemed to be getting comatose, although clear when roused. *Her pulse was only 80, and had not exceeded this during her attack.* The lochia were present and healthy, and there was no uterine nor abdominal tenderness. Her bowels had been well relieved; but she was frequently sick, and unable to take nourishment. The skin was moderately warm, but her feet were inclined to become cold. Respiration was easy and regular. She was getting worse every hour, and I thought her in a very unfavourable condition. The head was principally affected, and, I thought, primarily. We agreed to apply a few leeches to the right side of the head, followed by hot sponging. We gave calomel and Dover's powder internally, with a saline diaphoretic. A sinapism was applied to the epigastrium; hot bottles to the feet. Lime-water and milk were ordered to be given frequently if the sickness continued.

On the 23rd, I had a letter to the following effect from her medical attendant. "I am sorry to say our patient is dead. The leeches did their duty, and for a little while she seemed relieved, but relapsed into the same state.

At a little before 3 A.M., I was sent for again as she had become much worse. I found her perfectly unconscious, moaning occasionally, and almost constantly throwing the right arm and leg about, the left side having become paralysed; and from that time she could not take anything, but got gradually worse, and died at 9 P.M. on the 17th. I had a *post mortem* examination, and found the brain and its membranes extremely congested; there was a small amount of serum, and some pus in many of the sulci; that portion of the brain which corresponded with the right parietal eminence had a peculiarly hepatised appearance, and on slicing off a piece about two or three lines in thickness, I came upon that which had the appearance of an abscess, for the brain at this part for about six inches in circumference was of the consistence of thick cream. In the right hemisphere and posterior half of the left, there was no distinction between the white and grey matter. The lateral ventricles had a considerable quantity of serum slightly tinged with blood."

CASE XVI. *Inflammation of the Brain with Effusion.* (?) L. C., aged 28 years, delicate and subject to frequent headaches, was confined with her fourth child, rather prematurely she thought, on Monday the 7th of April, 1862, after an interval of three years since the birth of her last child. There was some doubt, however, as to the correctness of her calculation, and her brother thought she had gone her full time. Her labour was easy and of short duration; but the child was still-born, for which it was difficult to assign a sufficient cause, as it looked healthy and could not have been long dead. The funis was discoloured from commencing decomposition, as was also the foetal surface of the placenta; and the liquor amnii was turbid and discoloured; but no sign of decomposition was discoverable in the child. There was no hæmorrhage, and for a day or two she seemed to be going on well. Her medical attendant, however, noticed that she looked more flushed and exhausted after labour than could be accounted for by one so easy, and she had expressed several times before her confinement, a presentiment that she should not get well through it. On Wednesday, the 9th of April, her mother came to see her, and noticed a certain degree of excitement of manner, but thought she was doing well. She complained of feeling cold, and "shuddered" a little on Thursday; but there is no history of her having had any distinct rigor then or since. On Friday the 11th, a little before noon she complained of severe headache, and was sick. She referred the pain to the left ear and side of the head; this pain increased the following day, and mustard poultices were applied. On Sunday, she seemed a little better, but early on Monday morning the pain was so severe that Dr. —, applied six leeches to the left side of the head, and some evaporating lotion. He had before given her an aperient which had acted freely, and some effervescent citrate of ammonia, which relieved her sickness. I first saw her on the morning of Monday, the 14th, some time after the leeches had been applied, and she then said her head was relieved, but she was afraid to move it for fear of bringing back the pain. *Her pulse did not exceed 80:* she had vomited about three times since the attack; her tongue was moist but tawny and her breath smelt sour. The skin was warm; she had no fever. The feet were a little inclined to be cold, and hot bottles had been applied. There was slight tenderness on pressure over the uterine region, and the lochia and secretion of milk had stopped. The lochia ceased suddenly when this attack began, and her brother said he found the bed and napkins smelling offensively, as if from puerperal mischief, when he saw her on Saturday, and he ordered the vagina to be washed out. Turpentine stupes had been once or twice applied to the abdomen; but there was, at my visit, neither pain nor distention of this part, nor any offensive smell from the vagina. I examined the vagina and os uteri, but felt no unusual degree of heat, nor any-



thing wrong. Indeed, there was no very apparent puerperal mischief present, although the history of the sudden suppression of the lochia, some uterine tenderness, and offensive smell a day or two before, led me to think that her labour and its consequences must have been the exciting cause of the head symptoms. Some little time before her confinement she had a swollen face, and œdema of the hands, leading to the idea of uræmia; but the urine was of good specific gravity and contained no albumen: and during her pregnancy she had suffered at various times from severe headaches followed by somnolency for several hours and recovered after sleep. During my visit she was quite conscious, but indisposed to speak or move; she took mild nourishment now and then, and had a turpentine enema, to be followed by another in the evening.

I saw her again in the afternoon of the next day; her head symptoms had increased early in the morning and Dr. — had applied a blister to the nape. A turpentine enema in the morning had produced a good healthy relief from the bowels. She had very little sickness; her tongue was moist, she had less headache and intolerance of light and noise; the skin was comfortable; pulse generally 80, *but had dropped down to 60 once in the morning*. There was no uterine or abdominal affection to-day. We determined to dress the blister with mercurial ointment, and to give another turpentine enema at night. Before I left she told me she could not see so distinctly with her left eye as with her right; and, although conscious, she had difficulty in pronouncing or remembering names. Her respiration had been all along free and tranquil. She took no medicine except an occasional dose of her ammonia mixture.

The next day, Wednesday, the 16th, I saw her at 6 P.M. and found a strange mixture of better and worse in her symptoms. She had nearly lost the power of articulating words, did not readily put out her tongue when asked to do so, and was partially paralysed in the right hand; she had also occasional twitchings in the right shoulder and side of the neck lasting for a few minutes at a time; and yet she was quite conscious, raised herself in bed for the purpose of taking champagne and milk, (of which she had taken rather freely) placed herself in position for an enema, had lost her sickness, as well as her headache and intolerance of light and sound; had a good pulse at 80, a good relief from the bowels from another turpentine enema, and was generally throughout the day quiet and composed, sleeping comfortably at intervals, and asking for drink or rather making signs for it when she wished to have it. The blister had drawn well, and she was quite sensible of the pain it produced. The urine was healthy and passed without trouble, though not in large quantity. The skin was warm and gently perspiring; respiration tranquil.

When she was seen on Thursday, Feb. 17, at 6 A.M., she had had a quiet night, sleeping at intervals for nearly an hour at a time, then taking either milk, champagne, or toast and water, and sleeping again. She passed urine once during the night; was conscious when awake, and apparently free from pain. At about 3 A.M. she had rather more twitching of the right arm, which ceased after taking nourishment, and she soon went to sleep again. The pulse quickened a little about the same time, but was generally during the night a little under 80. The skin was slightly perspiring; no sickness. At 7 A.M., she complained of her left ear, the original seat of pain, and was relieved by hot sponging. Another turpentine injection was given at 8.30, when it was found that the lochia were reappearing more freely, and of quite a healthy character. She had had scarcely any convulsive movements in the right forearm since a little after 3 A.M., and none for more than two hours; indeed only once, about 6 A.M., when her husband went into the room, and she exhibited a little emotion on seeing him.

I saw her again at about 3.30 on Friday, the 18th,

having left early in the morning before, believing her to be on the whole improving. It appeared that in the afternoon, some hours after I left, she was attacked with a very serious convulsion which lasted twenty minutes accompanied with great congestion and discoloration of the face. Her attendants all thought she was dying, but it passed off and she recovered her former appearance and general condition; but attacks of convulsion returned at intervals, although not so severely, and the recurrence of them becoming more frequent, I found on my arrival that all hope of recovery had fled.

She had an epileptiform convulsion soon after my arrival, and a second in less than a quarter of an hour. Between this and five o'clock she had several, and, after earnest consultation, taking into account that her mental perceptions appeared rather more perfect in spite of the convulsions, that she did not lose her warmth, that her skin was natural, and the pulse, although rather more frequent, not weaker, we determined to pursue the following treatment: chloroform was ordered to be administered during the convulsions; a turpentine enema to be given; and a drachm of laudanum to be injected into the rectum after the enema had come away, and repeated according to circumstances. Champagne and milk were given; the turpentine enema, containing half an ounce, was not more than half injected, as she began to force it away, and when it returned no motion came with it; then a drachm of tincture of opium was injected, and no convulsion ensued for a longer period than before. At 6.5, forty minims more were injected, and there was no convulsion until 7.5, and then one was cut short by chloroform. Then nearly two hours elapsed without another convulsion. A little before eight, she had another, which was stopped almost immediately by chloroform. At about ten she had a more severe one, none of us being with her to give chloroform. At 11.15, another was coming on; but chloroform prevented it; but this was followed by more exhaustion. Hitherto, she had taken wine and milk every now and then with evident relish; but now she refused it, as if too faint to trouble herself to take it. Her pulse was more frequent and feeble; and a general restlessness supervened, with expressions of pain and uneasiness, but we could scarcely make out where. After a short time this subsided, and she fell into a comfortable sleep, which continued until 12.30. At 1.15 A.M. (Saturday, 19th), she began to become a little restless; and I gave her a wineglass of milk, some jelly, and an enema containing a drachm of laudanum in an ounce and a half of gruel. At 2.20, she appeared to have pain in the lower part of the abdomen, as if wanting to pass urine. Warm fomentations relieved her; and then she took freely of jelly, and seemed inclined to sleep. At 5.30, she had had some refreshing sleep, and no return of convulsion; took some milk, and slept again. Between 8 and 9, she was quite awake, her right hand twitching occasionally. Countenance cheerful. She was more conscious, and had altogether a better aspect. She slept quietly and readily, but without being at all narcotised. During sleep the twitching ceased, and was now less constant when awake, and appeared to be limited almost to the hand, as at first. At about noon she took nourishment, and fell asleep in a few minutes; but she awoke soon after 2, more uneasy, and flushed. Pulse 84. At 3.10, she tried some beef-tea, and in a quarter of an hour had a fit which lasted five minutes, during which she appeared unconscious, and was afterwards very faint and exhausted. She had another opiate enema, and slept for an hour, when some noise in the street awakened her; but went to sleep again almost directly, and awoke at 7. She then took some champagne, and, with two short intervals, slept till 11, when she took some milk, a cup of tea, and a little bread and butter. She then slept till 2 A.M. (Sunday, 20th), and at intervals during the whole night, taking milk, bread and milk, and champagne occasionally.



At 3 P.M. I found her much improved; she had very much regained the power of speech, and could move the right arm; but the hand continued in a state of clonic spasm when awake, and was swollen and painful, requiring warm fomentations. She continued throughout the day to take the same kinds of nourishment, sleeping quietly in the intervals. She had a good night, but became restless at about 7 A.M. (Monday, 21st). Nevertheless, her mental powers were much improved, and there was less paralysis of the arm. I gave her another opiate enema, but it returned almost immediately. (She had not had one since 4 P.M. on Saturday.) She complained of the soreness of the blister, which was therefore dressed with cerate, instead of mercurial ointment. Pulse 80. She said she was hungry, and ate some bread and butter. She could put her tongue out quite straight, and speak almost naturally. Having had no relief from the bowels since Friday, we ordered a soap and water and castor oil enema to be administered after she had had another sleep; and I left her at 9 A.M.

On Tuesday, the 22nd, I heard she had passed another very good night, and continued to improve. After this, I received accounts varying in importance from day to day; sometimes of improvement; at other times, of return of headache; albumen was once more discovered in the urine; less urine was passed; the mind occasionally became restless; and the impression on the part of her own medical attendant, that the symptoms could only be satisfactorily explained by uræmic intoxication, was strengthened.

I was summoned again on Saturday, the 26th, at 2.30 A.M. She was then weak and exhausted, but clear about the head, and not, as far as I could see, materially worse. Her bowels did not act well; and she now refused the use of enemata. We ordered her a potash and rhubarb draught, and some citrate of quinine and iron. Subsequently to this, Dr. ——— applied a blister behind each ear, on account of the head becoming more painful; and some morphia was given at night with good effect. On testing the urine a day or two afterwards, no albumen could be found, and the specific gravity was natural. One day, after a very long sleep, she awoke much more cheerful, and expressed herself as feeling decidedly better. The quinine had been discontinued, and she took instead a mixture containing solution of acetate of ammonia and tincture of sesquichloride of iron, which agreed well. She could use her right hand a little; sit up in bed; take food well; and seemed steadily improving.

On May 8th, I received a report that all was going on favourably; that she had been in her drawing-room, sat in an easy chair, and helped herself to her dinner. Her mind was cheerful and collected. Pulse still feeble. The hand was gradually regaining power; bowels regular; urine healthy. The vision of the left eye was imperfect as to distant objects, which are seen double; but when they were brought near, she could see them distinctly.

On May 17th, I found her reclining on a sofa in her drawing-room, cheerful, free from pain, with appetite and strength returning, and paralysis gone. She still, however, complained of seeing double at a distance when using both eyes, although, with either eye alone, she saw a single object; proving that her double vision depended upon a want of consent between the two eyes on directing them to an object.

June 3rd. I called upon this lady to-day at her father's house in the country, and found her looking well and in all respects improved. She had recovered her proper visual power; her appetite was good; her pulse regular; her head quite clear. The only thing of which she complained was weakness in her right arm and hand, and slight numbness at the tips of the fingers; but even this seemed to be gradually getting better, and there appeared no reason why she should not also in these respects recover.

[To be continued.]

## HOW TO PREVENT CHLOROFORM ACCIDENTS.\*

By CHARLES KIDD, M.D., M.R.C.S.Eng.

THERE are few subjects at present of a more practical nature in general surgery and medicine than to ascertain the best mode of administration of chloroform, so as to avoid these melancholy and disastrous deaths that so often follow its use. As in the later treatment of pneumonia or hip-joint disease we have simplified our practice by removing certain coincidences and recognising them as coincidences, so in chloroform administration a new key has been furnished to the physiology of anæsthesia under that agent by recognising that the "cardiac syncope" of former years is a coincidence or *post mortem* change; and that the condition of the respiration under chloroform is far more important than the condition of the heart. It is of little advantage, or useless indeed, to strive to rouse up a flagging pulse but through the lungs and diaphragm; and we have lately found, in practice in hospitals, that this is satisfactorily effected, not by galvanism or such like to the cardiac nerves, as formerly recommended, but by alternating ether with chloroform, which acts as a new stimulus of some kind to the air-cells of the lungs, and to the curiously complex nerves of the larynx, which are associated with the phrenic and with the diaphragm.

There is much confusion existing in our standard books as to the nature of accidents from chloroform; more particularly, too, as to the *contraindications* to chloroform. This has been a work of time to correct, as they were at first imperfectly guessed at as belonging to disease of heart. Most unnecessary and damaging coroners' inquests have been held on bodies, on the assumption that a mere *post mortem* result in the heart should have been during life anticipated by the surgeon, when probably a simple emotion of the mind (fright or nervousness), causing simple syncope, led to the accident, without a trace of cardiac disease.

### SYNCOPE.

Foremost of the real contraindications, I think, is the nervous exhaustion which attends loss of food or delirium tremens. Here the patient, as in puerperal mania, should at least not have chloroform, except he shall have first obtained some natural sleep, with renewal of nervous energy in those parts of the nervous system connected with reflex and respiratory actions. Thus on a field of battle, as in America lately, one sees accidents from neglect of this.

Hysteric patients, or those subject to fainting fits, require great attention; and for opposite reasons. In hysteric patients, there is excess of irregular morbid nervous action, which requires a large quantity of chloroform, sometimes many ounces, to overcome it; but in patients subject to fainting fits, a few drops of chloroform may produce similar results. This form of exhaustion is not easy to describe, as it cannot be traced to the usual shock of enormous operations like ovariotomy, amputation of the thigh, etc.; for in these the law of tolerance is very marked. The state which comes perhaps nearest to it is the exhaustion of delirium tremens. This form of nervous debility, or cardiac apnoea, has been very correctly described by Dr. Richardson. We have, I think, to be cautious if the patient have at any time complained of a sense of sinking or exhaustion, pallor, sleeplessness, unsteadiness of faculties; or, if there have been a creeping, rising sensation, commencing about the heart. These, however, have nothing to do with Snow's cardiac syncope, which is another name for asphyxia. A very soft or intermittent pulse is always suspicious in these cases, or much spasm of the mus-

\* This paper was sent to the Association meeting in London, but not read *in extenso* for want of time.



cular system, or what we have just mentioned; but the death is by simple syncope. In simple syncope under chloroform, there is no difficulty of respiration; the face is pallid; but, if we compress the cavæ, the muscles of the systemic circuit become rapidly convulsed. There is also a remarkable tendency to syncope in some persons. Thus Dr. Walshe mentions that in six patients he had met with an idiosyncrasy of this nature, though the heart was perfectly healthy. A crushed finger or a simple emotion also may each produce syncope, without chloroform at all.

#### APNŒA OR ASPHYXIA.

The nature of accidents from chloroform begins to assume a serious practical importance and interest, not anticipated a few years ago. If an action at law for malpraxis were founded on a coroner's inquest in a case of croup, on the fact that the surgeon had not treated heart-disease, which killed a child in form of polypus or clot in the heart, we should think it very hard; or were a similar action commenced in a case of death by fever, because static pneumonia or static congestion, which takes place after death, had not been mentioned in the treatment, this would be also very absurd; but still we see something like this constantly in accidents from chloroform; and, in a recent memorable case, a condition of heart as purely *post mortem* as the static congestion of the dead-house, and as purely accidental as the clot in the heart in the agony of dying in croup, was sought to be made the ground of malpraxis and an adverse verdict, and this view was strongly supported in medical journals.

The *right* side of the heart is invariably filled almost to bursting in accidents from chloroform. Where we have apnœa or asphyxia as the cause, it arises from blood mechanically pushed back by the large veins into this side of the heart during the manipulations of the dead body under the various "resuscitation methods"; it will occur, though the pulse has been quite good up to the last. But a coroner's jury found that the pulse comes from this right side of the heart; and that such heart-disease ought to have been detected before the chloroform was administered; and that such malpraxis was highly censurable!

If the pulse at the wrist comes from the *right ventricle*, as held by these authorities, and held very firmly, this condition of the heart may be hereafter anticipated; but I would beg of the profession to believe me when I say that this state of the right ventricle is accidental, or always to be feared where the respiration of the patient, from any cause, becomes enfeebled under chloroform. The pulse here is entirely a *negative indication*; and diseased heart, as a cause of death, as far as we have been able to make out from two hundred deaths from anæsthetics, is a piece of pure imagination; and, like the superiority of the Marshall Hall "ready method" for these accidents, we cannot hold these views any longer.

It occurs every week that a patient requires chloroform for some very serious great operation, such as amputation of the thigh, resection of knee, ovariectomy, etc. This patient has what one would call a "wretched" pulse—feeble, so as to be almost imperceptible; quick, faltering, or intermittent, in its beats. The doctrine of coroners' juries is, that such a patient is unfit for chloroform; that an action for malpraxis will lie, if any accident occur, or if the Marshall Hall "ready method" have not been tried efficiently, as copied by coroners (as I have known them to do it) out of manuals or books. But it is all erroneous. This feeble pulse becomes an excellent, good pulse, under the anæsthetic.

There is much confusion existing in our standard works as to the terms asphyxia, syncope, cardiac syncope, etc., which we would wish here to correct. The manner or mode of death in accidents from chloroform, as now described so often in hospitals and elsewhere, is

evidently not alike in *all* cases. The ratio of asphyxia (apnœa) cases to those from simple syncope is given as 60 to 40, from some early examination of the returns before me; and this was further corroborated by Dr. Snow, who stated or admitted about 20 (19) out of 45 of his cardiac syncope list exhibited signs also of what we now know to be respiratory apnœa. From no inconsiderable hospital experience, I early entertained an impression that one form of the accident was not essentially cardiac, as held by Snow, but had its origin in some implication of the glosso-pharyngeal nerve and lungs with other vital parts or part. This evaded observers for a time, but now it is decided to be the diaphragm, through a branch of the eighth pair, distributed to the mucous membrane of the larynx. It is from this point the *besoin de respirer*, in fact, has its origin; and hence the right side of the heart is congested (cardiac syncope) only as a consequence of this spasm of the glottis and stoppage of the diaphragm, with obstruction of the blood through the pulmonary artery.

These distinctions are of the highest clinical or practical importance; for, in place of directly exciting the heart, under the older doctrine of "cardiac syncope", it is found, in numerous experiments on the lower animals that this does not succeed; but by artificial respiration and Faradisation of the phrenic nerve and respiratory muscles, the heart is excited, which may save many lives. An acupuncture needle should, in fact, be at once stuck, not into the heart, but into the neck (where the omo-hyoid muscle lies at the outer edge of the sternomastoid), so as to hit off the phrenic nerve and the other pole or needle into the floating ribs and diaphragm; or one pole into the trapezius, as described; or the simple moist pole of the induction current even into the nostril, or simply over the locality of the phrenic and (motory) cardiac nerves about the neck and axilla. If the surgeon will take along with him (in what I have explained) that the cardiac syncope of Dr. Snow and the leading surgical books is not syncope at all, but rather the opposite, or a form of distension from full action of the heart (the lungs not receiving the blood); if he will take along with him that this cardiac syncope is rather a form of asphyxia, but which we propose to name muscular apnœa,—then he will be in a better position to understand what really takes place.

This is a field quite unexplored—the lapse of time that may occur in suspended animation under chloroform. It is curious that, in animals drowned in water, the evil results chiefly from the plunging or struggling of the animals; but, *ceteris paribus*, an animal well under chloroform, and thrown into water, is not destroyed for a much longer period. The plunging in the former instance fills the lung-tissue with water, and reanimation is very difficult after six or eight minutes; but under chloroform probably a state of partial hibernation is established, and efforts for reanimation should be continued for four hours at least in all hospital cases.

#### PECULIARITIES OF VARIOUS CASES: TETANUS: LITHOTOMY: CATARACT: NERVOUS PATIENTS: ETC.

The condition of the diaphragm in suspended animation from chloroform, as already said, is particularly important. Galvanism through the phrenic nerve is most essential. A needle should be passed also, as just said, through the diaphragm, as punctures of this muscle will restore animals apparently dead from apnœa. The "Silvester method" of raising the arms, so as to make the pectoral muscles and their indigitations to lift the ribs, is the best plan yet known of promoting artificial respiration. By this method, as much as forty-four to fifty cubic inches of air (sufficient, perhaps, for ordinary breathing) pass through the chest; but in the more popular or "ready" methods, about ten. I have urged this point for many years, but it has been disregarded.



There are certain phenomena connected with chloroform, as regards particular operations, deserving of notice. Thus there is less bleeding now at operations than formerly, but more danger or risk of *secondary* hæmorrhage; as the jet of blood is diminished in force during narcotism, but when reaction sets in, the bleeding is renewed. Of the operation for vesico-vaginal fistula, we have had the opportunity, in the practice of one surgeon, of studying the greater number of fifty cases out of twice as many operations for this disease—chloroform given in all; but it was found that possibly the necessary large doses of opium (four or six grains in twenty-four hours) had a tendency to produce uræmia and probably convulsions, which might unguardedly be ascribed to the chloroform. If such a woman be suckling, the chloroform, too, will affect the milk for a day or two after the operation; but nervous symptoms, such as fainting fits from loss of blood and pain, are now not so common after operations as in former years. "*Shock*", in other words, is lessened. We have already described the use of chloroform in hernia, hip-joint diseases, obstetrics, dislocations, etc.

The decided usefulness of chloroform in tetanus is another of the very admirable new facts in connexion with this agent, as well as the opportune suggestion, when the patient's jaw is locked, to inject coneine subcutaneously. (See twenty-two cases thus cured, *Medical Times and Gazette*, 1861.) Nor must we look on these cases as coincidences, like pneumonia or rheumatism cured by remedies probably coincidences. Chloroform in tetanus acts rather as an auxiliary; but an auxiliary of the most vital importance.

We must remember, however, that black blood (venous) is the proper stimulus of the lungs or air-cells. Black blood circulating in the muscles causes them to contract convulsively, however, or more strongly than red blood. This will explain, perhaps, some of the phenomena of the early stages of anæsthesia. This convulsive action is very marked if in the administration the patient cease to breathe freely, or the chloroform be too concentrated. Even a fresh charge of strong sharp chloroform to the instrument is followed by fresh or temporary convulsive action from the same cause. Excitement, too, is greater under ether than under chloroform, with marked increase of venous congestion under the former.

The limiting line between sleep and anæsthesia comes next under notice, as well as the nature of sleep itself. All this is very important, particularly in obstetric practice. In anæsthesia from chloroform, reflex action is for a time abolished; but not in sleep. A patient asleep will wake up by the irritation of chloroform to become anæsthetic; and, *vice versâ*, patients in the agony of childbirth, that have not slept for twelve hours perhaps, will fall fast asleep at the first "whiff" of chloroform, due to their release from pain. The popular idea, that anæsthesia is sleep, is not correct. Sleep, no doubt, affects chiefly the symmetrical organs, or those intermittent or periodic in their action; which chloroform also does organs endowed with only a limited amount of sensation. Chloroform, however, goes farther, and evidently engages the spinal or reflex system completely, and brings us nearer to that very serious state where all vital action ceases.

As a general rule in lithotomy, operations for calculus are now more successful than before the discovery of chloroform. The stones are now smaller than in former years, as the patient does not put off the operation till too late, and till the kidneys and bladder shall have become incurably diseased, as occurred not unfrequently in the years before this discovery. The emotion or shock, as regards the patient's feelings, is not so great. Again, in cataract operations, if the eye be sunk in its orbit, and chloroform be withheld, it becomes very difficult to extract the lens; but, according to the French

and German operators, this is entirely obviated in such cases by administration of chloroform. In the extraction also of foreign bodies from the eye, where the pain is sometimes quite maddening, and where formerly the foreign body could not be removed, chloroform now proves to be beyond price, especially in the case of shrieking agonised children thus injured in this important organ.

Even in medicine, effects the most opposite have followed the exhibition of chloroform. Thus jaundice has been known to supervene on its use, probably from paralysis of the ductus choledicus; and, again, jaundice has been cured by chloroform where a gall-stone was obstructing this same canal, with pain and spasm. The number of objects for which chloroform is now administered is very great: reduction of dislocations; "putting up" bad fractures; passing instruments in all but impervious strictures; sounding for stone; application of cautery; etc. It is perhaps in cases of "turning" in obstetrics, so much facilitated by chloroform, and now superseding the forceps, that the beauty of chloroform is shown; and, if it be true in any degree that the forceps in midwifery injures the infant's brain, and leads to idiocy and lunacy in after life, what a boon chloroform must be!

The rate of mortality after all surgical operations is perhaps very little influenced by chloroform. I have obtained very reliable statistics on both sides. At one side, as in lithotomy, the rate is lessened; but, on the other side of the account, we have amputations at the hip-joint and ovariectomy; we have also a larger number of operations of all sorts, and more chance of casualties from crowding of such patients—pyæmia, erysipelas, etc. Deaths, too, are now perhaps more carefully registered than formerly.

In fits of asthma, as also in croup, I have known the inhalation of a small quantity of ether and chloroform, mixed from a sponge squeezed out of hot water, to act like a charm. Tobacco and chloroform are the two best remedies for asthma, according to the very able work of Dr. Hyde Salter on that disease.

The physician should be familiar, however, with the difference between ordinary sleep in patients which sometimes supervenes on the release from agony under chloroform, and the anæsthesia of that agent itself; as also the action of air and chloroform vapour in the lung.

If, in an animal deeply chloroformed, two nerves be laid bare—a sensory and a motory nerve—galvanism at once excites the muscles to which the latter goes, but not the former.

The condition and bearing of the diaphragm during anæsthesia is very deserving of notice, as on this the life of our patient may in a great measure, and most probably actually does, depend. This "*musculus nobilissimus post cor*" is passive or tolerant to the *slighter* degree of etherisation; but it is to be feared that, in a number of fatal accidents, it stops from inhibitory action of the nerves of the mucous membrane of the larynx reflected or continued to this muscle. We know how closely connected these two parts are in coughing, if a grain of salt, etc., thus, as it is termed, "goes the wrong way"—that is, into the chink of the glottis; so of the irritation of concentrated or acid chloroform on the same part—the diaphragm then becomes fixed without coughing. This has been proved very clearly, in experiments on the lower animals, as one of the causes of death (though arrived at independently of the clinical facts). It agrees, too, with the group of phenomena as to the fatal accidents occurring more frequently at the end of the second stage; before deep anæsthesia, occurring suddenly as spasm of the glottis; before operation, too, when probably the patient, partially delirious, plunges and takes irregular, smothered, and occasionally gasping deep inhalations of the vapour. The venous system of the



limbs is engorged also under this action of the muscles, pushing blood in large quantities to the overgorged right cavities of the heart.

In the lower animals, again, exposed to injuries of the sympathetic nerve as experiments, sugar collects in the blood; and here it is found in such diabetics that the smallest possible quantity of chloroform now given kills the animal, though previously to section of the sympathetic, the animals would bear the anæsthetic very well. This, of course, is not a state likely to be met in the human subject; it is still, however, very suggestive, reminding us to be careful of chloroform in cases of deep exhaustion, or where cancerous, or such disease, may interfere with large nerves, or where the reflex system is deficient from any cause.

It is advisable, where we have reason to fear simple syncope, as in very "nervous" patients, or in an accident suddenly requiring surgical treatment in a drunken patient, to postpone the operation, if at all possible, for a week; to administer in the interval bark and ammonia, with meat and wine; to fix a certain day for the operation, and do it the day *before*; to operate early in the day, after a night of sound sleep; and, immediately before operating, to give a claret-glass of wine, with twenty drops of spirits of ammonia in it, which I now prefer to brandy. Such a patient may even go through the chloroform and operation very well, and faint subsequently, if allowed to walk about too soon; but this is not dangerous. Hospital experience has taught us that, in cases of impending death, the heart contracts longer than the pupil of the eye; so that the latter may be appealed to with advantage in all these cases of syncope, and the heart roused to action but through the lungs.

Some patients, again, are constitutionally subject to syncope; a fact that should never be lost sight of. Thus, Heurteloup has seen very alarming syncope from simply touching the interior of the urethra. Then, again, injuries of thecal canals, tendons, etc., may also produce dangerous fainting. Patients labouring under, or with a tendency to diabetes, there is reason to fear are also subject to sudden syncope and death from chloroform. Mr. Syme also mentions facts like those of Heurteloup.

[To be continued.]

## Transactions of Branches.

### READING BRANCH.

#### PRESIDENT'S ADDRESS.

By EDWARD WELLS, M.D., F.R.C.P., Reading.

[Delivered July 16th, 1862.]

GENTLEMEN,—While the reporter of the proceedings of your Pathological Society brings before you the present state of the science of medicine and surgery, to illustrate the history of the cases which have come before you during the past year, it would seem to be the duty of him, who occupies the post which by your kindness I have the honour to fill, to direct your attention to the general polity of medicine as a profession. I shall endeavour, therefore, in my address to-day, to give you a brief summary of such circumstances as have occurred since we last met, which may appear to have exercised a control, for good or for ill, over the fortunes of that host in whose ranks we have enrolled ourselves.

The very fact that I am called upon to address you at all, the mere coming together of yourselves into this room on this occasion, is a direct proof that as medical men we have a corporate existence, that we have collective interests, that we have reciprocal duties towards one another. Our paths of duty may be separate; they may be so narrow as to allow but one passenger at a time;

still they should all run in one direction, and all follow the guiding of one compass. Like planets, we may revolve in different orbits, but we should all keep true to one centre. We should endeavour to make the profession something more than an abstract idea, to give it a visible and corporeal existence, to recognise its claims upon ourselves, while we endeavour to obtain respect for it from society at large.

It is, I presume, with this idea that our Association has been formed; it is with this object that it sends forth its Branches over the length and breadth of the land; and that we, as representing one of those Branches, have met here to-day.

Let us hope that the meeting of our Association this year in the great metropolis, assembling in the ancient halls of the College of Physicians, under the presidency of an eminent London physician, may tend still further to develop this idea, and to rally round us those who have hitherto stood aloof from us, not from any hostility, but rather because they have failed to realise and feel that *esprit de corps* which should animate the members of every profession.

In one important item, viz., in its means of communication with the external world, I think we must all agree that the Association has made of late considerable improvement. The BRITISH MEDICAL JOURNAL is now a real gain to our members, and amply repays the outlay of their subscription. Some fault has been found with our editor, because he discusses *ex cathedra* certain controversial subjects, and, as it were, pronounces judgment between the rival theorists. It has been said that he has no right to enunciate in an editorial article his own private opinions, as if they were the *dicta* of the British Medical Association. I cannot myself participate in these objections; for I believe that no one is deluded into regarding these remarks as anything more than the private views of one individual. And if answers to them are fairly admitted into the JOURNAL, from those who may impugn the conclusions at which he has arrived, no injustice can ensue. On the contrary, they have the advantage of bringing before us many interesting questions, and of challenging discussion upon them.

We must, I think, all approve the manly tone in which the JOURNAL has combated the fashionable humbugs of the day. In those more delicate matters which concern the ethical relations existing between individual members, its sentiments have, I believe, met with general approval; and its whole conduct during the past year may be said to have promoted the advancement of the Association.

The Medical Council has already cost the members of the profession £40,000 and upwards. Of this sum, £34,000 have been extracted from the pockets of previously qualified practitioners, who little dreamt of being called upon to pay for an additional license to practise. It has been paid without grumbling; for the profession felt the need of a ruling body, who could at the same time be an organ of communication with the Government.

The Council is armed with the power of inflicting penalties. As the Red Indian parades his scalps, the trophies of his achievements, the Council will, no doubt, by the number of penalties inflicted, prove to the profession its watchfulness in guarding their rights. Hitherto, their exploits in this direction have not been very successful. The single penalty is £20. In the year 1859, the penalties imposed produced £24; in 1860, £14:10; in 1861, £5:1:3. In the estimated income for 1862, I observe no penalties at all are calculated upon, although the Council is rather short of cash.

The Medical Act itself is, however, partly to be blamed for the impunity with which impostors still pretend to be recognised by law as duly qualified practitioners. It would appear as easy to drive a coach and six through the Medical Act, as through any other Act of Parliament. And probably the Medical Council will feel little en-



couragement in prosecuting pretenders, when they find the judges enlarging the meshes of the legal net, to allow these small fry to escape.

And, now that we have the *Register*, how shall its pages be kept unsoiled by the names of those who may disgrace the profession? The twenty-ninth section of the act gives the Council the power to strike off the *Register* the name of any practitioner, "who shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect." In this matter, the profession will observe with regret, that the Council have found it necessary to alter their proceedings. Last year, upon application being made for the removal of a name from the *Register*, the Council undertook to investigate the matter.

It was first to be referred to the Branch Council of that part of the kingdom in which the delinquent resided. It was then to be reported by that Branch Council to the General Council. The Council were subsequently to take legal advice on the subject. They were then to summon the accused before them—and, finally, if the charge were proved, they would expunge his name from the *Register*. This course was adopted in the case of David Griffith Jones, when it was resolved that "the case be referred to the English Branch Council to be investigated according to the form of proceeding adopted by the General Council." This year they are of opinion, that "the General Council, in relation to persons charged with infamous conduct in any professional respect, are intended to exercise judicial functions, and that all such cases should be left to be taken up by persons unconnected with the Medical Council, who should be required to produce the evidence necessary to enable the Council to adjudicate upon them." Who then is to bell the cat? The means also at the disposal of the Council are said to be insufficient to initiate proceedings; it must therefore be left to those who have already contributed upwards of £40,000, for this among other purposes. The question will be solved after the usual fashion in such cases: it will not be done at all!

The question of the period required for medical education has been lately before the Medical Council. The regulations on this point recently issued by the College of Surgeons of England, became the subject of discussion. We must all feel that the status which as a body we shall occupy, must very much depend upon the scholastic and professional training which our members undergo, previously to their entering upon their duties. It was, therefore, very desirable that a minimum should be fixed, which should be obligatory in the matter of education upon candidates for registration. The period fixed by the Council last year, was four years of professional study, viz., at a medical school. It is stated that the College of Surgeons, by their recent regulations, abridged this term considerably as regards the candidates for their diploma. A resolution calling their attention to this matter, was proposed in the Council, but was beaten by an amendment, which proposed to obtain returns from all the licensing bodies, and to ascertain in what respects and for what reasons their regulations differed from the recommendations of the Medical Council.

It is, I think, after all very doubtful, whether the heads of the different licensing establishments are calculated to form the best composition for a Medical Council. Men too, who are engaged in the active practice of their profession, many of them being residents in far distant localities, have hardly the necessary time to master the details of their official duties, or to attend to their discharge. We must all have the highest opinion of the personal character of the members of the Medical Council; we must all appreciate their professional eminence; we may all believe in their earnest desire to promote the welfare of their medical brethren at large; but we may still doubt whether the profession has yet discovered the

fountain, whose healing waters are to cure her various complaints.

It is with feelings of repugnance that I allude to the question of homœopathy. A difference of opinion, if honestly felt, an opposition to principles maintained by ourselves if fairly carried out, is what, in this country of freedom of thought and action, we are not only prepared for, but welcome with that love of combativeness, which distinguishes the Anglo-Saxon race. It is not therefore because the homœopaths oppose us in our practice, it is not because they hold views of medical treatment diverse to our own, that we find most fault with them. These differences would indeed prevent our meeting them in consultation, as having no common premises on which a discussion could be founded. But it is because there is a dishonest humbug about them, because we believe that they tamper with a morbid appetite on the part of the public for the wonderful and mysterious, because, instead of forming themselves into a hostile camp, they will still linger on the skirts of a body that disowns them, because they bolster themselves up with titles either surreptitiously obtained or dishonestly kept, because they pervert to their own purposes a knowledge derived from a school, whose doctrines they pretend to renounce. It is for these reasons that we deny them that respect which is due to those who have honest convictions, however erroneous, and that they render themselves liable to be treated rather as traitors than as open enemies.

I feel however, called upon to notice them on the present occasion, in consequence of two important letters which have appeared on the subject since we last met. The first is that of Sir Benjamin Brodie. The public are, no doubt, greatly indebted to that eminent surgeon, for having so plainly exposed the absurdity of homœopathy as a system of medicine; for having also laid down the axiom, that regular practitioners should not meet homœopaths in consultation, to do which he considers *neither wise nor honest*. But he appears to be rather hard on the profession, when he attributes the chief success of homœopathy to the errors of prognosis and diagnosis committed by the regular practitioners—and when he states that "the only effectual opposition which the medical profession can offer to homœopathy, is by individually taking all possible pains to avoid, on their own part, those errors of diagnosis, by means of which, more than anything else, the professors of homœopathy thrive and flourish."

It were, of course, well to do this; but I believe these errors, when committed, have nothing to do with the success of homœopathy. The favour which has been extended to that imposition is, I believe, almost entirely due to that love of the marvellous, that preference of the mystic, which conducts some to the *séances* of Mr. Foster, leads others into the mazes of German neology, and boils over in an epidemic of table-turning, spirit-rapping, and electro-biological manifestations.

The other letter to which I refer is that of Mr. Fergusson, in which he yields "to the expressed wishes and opinions of his professional brethren." It is said that "one volunteer is worth nine pressed men"—and the spontaneous testimony of Sir B. Brodie entitles him more to the gratitude of the profession, than the concession of Mr. Fergusson. Yet I doubt if the renunciation of homœopathic alliances by Mr. Fergusson be not a greater boon to the profession, than the advocacy of legitimate medicine by Sir B. Brodie. That the first operating surgeon of the present day should have felt himself called upon to offer this homage to the expressed opinion of the medical practitioners, has proved that as a body we have the power of controlling the eccentric movements of any even the most distinguished of our members, and has impressed upon us the necessity of acting in union for this and kindred objects, which can only be done by such an Association of the profession as I have the honour of presiding over this day.

The subject of medical evidence in courts of law is one,



I believe, which requires the very serious consideration of the profession. I cannot but think that, in its present condition, our reputation receives considerable damage. "Give a dog an ill name and hang it" is no doubt as true of this, as of other tarnished characters. And very much of the dirt thrown at the medical profession in consequence of their conduct in the witness-box, is cast because it merely happens to be in the pillory, without the passers by caring to inquire why it was placed there. Nor do I believe that the discrepancies of medical men are greater than those of other professional experts, when examined in matters relating to their specific avocations. But two blacks do not make a white. We should not follow a multitude to do evil. The antagonism of medical evidence is painful. There is no case of lunacy, in which medical men are not pitted against one another, ranged in equal numbers, on the sides of plaintiff and defendant—celebrities against celebrities—specialists against specialists, till there is no wonder that judge and jury become like Gallio, and care for none of these things.

There is no railway accident, where eminent surgeons cannot be found to swear on either side: some that A. B., has nothing on earth the matter with him; and the others, that he is so seriously injured, that he will never walk again.

The truth is, that medical testimony has degenerated into advocacy. The medical man is pumped by the attorney as to what he is ready to swear for his client. He receives a heavy fee. His vanity is tickled that he should be the member of the profession selected for the occasion. His gratitude forbids his saying anything adverse to the interests of his party. He forgets that *suppressio veri* is *suggestio falsi*—and his evidence is necessarily one-sided—it is the truth, but not the whole truth—it is the zeal of advocacy, not the calm impartiality of science.

In the most important trials of lunacy, the medical man is closeted night after night in consultation with barristers and attorneys, picking out the weak points in the adversary's case, opposing doctrine with doctrine, and too often meeting fallacy with fallacy. How can this disgraceful state of things be remedied? How can medicine reassert her claim to be the guide on technical points in legal inquiries? How can she resume that influence on medico-legal questions, which it is to be feared she has lost? It is as much the interest of the public as of the profession that this should be accomplished. They are now in the hands of the sharpest attorney, and the cleverest barrister. Without rudder or compass, they are tossed to and fro by every blast of vain doctrine, and they who should point the way, add only to the uncertainty of the course.

It is more easy to find out a grievance than to discover a remedy. It has been suggested that in cases requiring their opinion medical men should act as assessors to the judge. There can, I think, be little doubt that if three medical men were appointed to make a report on each case, whether of lunacy or of compensation, the ends of justice would be more surely obtained than by the present plan. Let such a report be brought before the court, and let the doctors be examined, and if necessary cross-examined by each side. Such a report would have all the value of a consultation; it would declare the plain unadorned truth, without advocacy, without interest; the public would be satisfied; the profession would be spared the pain of seeing its most eminent members asserting paradoxes, and antagonising fallacies.

But, unfortunately, we have not the making of the laws. And it is to be feared that no alteration will be made by the lawyers, as to the manner in which medical evidence shall be given. All, therefore, that we can do, is to urge upon the members of the profession, when called to give evidence, to forget both plaintiff and defendant, and not to allow any partiality for the side on which they are retained, to become a medium for distorting the heaven-born rays of scientific truth.

The antagonism of medical evidence in courts of law has borne fruit in the new lunacy bill of the Lord Chancellor. Commend me to this modern Alexander for cutting a Gordian knot. Because different medical men have put forward different theories on the subject of insanity, therefore their opinion shall not be received at all. In the third clause of the Lunacy Act it is laid down, "that the opinion of no medical practitioner shall be admitted as evidence of the insanity of the person who is the subject of inquiry." Physicians are, therefore, to spend a life-time in the study of insanity, they are to be the constant observers of its different phases, the custodians of its unfortunate victims, but they are not to interpret its manifestations to those who, having never studied its language, are ignorant of its meaning. They may state facts, and the facts shall be evidence; and so might a child, and its facts would be evidence equally. This would probably amount to the total exclusion of medical witnesses from cases of lunacy; for it is evidently the *opinions* of medical psychologists which are requisite to a jury to lead to a right appreciation of the *facts* related by other witnesses. It gives me much pleasure to be able now to state that this very mischievous clause was thrown out of the bill, in the House of Commons, on Monday evening, upon the amendment of Mr. Montague Smith. It is very satisfactory to find that, of all the lawyers who spoke upon the subject, not one of them justified the insertion of the clause, with the exception of the attorney and solicitor-general, who were bound *ex officio* to maintain the opinions of their chief.

The attention of the profession has been drawn during the past year to the extent to which the vendors of patent medicines and others have availed themselves of the certificates of medical practitioners, in puffing off their different wares. Whether it be chlorodyne or nepenthe—cod-liver oil or Dunn's essence of coffee—a small mincer for the dinner table, or a patent double-action syphon syringe—medical testimonies are immediately forthcoming, not only informing the world that they are good *per se*, but that they are the only good things of their kind. The public believe that the doctor receives a handsome *honorarium* for writing these certificates. I need not say that this is entirely a mistake. The testimonials are given with the best possible good faith, and because their authors believe what they assert in them. Still I would humbly suggest that the whole thing is a great mistake, and encourages the public in the patronage of quackery, when they see medical men lavishing praises on the weapons drawn from its armoury. Besides it is to be feared that there are a few members of our profession who, sheltering themselves under the example of the more honourable and the more eminent of their brethren, do not scruple to make a barter of their recommendations, and to draw a sordid profit from these medical encomia. The best thanks of the profession are, I consider, due to those who, when their attention was drawn to the subject, have withdrawn their names from the list of referees, and who have thus set an example, which I believe others would do well to follow.

The growth to which the practice of giving gratuitous medical advice has attained, has lately attracted the notice of the profession. There cannot, I think, be any doubt that, through its operation, medical men are annually defrauded of large sums which are their just due. This falls the more heavily upon members of our profession in consequence of the introduction of direct taxes, and the probability that they will be still more largely introduced. At present, the medical man not only attends those who, for their station in life, are frequently much better off than himself, but he pays their taxes as well: now if the doctor is to be heavily mulcted in an income tax, in order that the necessaries of life may go untaxed for the benefit of those who have moderate incomes, it certainly would seem but fair that the balance should be adjusted. There is too, I think, great fear that the



normous extent to which gratuitous medical advice is at present given, must tend to destroy that spirit of self-dependence, which is above all things necessary for the prosperity of that class which are its chief recipients. At the same time one would be grieved if it could ever be said, that a single really poor person stood in need of medical advice, and found it not for want of means. And I do not perceive how the medical officers of hospitals can ever be remunerated with such a payment as would be worth their acceptance. It becomes all the more incumbent upon those who govern these institutions to see that the charity is not misappropriated to the relief of those whose circumstances in life do not really require its aid. All I can venture to say is, that the question is one, which from its magnitude might well be taken up by our Association, in a spirit which, while it asserts the just rights of a hard-working profession, does not neglect the sacred claims of humanity.

Whatever we may think of those who perform a great amount of work without any remuneration whatever, we must all feel that there is a large body of our members, who do a great deal for a remuneration which is wholly inadequate. I allude to the Poor-law medical officers. It is highly probable that the interests of these practitioners are injuriously affected by the great extent to which gratuitous practice is carried. The example set by our hospitals and dispensaries is endeavoured to be imported into the legal administration of medical relief to the poor, although the cases, when fairly examined, are by no means parallel. The suicidal competition among the members of the profession at the same time places them very much at the mercy of the guardians, especially in country districts, where it is necessary to occupy the whole field of practice. I fear we can do nothing more at present than to wish these gentlemen every success in their endeavour to obtain a rate of remuneration more adequate to that high sense of duty, with which they discharge their onerous and responsible offices. And I trust there is some prospect of this being effected, in consequence of the British Medical Association and the Apothecaries' Company having memorialised Parliament with the view of procuring an alteration of the existing law.

I have thus gone through the principal subjects which have appeared to interest the members of the Association during the past year. I may have given an undue prominence to some, to which my hearers may consider them unentitled. I may have omitted others, which they may think should have formed the foreground of the picture. The mental constitution of each individual is differently impressed as to the importance of the objects by which he is surrounded. I can only affirm that I have selected those topics, which appeared to me to be exercising the greatest influence over the medical commonwealth. In treating them, I have endeavoured to express those sentiments, which I believe to be most accordant with professional honour, and most conducive to our social elevation. That we all have need of the loftiest sentiments in the daily practice of our profession, none will deny. Whether we regard our conduct towards the public, or our behaviour towards one another, the most punctilious observance, I will not say of the code of honour, but of a far higher code, that of Christian charity, is imperatively needed. Admitted into the penetralia of private families, trusted with secrets, to which many of the members themselves of those families are strangers, let it be said to the honour of our profession that such confidence is never misplaced. The public know this full well; and though they may occasionally make merry at the doctor's expense, it is to him they have recourse in their hour of direst necessity for counsel and advice—and they never have recourse in vain!

In our intercourse with our fellow-labourers in the same field, there is perhaps more need of circumspection. Rivalry is too apt to degenerate into opposition—competition is liable to beget hostility. It were well to feel

an extreme sensitiveness in the point of avoiding to give any offence to others,—and it were perhaps as well to feel less sensitiveness in thinking ourselves offended by others. The golden rule of doing unto others as we would they should do unto us, if duly carried out, would render useless the existence of ethical societies, and would form the noblest bond of union between the members of our profession.

## LANCASHIRE AND CHESHIRE BRANCH.

### PULSATILE RESPIRATION.

By J. THORBURN, M.D., Manchester.

[Read June 25th, 1862.]

As an oral description of stethoscopic sounds—in the absence of the subject—is not always very intelligible or very interesting, I will be as brief as I possibly can consistently with clearness. My object is to draw attention to a condition of chest-sound hitherto not much regarded, and yet of considerable importance in a diagnostic point of view.

The murmurs of the heart and great vessels, and the normal and abnormal sounds of respiration, have long been the object of ceaseless study; but I think that the effects which these constantly moving and sound-producing organs, confined within one cavity, may produce by their mutual collision, have not been sufficiently attended to. One by one, however, these effects are being noted, and we have thus become acquainted with pleural friction of cardiac rhythm, with pulsatile crepitation, with subclavian murmur, and with pulsatile metallic tinkling. These are clearly recognised and understood as instances of respiratory sounds modified by pulsation, or the reverse. I would devote a few minutes of your time to what I would call pulsatile respiration.

In the BRITISH MEDICAL JOURNAL of June 18th, 1859, I inserted a short communication, the substance of which consisted of a notice of certain cases wherein I had met with a peculiar sound, of which I could find no written description. In these cases it was audible, chiefly about the left pulmonic apex and across to the inner part of the right. It was of a distinct blowing character, without much harshness, synchronous with the heart's systole, and very loud. On holding the breath, it completely disappeared, and was never to be heard, except during the expiratory and end of the inspiratory process. So far as I could ascertain, this sound was not specially connected with any form of disease. The conclusion I arrived at was, that it was the ordinary vesicular respiratory sound modified by the action of the heart and great vessels, so as to obtain a cardiac rhythm; and that, in the few cases mentioned, the impulse might perhaps be given by a nervously excited or even slightly dilated aorta; just as the action of the heart will sometimes influence a really pleural friction-sound; or, as I have heard it do, to the tinkling of pneumothorax. I suggested, also, that in an aggravated case, one might expect a similar jerking of the respiration to be heard at the trachea or mouth.

Since 1859, I have become more fully impressed with the reality of this sound and with the correctness of its explanation. In particular, one highly marked instance has occurred to me, which I propose to detail; but I may first briefly refer to what notices I have met with of the same subject by other observers.

Dr. Benjamin Richardson, in a very excellent paper on "Subclavian Murmur", contained in his *Asclepiad*, alludes to the sound, considering it to be a subclavian murmur. Taking that for granted, he says, in reference to its mode of production: "Dr. Thorburn is alone in his opinion; but his hypothesis is ingenious and well put. It is necessary, therefore, in disposing of it, to use careful and logical argument in favour of the opposite view; viz., that subclavian murmur is an arterial sound



modified by respiration." I am sorry that I cannot accept the eulogy for ingenuity, even from so high a source, at the expense of correctness; for the simple reason, that I do not believe the sound referred to and subclavian murmur to be at all the same, except that they are both vaso-pulmonary.

In the cases I mentioned, the locality of both was certainly somewhat similar, though by no means identical; but the case I am about to quote will serve to demonstrate that they may vary in locality as much as in nature. The subclavian murmur is strictly confined to the subclavian region, and can generally be arrested by pressure in some form. I am quite familiar with it, and have no doubt that Dr. Richardson's explanation of it is perfectly correct. The present sound is much more analogous to the pulsatile crepitation ably described in the same volume.

Dr. Radclyffe Hall of Torquay communicated to the Royal Medical and Chirurgical Society in February last, a paper on "Pulse-Breath"; by which he alludes to an audible pulsation communicated to the breath as it leaves the mouth, and not connected with any special cardiac murmur or pulmonary disease. He infers that this is due to the impulse of the circulation on an empty vomica in some instances, or on the air-cells and passages in others. I regret that the abstract of his paper, which alone I have seen, does not give details of the stethoscopic phenomena of his cases; but they seem somewhat to confirm the suggestion I made in 1859.

I am not aware that anything further has lately been said on the subject; and I will now give some details of a case which has occurred to me, and which exhibited the phenomena of pulsatile respiration in a marked degree.

CASE. Mr. H. applied to me on October 1st, 1861, as a candidate for admission to a life assurance association. His statements with regard to his previous health were satisfactory. He had no previous illness, and no symptoms of anything except of a highly nervous temperament. His family history showed a predisposition to good health and considerable longevity. On applying the ear to the thorax, however, there was at once evident what appeared to be a loud blowing murmur, of soft tone, audible over a considerable extent. I very soon noticed, however, that although synchronous with the cardiac systole, it existed only during the respiratory movements; and that when the breath was held it entirely ceased, and allowed the heart-sounds to be heard quite clear and free from murmur. I need hardly say that it was very different from that slight confusion of heart and lung-sounds which one often hears for a few seconds on first listening to the heart's apex beat. I endeavoured to localise it; and found that it was loudest along a line extending from the heart's apex to about the sternal end of the first rib, and corresponding roughly to the edge of the lung. From this line, it grew fainter on each side, being soon lost beyond the sternum, but tolerably loud over the greater part of the upper lobe of the left lung. There was no respiratory jerking at the mouth. The ordinary respiratory sound could not, in the region indicated, be separated from the pulsatile sound; but there was no evidence of any other change in its character, and elsewhere it was quite normal. Percussion showed no abnormality of heart or lung. It became, therefore, a question how far this sound might indicate any diseased structure, and how far it might affect the probabilities of life. Taking all the circumstances of the case into consideration, I looked on the disturbance as mainly functional, and recommended acceptance of the life by the assurance office. The directors very properly wished for a second opinion, and he appeared before another gentleman in Manchester, who, I believe, took a similar view of the case, as he was accepted. I examined him again some time

subsequently, and found the same conditions; and learn that he is now in Germany, having enjoyed good health ever since.

On reconsidering all the features of this case, in conjunction with others of a similar nature, though minor extent, I form the following conclusions:—

1. An impulse of cardiac rhythm may, under certain circumstances, be given to the respiratory murmur over a portion of its seat of production.

2. What these circumstances are is not yet positively defined; but the sound thus produced may exist in both the presence and absence of other signs of disease.

3. In the absence of signs of absolute organic disease, theory would point, on the one hand, to undue functional vascular impulse, and, on the other, to undetectable pulmonary adhesions near the heart or great vessels.

4. Whether the impulse may be given indirectly, through the pulmonary capillaries, as supposed by Dr. R. Hall, I cannot say; but my own observation hitherto would rather lead me to believe that the action is direct from the central organs of circulation. Under the other hypothesis, I should expect the impulse to be met with all over the lung substance on both sides.

5. In a diagnostic point of view, the recognition of the sounds spoken of is important.

6. Their prognostic value is, of course, doubtful as yet; but in the absence of other abnormal signs or symptoms, we have no reason to suppose that it is of much gravity.

7. The best term for the sounds, from its analogy to other terms, and from the absence of implied theory, seems to be that of which I have made use; namely, pulsatile respiration.

**SURGEONS AND HONOURS.** In the series of sanguinary battles before Richmond we have yet to learn that a single surgeon failed to do his duty. On the contrary, we have the most undoubted evidences of courage and heroism in the hour of greatest peril. Many continued their ministrations to the wounded under the hottest fire, and left them only after the most positive orders from superior officers. A large number volunteered to remain, and give themselves up as prisoners with their wounded, for the privilege of continuing their care of them. As soon as the army rested upon James river innumerable recommendations for promotion of officers of the line, commissioned and non-commissioned, for bravery, were sent to Washington, and promptly ordered. But no surgeon is allowed to receive higher rank for meritorious conduct; his rank remains stationary. This is not just; the country has the services of some of its best surgeons, and it should reward that courage and devotion, which are displayed in the care of the wounded, with promotion. (*American Medical Times.*)

**CAUSES OF SUICIDE.** Brierre du Boismont carefully examined the circumstances which led to the commission of suicide in 4077 cases, and with the following results, per cent.:—Insanity, 15.9; drunkenness, 12.9; diseases, 9.9; domestic troubles, 8.8; chagrin, disappointment, 7.6; love, 7.4; poverty, misery, 6.9; pecuniary difficulties, 6.8; ennui, 5.8; feebleness, exaltation, sadness, hypochondriasis, 3.5; remorse, fear of dishonour or of justice 3.2; misconduct, 2.9; idleness, 1.2; acute delirium, 1.3; jealousy, 1.3; gaming, 1.0; want of work, 1.0; pride and vanity, 0.67; divers motives, 0.97. "From 1833 to 1843, the number of suicides from drowning preponderated in France (*B. du Boismont*, p. 415), but since that period suicide from hanging has become most common. Thus, in the twenty-two years 1836-57, the number of suicides from strangulation amount to 25,536, and from submersion to 23,221 (See Descuret's *La Médecine des Passions*, vol. ii, p. 357. See also Lisle, p. 93.)"



THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, SEPTEMBER 20TH, 1862.

### GRATUITOUS MEDICAL SERVICES.

DR. WILLIAMS'S letter on gratuitous medical advice reduces the question, in so far as it is a matter of dispute, into a very narrow compass. Before one step can be taken towards a settlement of the question, Dr. Williams must explain what he means by the word *cooperation*. The doctors are, he says, called in by the benevolent, who start and support our medical charities, to *cooperate*. Let us distinctly understand what the nature of a *cooperation* is, in which the benevolent public give their two guineas per annum, and the doctor his two guineas per annum + *his medical services*.

On one point there is no difference of opinion between us. Dr. Williams admits, inferentially at least, that there is a considerable amount of *improper* gratuitous medical advice afforded by the profession. This sort of advice he condemns in the strongest terms. So far we are agreed. But when he comes to define what is *proper* (as he terms it) gratuitous medical advice, he, in our opinion, completely fails. We want a plain answer to this question, and Dr. Williams gives it not: Why should a benevolent public, which wishes to raise a hospital for charity's sake, ask medical men to give their gratuitous services to it? Why should they ask for their services, any more than they should ask millers to supply it with corn, graziers with fat beeves, builders with bricks, lawyers with legal wit, chaplains with spiritual food, brewers with malt liquors, gratuitously? A medical man's time and services are just as much money to him as are his oxen to the butcher, his beer to the brewer, and his bricks and mortar to the builder. But the butcher, the brewer, the builder, the lawyer, etc., supply none of these articles gratuitously; and yet they are just the very men who ask "physicians and surgeons to unite in this charitable design".

The butcher, and baker, and squire, and brewer, and lawyer, give their guineas; and so do the physicians and surgeons give their guineas towards this charitable design. Consequently the physicians and surgeons, as members of society, are on a perfect

equality, in this *cooperation for good*, with other members of society. They give their *money* just as freely as, we might indeed say more freely than, the best of them. Dr. Williams cannot deny this patent fact. And we then would ask of him, admitting it: What are the grounds upon which you ask these particular limbs of society—viz., physicians and surgeons—to be solely and alone the members of society who are, for charity's sake, to give to a large section of the community their gratuitous professional services? Physicians and surgeons are just as much necessary appendices to a hospital, as are bakers and butchers and brewers. Their services are just as much required as bread and beef and beer; and those services are as much property to them as bread and beef and beer are to the baker, butcher, and brewer. Admitting, then, as he must, that the physicians and the surgeons, as charitable members of society, have already as fully done their duty to the poor as other members of the community, we ask Dr. Williams to tell us what are the grounds, reasonable, equitable, and legitimate, upon which the medical man is to be called upon, by certain generous persons who "agree to found an institution for the relief of their poor neighbours", to supply the institution gratuitously with his property—his services? Why is the physician and the surgeon to be asked by these benevolent individuals to do what neither themselves nor any other member of the community will do? Evidently, the fallacy of Dr. Williams's argument lies in this: that he makes a very incorrect comparison respecting the nature of the cooperation he speaks of. He supposes, or rather accepts it as the basis of his argument, that benevolent Squire Broadacres and Baker Shortbread, who subscribe one pound and one shilling per annum towards the charitable institution, are equal co-operators in the work of charity with the doctor and the surgeon, who also subscribe one pound and one shilling per annum to it, *and give, in addition, some hundred pounds per annum in the shape of time and services*.

There are, we need not say, other arguments used in favour of these services. We believe that they are equally as fallacious. But we shall, for the sake of keeping the matter clear, now refer to this one only, which Dr. Williams has selected as the basis of his argument. We admit most fully the fact that society only does its duty in assisting with medical aid those members of its body who are unable to help themselves. But what we do maintain is this, that society has no kind of claim upon the medical profession, nor any right to ask them to take the whole burthen of the medical part of the charity upon their shoulders. The fact is, society does make no such monstrous claim upon us. We, in our folly, or rather through the spirit of competition—shall we say selfishness?—offer, and indeed press, these



gratuitous services on the public; and a discerning public, as we know full well, is not slow to take advantage of our folly.

We will only add what we have so often said: that this gratuitous-advice-giving system established in our great medical charities is, in our opinion, productive of the most serious injury to the whole body of the profession. The public thereby learn to value our services at the price we put them at. The *few*, we admit, are benefited by the system; but the professional body at large is deeply injured. We ask for nothing more than a full discussion of the question; for sure we are that the more deeply men consider it in all its bearings, as we have done, the more will they incline to take our view of it.

### DR. CLAY AND HOMŒOPATHY.

WE regret to find, from the letter of "A Manchester Man," that Dr. Clay's explicit denunciation of professional intercourse with homœopaths is not satisfactory to those who know him best—we mean his medical neighbours in Manchester. We naturally enough concluded, in the remarks made by us on the 6th instant, that one such denunciation included every case; and that all the medical world would have been consequently satisfied therewith. After the very strong expression of sentiment already uttered by Dr. Clay, we are sure that he will not hesitate, through any *mauvaise honte*, to afford his Manchester *confrères* the same opportunity of arriving at a satisfactory conclusion on the homœopathic intercourse question, as he has already done in the Hanley case.

Moreover, and for the same reasons, we feel satisfied that Dr. Clay will repudiate the position imputed to him in the journal (the *Homœopathic Observer*) alluded to by a "A Manchester Man." There we read that in a presupposed difficult case of midwifery, an homœopathic practitioner "thought the opinion of an eminent obstetrician was desirable. Dr. Clay of Manchester was selected, and promptly obeyed the summons"; and again, "it was then decided to attack Dr. Clay for having met and assisted a homœopath."

Doubtless, this language of the *Homœopathic Observer* is capable of a double interpretation; and we are satisfied that Dr. Clay will not permit the one he so properly repudiates to remain possibly attached to it; but, as our correspondent suggests, will at once call upon that journal to state explicitly what it means by "having met a homœopath," etc.

Calmer consideration must assuredly have, ere this, satisfied Dr. Clay that a question of the kind to which we are now referring can never receive a satisfactory solution in a court of law. Of what avail would it be to any of us to receive a few pounds damages from a jury, if we stood condemned in the eyes of

our professional brethren? Surely, the good opinion of his own profession is to every man of honour in it beyond all money price. There is many a successful trader in medicine who would give thousands of pounds if he could only conquer the esteem of members of the profession. The sensitiveness which we all feel upon the point of professional feeling towards us is a profoundly honourable one; in fact, in this feeling is contained that special sentiment which separates the professional man from the mere trader.

We cannot help, therefore, expressing our great satisfaction at the resolute attitude assumed by the men of Manchester in the matter of medical consultations with homœopaths. They are determined to have no mistake about the matter. They will suffer no dallying with the quackery. Of course, men in this free physis country may select what course they please; they may practise homœopathy, and they may practise medicine and consult with homœopaths—in fact, they may diverge into any vagaries in this way which suit their fancy. All this they may do, according to conscience, or otherwise, as members of the community. But the profession has its own opinion on the propriety of the proceeding; and as guardians of the public health, and as men of knowledge and of honour, it has resolved in language and by acts the most unmistakable, that the medical man who meets a homœopath in consultation indirectly patronises and aids a deception practised on the public; and it therefore has concluded, most logically and honourably, that he who does this shall forfeit the esteem of his professional brethren.

### MESMERIC HOSPITAL REPORTS.

THERE lies before us the Report of the Thirteenth Annual Meeting of the London Mesmeric Infirmary. Prominently in the list of officers figures the name of John Elliotson, M.D.Cantab., F.R.S., honorary treasurer. The Archbishop of Dublin, he of the *Logic*, is president. The Committee are, as should be, all ladies; the Council mostly doctors. We do not call attention to this report for the sake of, in anywise, criticising or ridiculing the special vagaries of human nature alluded to in it; but for the purpose of asking Dr. Elliotson whether he really does knowingly allow his name to be prefixed to it? We can hardly believe it. Dr. Elliotson is a Fellow of the Royal College of Physicians, as well as of the Royal Society; and we cannot, therefore, admit that he ever would allow his name to sanction some of the things here to be seen. For example, one Henry Noel, an artisan, presents a donation of one pound to the Infirmary, because he was "cured of a tumour on the right eyelid by Mesmerism." Sarah Noyes, servant, gives a guinea for having been "cured by



mesmerism after all other means had failed"—of that disease we are not told.

As regards cures, we read here the case of a farmer, who is cured of a sprain of wrist by Mesmeric passes and the "application of linen wetted with mesmerised water. This, if held stretched an inch above the inflamed part even, caused a sensation of the internal heat coming to the surface and being drawn away from it. Experiences coolness at the tips of his fingers held an inch and a half above the surface of Mesmerised water."

Dr. Purland, again, urged the propriety of every person washing his hands after having Mesmerised a patient; as, from the omission of this, he himself had experienced rheumatic pains communicated by Mr. Capern holding his hand a long while, when walking in the street, after Mesmerising a patient with rheumatism. "Such a fact," adds the doctor, who was apparently afraid of trying his hearers' credulity too far, "is remarkable, but not the less true."

Does Dr. Elliotson really believe that Mesmeric passes will discuss a tumour in the eyelid? If he does not, can he rightly allow his name to go to the tacit confirmation of such a statement?

The style of pathology practised in this hospital may be inferred from the following remarks on a case of rheumatic inflammation of the covering of the heart:—

"The bellows sound in the region of the heart was still audible, and may be so for many years, or always, as it is the consequence of a roughness outside the heart left by the inflammation."

We may observe, in conclusion, that it is worthy the attention of the noble lords and ladies and medical men who patronise Mesmeric manœuvres, that the Cour de Cassation in France has decided that the practice of animal magnetism may be condemned, not only as being an illegal practice of medicine, but as an act of roguery in cases in which the sleep is simulated. It is quite clear these good people should note that, in France at least, a fanciful trickster in this line might find himself or herself suddenly arrested in the midst of his or her manœuvres, and consigned to the stocks of the law.

## THE WEEK.

THE accounts which have been received as to the state of Garibaldi's health have, naturally enough, caused much anxiety. As far as one can judge from the descriptions given, it seems that the ball, which was lodged somewhere in the bones of the ankle or foot where he was wounded at the time of his capture, has not been extracted; and that the Italian surgeons in attendance on him have not been able to make up their minds as to the course proper to be followed. Under these circumstances, as our

readers are aware, Mr. Partridge, of King's College Hospital, has, at the instance of a "Garibaldi Committee", proceeded to Italy, in order that the wounded man may have the advantage of the skill and judgment of a British surgeon. Writing from Turin on Sept. 14th, to the secretary of the Committee, Mr. Partridge says:—

"Lord Palmerston has telegraphed to our ambassador to use his influence with the minister here to obtain permission for me to see Garibaldi, so that I hope to have the order to-morrow, and to be at Spezzia on Tuesday at latest. Meanwhile, reports seem to show that, at least, Garibaldi is not worse. The wound is said to discharge freely, the bone to be 'exfoliating'—that is, the injured part of the bone is in process of being cast off, and may then be removed. This is a slow affair, but is not dangerous. The ball is still in the bone, it is supposed. I shall telegraph as soon as I have seen Garibaldi. My great object will be, when I obtain permission to see Garibaldi, to do so in such a way as not to offend the doctors who are in attendance upon him, so as not to throw them into opposition to any measure I may have to propose."

It is to be hoped that Mr. Partridge will have been enabled to carry out his somewhat delicate mission in a satisfactory way. Garibaldi has no doubt been receiving the best surgical aid that Italy can afford him; and, *primâ facie*, it would appear presumptuous that a foreigner—such as Mr. Partridge is among Italians—should come, without being sent for by any one in authority, for the apparent purpose of seeing what the doctors are doing, and of correcting whatever is wrong in their proceedings. The case of Garibaldi is, however, one in which no one would apply the rules of professional etiquette too strictly; but still Mr. Partridge will require to use great care in his interviews with the surgeons in attendance on the wounded general. It will be a matter greatly to be deplored, if an unfortunate misunderstanding at the outset should defeat the wishes of Garibaldi's friends in this country. We trust, however, that the harmonious cooperation of British and Italian surgical talent will lead to a fortunate result.

Is the following to be considered a sort of *amende honorable*—an unavoidable homage—paid to the merits of the British Medical Association? Anyway we recommend it to the notice of our readers. It is satisfactory to find the *Lancet* has at length discovered that our Association has some little virtue in it. It is clear that if the Association had no journal, it would be a very great fact!

"The British Medical Association. The papers read at the late meeting of the British Medical Association, and which we have so fully reported, were of great value. Considering the shortcomings of the Medical Council, which ought to represent the profession, but which seems only to represent the interest of rival medical corporations, it is well to have an Association which represents the profession at large, and in which both its politics and its progress find expression. The enemies of orthodox medicine may be confidently re-



ferred to the reports of the Association for proof that medical science is in the same active state, and is making the same rapid advances, as other branches of science. The opening address by Dr. Burrows, the communications by Mr. Paget, and by Drs. Walshe and Bennett, may especially be referred to as indicating the fresh spirit of modern medical science, and the revolution in our notions of disease and its treatment."

THE sheep afflicted with what is called small-pox in the Wiltshire district have been put into quarantine by government; and very properly. If we cannot cure and arrest specific diseases of this nature, when they have once taken hold upon the body, we can, at all events, prevent their spread. During the next three months, no sheep, without permission from authority, are to be removed out of the afflicted districts:—

"All sheep dying of the disease shall forthwith be buried, with their skins on, in pits of not less than five feet in depth, and the carcasses so buried shall be covered with quicklime. And all places which may have been occupied by the sheep shall be thoroughly cleansed, and purified with chloride of lime."

THE *American Medical Times* has the following remarks on medical men in courts of law, which some of our profession may perchance read with profit:—

"We have frequent and painful proofs that medical men do not always appreciate the responsible and truly dignified position which they are called to fill in courts of justice. Forgetful that they are presumed to be experts, or persons whose scientific attainments give their opinions great weight, and above all that they are unbiassed by any circumstance connected with the case, except positive and unquestioned facts, too frequently the medical witness takes the stand, an avowed partisan, and shapes his evidence to sustain some personal interest or preconceived notion. Nearly all the cases of trials for alleged malpractice have their incipency in the malicious suggestions of a medical man, who subsequently comes upon the witness-stand as an expert in settling the many questions in which he has a personal interest. The injury which such men inflict upon their brethren is incalculable; many are made to incur heavy expenses, others are mulcted in damages, which afterwards hang heavily upon their resources, while a few are discouraged and driven from the profession. It is the duty of local societies to make stringent regulations in regard to that class of physicians who incite a prosecution for malpractice. The case should be investigated rigidly; and if the evidence convict, the name of the guilty party should be stricken from the membership of every medical organisation. Medical witnesses, also, occasionally seem forgetful of, or at least disregard, professional courtesy, and manifest towards the opinions of their brethren a high degree of contempt quite unworthy of their high position. In the history of a recent murder trial in this state, we have a melancholy example of the rancour which one medical witness may exhibit towards another, growing out of a mere difference of opinion. Accusations of dishonesty, falsehood, and sinister motives, are as unqualifiedly made against a member of the profession of irreproachable character and of the highest respectability, but a differing witness in the case, as if the parties were in a common street brawl. One witness taunts another with being paid for

his services, as though that were a crime; and at the same time announces that he himself received nothing as though that were a virtue, and gave greater impartiality to his opinion. Every physician who resorts to such unworthy and unprofessional means in a court of law, only degrades himself."

M. PAJOT's reply to Professor Fizio's question *in* abortion *versus* hysterotomy has produced an angry letter from Professor Stoltz. M. Pajot, therefore, sums up once more and more fully his opinion:—

"When the passages are less than five *centimetres* and at full period—when a cephalotribe can be passed into the womb—I never practise the Cæsarean operation. When I am consulted at an early period, I produce abortion; and I should consider myself guilty if I allowed the full period to arrive, in order then to perform the Cæsarean section. In my opinion, the Cæsarean section is an operation which should never be chosen. Certainly, if there be no other resource, it is better to perform it than let the woman die; for, at all events, one life may probably be thereby saved. If hundreds of successful cases of this operation can be counted, it has been fatal thousands of times. Since the days of printing, however, there has certainly not been a successful case which has not been published. In my opinion, to prefer this operation is not merely a sign of the infancy of art; it is not art at all; but the inspiration of the savage, who cuts down the tree in order to get at its fruit. To recommend abortion in the company of men like Dubois, Velpeau, Cazeaux, etc., is to recommend, we are told, *fœticide*; to meditate the Cæsarean operation is to prepare for a scientific assassination. Professor Stoltz calls me rash; but I consider his opinion belongs to another age. In countries darkened by certain ideas, with which I have here nothing to do, we find many accoucheurs who are of M. Stoltz's opinion: With us in Paris, the centre of advanced ideas, very few or none are found to hold such views. Paris was never further from Rome! I respect M. Stoltz; but on this point we shall never agree. I do not hope to persuade him; nor will he ever persuade me. We are destined on this subject, both of us, to die in final impenitence. One word more. During upwards of twenty years, I have constantly asked of my auditors which of them would choose the Cæsarean operation. Amongst upwards of 9000 medical men, I never met with but one, who asserted that he should prefer it, and he was an *officier de santé*. Moreover, certainly every father would be of my opinion, every mother, every woman, and, I hope, also some husbands. Against me, I have M. Stoltz, my most illustrious opponent, a very few French accoucheurs—most of them *celibataires* and without children—and intolerance."

THERE are, it appears from the following statement, public hospitals in America, which publicly announce the fact that they are ready to receive private patients on the payment of a given sum. Thus we read:—

"The Chicago City Hospital was erected by the city at a cost of seventy-five thousand dollars. It is pleasantly located, its wards are spacious, and the arrangements for ventilation and bathing are perfect. It contains a medical, surgical, and obstetric department; also a special department for the eye and ear. Private patients may occupy separate apartments, and will be admitted from any part of the county by paying from three



five dollars per week for board, washing, nursing, and medical attendance."

This is the proper mode of answering the objections of those who maintain the propriety of the *vice gratis* system.

One of the characters not uncommonly laid down characteristic of a barbarous nature is the fact of infanticide being one of its ordinary practices. We are, for instance, accustomed to read with horror of this practice as carried out in China; and yet it appears that here, in this very centre of civilisation, infanticide is a thing of daily occurrence. Dr. Lankester has lately very properly called especial attention to the horrible fact, which appears to be continually on the increase. Unfortunately it happens that people are apt to familiarise their minds to crimes, even of this character, when brought before them as things of daily occurrence. This is one of the punishments of crimes. That they tend to utilise still more and more those who practise them. Dr. Lankester's words are well worthy of the serious attention of the community. It is high time that some strenuous efforts were made to arrest this rot on the social life of our country. There is the danger that such constant familiarity with the sin of infanticide may render its hideousness less and less to the eyes of the community; and, consequently, that the crime may continually go on increasing:—

"At an inquest held in Islington, Dr. Lankester made some remarks on the very large number of cases of infanticide which occur in the metropolis, and on the failure of justice in instances where there is too much reason to suspect that actual murder has been committed. He regretted to state that such cases were constantly occurring in London. He believed he held nearly one inquest a day on the bodies of newly-born infants. These children were found under three different classes of circumstances. First, there were cases in which there could be no doubt that premeditated violence had been used—cases in which the child had been born alive and had lived for some short time, but in which the parents, or either of them, had determined to get rid of it by putting it to death. In such instances, juries had little difficulty in finding a verdict of wilful murder; but too frequently that verdict had to be given against 'a person or persons unknown.' Again, there were cases in which there was no evidence of violence; but in which it would appear that the child had died shortly after birth from causes which had occurred during birth; or, as was perhaps the fact in the case then under consideration, in which the child had died from natural causes, and in which, because of illegitimacy, the mother, feeling ashamed of her position, took advantage of the death and got rid of the body as best she could. There was another class of cases—that of children who had not been born alive. So common was it, that the police seemed to think no more of finding a dead child than they did of finding a dead cat or a dead dog."

DR. W. T. GAIRDNER of Edinburgh has been appointed, by the Queen, Professor of Medicine in the University of Glasgow.

## SPONTANEOUS GENERATION.

JEFFRIES WYMAN, M.D., Hersey Professor of Anatomy in Harvard College, has related a series of Experiments on the Formation of Infusoria in Boiled Solutions of Organic Matter, enclosed in Hermetically Sealed Vessels and Supplied with Pure Air.

Pasteur, in his admirable researches on fermentation, has brought forward experimental evidence to show that this process depends upon the presence of minute organisms in the fermenting fluid, and that the source of all such organisms is the atmosphere. In support of this opinion, he asserts that when a fluid containing organic matter in solution is put into a flask and "boiled two or three minutes," and supplied only with air which has been filtered by passing through a tube heated to redness, and the flask is then hermetically sealed, no fermentation takes place, no organisms are formed, and that the contents remain indefinitely without change. But if the same solution is exposed to the air in its ordinary condition, it becomes filled with various living forms. Out of a large number of experiments prepared in the manner above described, he has not known one to give a different result from that mentioned.

[Professor Wyman then details his own experiments on the subject at length, and concludes thus:]

The result of the experiments here described is, that the boiled solutions of organic matter made use of, exposed only to air which has passed through tubes heated to redness, or enclosed with air in hermetically sealed vessels and exposed to boiling water, became the seat of infusorial life.

The experiments which have been described throw but little light on the immediate source from which the organisms in question have been derived. Those who reject the doctrine of spontaneous generation in any of the forms in which it has been brought forward, will ascribe them to spores contained either in the air enclosed in the flask or in the materials of the solution. In support of this view, it may be asserted that it has been proved by the microscopical investigations of Quatrefages, Robin, Pouchet, Pasteur, and others, that the air contains various kinds of organic matter, consisting of minute fragments of dead animals and plants, also the spores of cryptogamous plants, and certain other forms, the appearance of which, as Quatrefages says, suggests that they are eggs. We have made some examinations of our own on this subject, but it would be unnecessary to give the results in detail. We will simply state that we have carefully examined the dust deposited in attics, also that floating in the air collected on plates of glass covered with glycerine, and have found in such dust, in addition to the *débris* of animal and vegetable tissues, which last were by far in the greatest abundance, the spores of Cryptogams, some closely resembling those of Confervoid plants, and with them, but much less frequently, what appeared to be the eggs of some of the invertebrate animals, though we were unable to identify them with those of any particular species. We have also found grains of starch in both kinds of dust examined, to the presence of which Pouchet was the first to call attention. When compared with the whole quantity of dust examined, or even with the whole quantity of organic matter, both eggs and spores may be said to be of rare occurrence. We have not in any instance detected dried animalcules which were resuscitated by moisture; and when the dust has been macerated in water none have appeared until several days afterwards, until after a lapse of time, when they would ordinarily appear in any organic solution.

Those who advocate the theory of spontaneous generation, on the other hand, will doubtless find, in the experiments here recorded, evidence in support of their views. While they admit that spores and minute eggs



are disseminated through the air, they assert that no spores or eggs of any kind have been actually proved by experiment to resist the prolonged action of boiling water. As regards Vibrios, Bacteriums, Spirillums, etc., it has not yet been shown that they have spores; the existence of them is simply inferred from analogy. It is certain that Vibrios are killed by being immersed in water the temperature of which does not exceed 200 deg. F. We have found all motion, excepting the Brownian, to cease even at 180 deg. F. We have also proved by several experiments that the spores of common mold are killed both by being exposed to steam and by passing through the heated tube used in the experiments described in this article. If, on the one hand, it is urged that all organisms, in so far as the early history of them is known, are derived from ova, and therefore from analogy, we must ascribe a similar origin to these minute beings whose early history we do not know; it may be urged with equal force, on the other hand, that all ova and spores, in so far as we know anything about them, are destroyed by prolonged boiling; therefore, from analogy we are equally bound to infer that Vibrios, Bacteriums, etc., could not have been derived from ova, since these would all have been destroyed by the condition to which they have been subjected. The argument from analogy is as strong in the one case as in the other. (*American Journal of Science.*)

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
EAST YORK AND NORTH LINCOLN. [Ordinary.]	Queen's Hotel, Withernsea.	Wednesday, Sept. 24th, 3.30 P.M.
BATH AND BRISTOL. [Ordinary.]	The Athenæum, Corn Street, Bristol.	Thursday, Sept. 25, 7 P.M.
MIDLAND. [Quarterly.]	Board Room of the County Hospital, Lincoln.	Friday, Sept. 26, 7 P.M.

### SOUTH-EASTERN BRANCH:

#### ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD DISTRICT MEETINGS.

The first meeting in the ensuing winter session will be held at the Crown Hotel, Rochester, on Friday, September 26th, at 3 P.M.

Dinner will be provided punctually at 5 P.M. The price of the dinner ticket will be five shillings, exclusive of wine.

Trains will leave for London and all stations on the North Kent Line at 8.20; and for Canterbury and Dover at 8.47.

Gentlemen intending to dine, are requested to give notice on or before Wednesday, September 24th, to Dr. MARTIN, Rochester; or to

JAMES DULVEY, *Honorary Secretary.*

New Brompton, Chatham, September 1862.

### SOUTH-EASTERN BRANCH:

#### EAST KENT DISTRICT MEDICAL MEETING.

The fifth meeting was held at the Ship Hotel, Faversham, on the 11th inst.; T. HECKSTALL SMITH, Esq., President of the South-Eastern Branch, in the Chair.

The PRESIDENT opened the meeting by saying it gave him very great pleasure to join his brethren in East Kent; that he should always endeavour to take his place amongst them, and to do all he could to promote these scientific and social meetings.

The minutes of the last meeting were read and confirmed.

*Next Meeting.* It was unanimously agreed that the next meeting should be held at Canterbury, on the 6th of November.

*Papers.* The following papers were read, and have been received for publication in the JOURNAL.

1. Compound Dislocation of the Ankle-Joint. By E. Garraway, Esq.

2. Nine Cases of Placenta Prævia. By G. Rigden, Esq.  
3. Fracture of the Facial Bones: Sloughing: Ligature of the Carotid. By E. Garraway, Esq.  
After the meeting, the members dined together.

## Progress of Medical Science

ACID PHOSPHATE OF LIME IN PHTHISICAL SPUTA. Professor Maggiorani has observed that frequently, in an advanced state of phthisis, the sputa turn litmus-paper of a deep red colour, as if it had been plunged into mineral acid. The acid reaction of the sputa had been already observed by Reale in pneumonia which had gone on to hepatisation; and other physicians had noticed it in bronchitis. Having washed a quantity of phthysical sputa in distilled water, Dr. Maggiorani removed the albumen by boiling, evaporated the liquid and neutralised it with potass; on which he obtained characteristic indications of a soluble phosphate.

He gives the following explanation of the presence of acid phosphate (most probably of lime) in the sputa of phthysical patients at an advanced stage. The most remarkable action of phosphates on the gases of respiration consists in the absorption of carbonic acid, by virtue of chemical affinity. It is known that even weak acids removed from neutral or basic salts a portion of their base, and combine with it; so that the neutral salt in its turn becomes acid. Consequently, when there are already present in the lung deposits of organic matter containing alkaline and earthy phosphates, the carbonic acid may combine with a portion of the soda and lime, converting the salts into acid phosphates, and forming carbonates. In this way are explained the production of carbonate of soda, and the origin of acid phosphates, the irritating action of which is felt on the parts where they are produced, and over which the expectorated matter passes.

The presence of acid phosphates and their acrid property accounts for the extent of the corrosions observed in pulmonary caverns, better than simple inflammation. The same theory may also be applied to many other cases, in which tissues undergo deep ulceration, which cannot be accounted for by the amount of the inflammation. It is enough that a free acid (such as butyric, lactic, or uric acid) be proved in contact with the neutral phosphates, for an excess of phosphoric acid to be left in the salts, so that they manifest their acrid and corrosive qualities. Thus, if the coating of the tongue contain at the same time phosphates and a fatty acid, placed in favourable circumstances for acting on each other, ulceration of the buccal mucous membrane may be expected. (*Lo Sperimentale e L'Ippocratico*, and *Presse Médicale Belge*, 13 Juillet 1862.)

WOUND OF BOTH VENTRICLES OF THE HEART: RECOVERY. Pierre de Luca, of Bologna, was stabbed with a knife on Aug. 23rd, 1835, two inches above the left nipple, at a short distance from the sternum. At the end of seventy-eight days, he was discharged cured from the hospital. During this period, the symptoms observed had been, violent palpitation, and purring tremor; a very audible *souffle* under the left clavicle and in the axilla, masking both sounds of the heart, and extending to the right side of the neck, and even to the substernal notch on the right side. There was also a double cardiac pulsation; viz., between the fifth and sixth ribs; and between the third and fourth ribs, but more marked between the fourth and fifth. At the end of some months, the man resumed his occupation of a shoemaker. A tumour then formed under the left clavicle, but disappeared after an attack of pulmonary hæmorrhage, and was completely cured after a course of diet on Valsalva's



lan. A long time afterwards, the man was examined physically, and presented evident signs of hypertrophy of the heart, with a murmur masking the first sound, and heard chiefly at the base of the heart. He was seized with œdema of the lower limbs, enlargement of the liver, colic, bilious vomiting, and enteralgia; and died in the hospital at Bologna, on April 12th, 1855—nineteen years and seven months after the receipt of the wound.

On *post mortem* examination, the heart was found to be excentrically hypertrophied; the pericardium was thickened, and adhered to the surface of the heart by numerous bands, of which some were encrusted with calcareous matter. At the anterior part of the right ventricle, near the semilunar valve, was a quadrilateral spot about three *centimètres* (rather more than an inch) in extent, of a white opaque colour, and evidently consisting of a cicatrix. A similar spot was found in the interventricular septum directly opposite the other; and also at the posterior angle of the mitral valve, which was cleft, and its two borders converted into two large tendinous cords.

M. Brugnoli, who reports this case, calls attention to the following circumstances connected with it. 1. The dilatation of the pulmonary artery, in consequence of the two ventricular cavities being thrown into one, so that the arterial and venous bloods were mixed. 2. The cessation of hæmorrhage from contraction of the muscular fibres of the heart, so that the adhesive inflammation was allowed to unite the divided parts. 3. The fragments of pericardium pushed by the instrument into the wound of the heart contributed to its closure. 4. According to M. Brugnoli, the ossification of the exudation was a consequence of pericarditis. 5. The purring tremor was caused by the communication between the ventricles; and the bellows-murmur, very marked at the systole, by the mixture of the arterial with the venous blood. (*Bulletino delle Scienze Mediche, et Presse Médicale Belge*, 20 Juillet 1862.)

**CYST PRODUCED BY THE PRESENCE OF A FOREIGN BODY IN THE UMBILICUS.** Dr. Roques relates the following remarkable case. F., aged 32, a soldier in the 32 regiment of the line, returned from six months leave of absence on May 2nd, 1861, and was admitted into the military hospital of St. Martin at Paris, on account of a violent pain which he had had for a fortnight in the umbilical region. The part was hot and swollen. When a probe was introduced, a hard body was felt, and some pus escaped. The symptoms continued, with a steady abundant discharge of pus, until May 22nd, when the patient was seized with violent spasms, and felt severe pain at the umbilicus. No pus had escaped since the preceding evening. A round body, of nacreous aspect, projected at the umbilicus, and was expelled by a forcible action of the abdominal muscles. Pus mixed with blood escaped, to the amount of nearly half a wineglassful; and the patient felt much relieved. From this time the patient improved, and was discharged cured on June 6th.

The substance expelled was of the size of a sparrow's egg, and round. It presented no rent in the envelope, which was entire and of a sebaceous odour. It was of the colour of aponeurotic tissues, glistening and vitreous. The centre was hard, and was found to consist of a piece of marly clay, of the size of a pea, in which were embedded some grit and cutaneous hairs of the same colour as the patient's. It was enveloped in a series of at least six layers of aponeurotic tissue, each independent of the others, and having hairs deposited between two of them. The *débris* removed by suppuration were evidently the external layers of the cyst broken down.

It was found that the man was a stone-cutter, and had worked at his trade during his absence. He had worked in his shirt-sleeves; and it is not impossible that the

portion of clay may have passed within his shirt, and have been pressed into the umbilicus by the belt which he wore. The patient recognised the piece as being perfectly similar to the clay covering the stones which he had been cutting. (*Gazette des Hôpitaux*, 8 Juillet 1862.)

**LOGWOOD AS A DISINFECTANT.** M. Desmartis believes extract of logwood superior to every other agent for disinfecting wounds. He had under his care patients affected with cancer, who had large ulcerated wounds exhaling a most nauseous odour. He applied, as an astringent, an ointment composed of equal parts of extract of logwood and of lard. The stench disappeared at once, and the discharge was much lessened. On discontinuing the use of the ointment for some hours only, the odour returned, and the purulent secretion became abundant. These phenomena were observed in several patients, and constantly occurred whenever the experiment was made. M. Desmartis has used extract of logwood with success to prevent and arrest gangrene following amputations and wounds. The logwood may be used alone, or with hæmostatic remedies, such as ergotine, perchloride or persulphate of iron, etc. It may be used also in powder, or in a lotion made with hot water. (*Répert. de Pharmacie*, Juin 1862.)

**COMMENCEMENT OF PERIUTERINE HÆMATOCELE.** In the *post mortem* examination of the body of a girl aged 16, who died of continued fever, M. Dumont-Pallier had an opportunity of observing retro-uterine hæmatocele in an early stage. She had menstruated once, two and a half months before her illness. An effusion of from five and a half to seven ounces (avoirdupois) of reddish serum was found in the pelvis. There were no clots: a tumour of the size of a hen's egg, evidently belonging to the right ovary, was found in the effused fluid. There were no traces of peritonitis. A single stellate whitish cicatrix was found on the posterior part of the left ovary. On the right side, the Fallopian tube was free from adhesions; towards the external third, it contained a small quantity of purulent, sanious greyish mucus. The right ovary formed the substratum of a tumour of the size and shape of an egg; its colour was brown, and the surface smooth and free from false membranes. At its depending portion of the tumour, there was a hard fibrous clot of the size of a pea, continuous through an ulcerated opening with a large clot situated in the cavity of the tumour, which was found on laying it open. Before opening the tumour, red serum was found to escape by drops through the ulcerated opening. The walls of the hæmatic cyst composing the tumour consisted of the ovarian serous membrane, lined with several very fine yellowish layers of fibrine, which were easily detached. The cyst was in direct communication with a Graafian vesicle. Several other vessels in the same ovary presented small sanguineous effusions in their interior. There was no indication of pregnancy, neither in the ovary nor in any other part. (*Gazette Médicale de Paris*, 14 Juin 1862.)

**TREATMENT OF GANGRENE BY OXYGEN.** In a communication read before the Academy of Sciences on April 28th, Dr. Laugier adverted to the fact that M. Raynaud, in an inaugural thesis, had come to the conclusion, from certain experiments by M. Reveil, that the fundamental fact in gangrene consists in a diminution or absence of the oxygen necessary for supporting the life of the tissue. Dr. Laugier had put this to the test in practice. A woman was admitted into the Hôtel Dieu under his care. She had partial gangrene of the great toe; the skin on the instep was painful, changed in colour, and threatened with gangrene. The foot was placed in a simple apparatus containing oxygen, which was not renewed. The gangrene was promptly arrested, and



the parts recovered their healthy state. A slough separated from the toe, and cicatrisation was nearly perfect when the case was reported. Another patient came under Dr. Laugier's care, in consequence of spontaneous gangrene of the two outer toes of the left foot. The neighbouring skin, as far as the ankle, was red, painful, and threatened with mortification. At the time of the report, the oxygen treatment had been applied some days. The progress of the gangrene had been arrested; the skin had regained its healthy appearance; and the pain had greatly diminished. Both patients were seventy-five years of age. (*Gazette Méd. de Paris*, Mai 1862.)

## Special Correspondence.

### DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

SINCE my last communication, a considerable number of interesting events have occupied the attention of the medical world in Dublin; and I think a few brief allusions to the most important may not be uninteresting to your readers.

Not the least momentous was the abortive effort made during last year to establish, and thrust into popularity, a fourth Queen's College, which it was intended to locate in Dublin. A medical journal is no fit arena wherein to discuss the questionable politics of the Queen's University in Ireland. However, viewing the matter in a purely medical point of view, and laying aside, for a moment, the general bearings of the whole scheme, I believe that the failure of this effort is much to be regretted. Of the cause of the miscarriage there can be no second opinion. Obviously it was due to the want of ordinary tact and discretion in the projectors and promoters of the design. It still remains to be seen whether the project may not become available in more judicious hands; and whether a Queen's College, located in Dublin, may not yet very favourably influence medical affairs in this city.

Existing corporate bodies will unquestionably be found to bristle up at the notion of "rivals in power"; but in their very discontent we may read the necessity of a check and balance to unopposed monopoly, and clearly individuals must suffer for the public benefit. We seem to verge rapidly towards free trade in degrees and diplomas; and although we may not individually advocate such a policy, we cannot disguise from ourselves that, if there be evil in such a state of things, no doubt there is much good also.

Referring to the point at issue, were a Queen's College established now in Dublin, empowered to qualify for the Doctorate in Medicine of the Queen's University, and for the License in Surgery, which rumour tells us that University is about to grant, I feel no hesitation in stating that the Queen's University would rapidly become the supreme licensing body of Ireland. Students might then look forward to obtaining the degree of M.D. without leaving their country, or without submitting, as they are at present compelled, if candidates for the qualification of the Queen's University, to the preposterous formality of deserting the metropolis for a whole session, in order, forsooth, to learn physic in Belfast,

Galway, or Cork. The M.D. degree once obtained, the surgical license would, as a matter of course, be taken from the same university, and the young practitioner whether his destination be the army, navy, or colonies would possess qualifications entitling more naturally to government patronage than any at present in existence.

Whether a new College be established in Dublin, or not, it is much to be desired that the absurd obligation of leaving the metropolis for the provincial colleges be abolished by the senate of the Queen's University. Such a restriction is unworthy of the age in which we live, and is not demanded even by the University of London.

Now that it has been clearly established that the King and Queen's College of Physicians cannot legally give the title of M.D., and that its Licentiates and Fellows cannot register as such, it becomes peculiarly desirable that facilities should be given to those who seek that title, and still are debarred by deficient general education from graduating in Trinity College, Dublin.

Leaving the *questio vexata* of the Queen's College, I may pass on to mention the latest news about the King and Queen's College of Physicians.

On the 1st of July, the foundation-stone of the new building for the College was laid by the Earl of Carlisle, and, a few days subsequently, a grand *déjeuner* was given by the President, Dr. Corrigan, to the principal members of the profession in Dublin. About the same time, an alteration in the laws of the College relating to the admission of Fellows was announced. According to the last charter, none were eligible as Fellows except the graduates in medicine of Oxford, Cambridge, and Dublin. Now this restriction is done away with, a Bill to that effect having been passed during last session in the House of Commons.

The recent conduct of certain medical periodicals with reference to the *BRITISH MEDICAL JOURNAL* has been a source of much amusement among many circles here, and we trust it has not been without a salutary lesson at the bottom of the joke. When journals lose self-respect to the extent lately manifested, it is hardly reasonable for them to look for the confidence and esteem of others. At any rate, the medical public now understand better than ever on whose integrity they may rely, and whose cupidity and selfishness they must guard against, and are not likely to be imposed upon by misrepresentations, be they ever so cunningly put forward and industriously disseminated in circulars and handbills.

In my last communication I noticed the opening of a magnificent charitable institution—"The Mater Misericordiae Hospital". I also detailed the names of the medical officers appointed thereto. Two, out of five who were promoted from Jervis Street Hospital, immediately resigned their appointments in the latter institution. In their room were elected Dr. McSwiney and Mr. Tyrrell. I also mentioned the lamented death of Mr. Cusack, by whose demise many responsible offices became vacant. Dr. Robert Adams has been appointed in his room as Regius Professor of Surgery in the University of Dublin; Dr. Fleming has succeeded him as Consulting-Surgeon to Steevens' Hospital; and Mr. Hamilton, of the Richmond Hospital, has been elected in his place as Visiting-Surgeon to Swift's Hospital.



I had intended touching on several other important subjects, but for the present must not trespass further on your space.

## Correspondence.

### GRATUITOUS MEDICAL SERVICES.

LETTER FROM P. H. WILLIAMS, M.D.

SIR,—As the subject of Gratuitous Medical Services has again been introduced in the JOURNAL, I beg to make a few remarks that ought to have been sent to you on a former occasion.

There appear to be two distinct kinds of unremunerated medical assistance: the one, in the opinion of many of our brethren, reasonable, proper, and beneficial; the other, in the opinion of a vast majority, unreasonable, improper, and injurious. Unless this distinction be kept in view, it is in vain to attempt a logical discussion.

What, let me ask, is *proper* gratuitous advice as approved, theoretically and practically, by so many distinguished members of our profession? Is it not this? A number of influential residents in a town or county agree to found an institution for the relief of their poor neighbours who are unable to pay for medical and surgical help when illness or accident befall them. These generous persons also undertake to subscribe annually, and to provide everything that can be required for the comfort and recovery of the patients. They then request certain physicians and surgeons to unite in their charitable design, and to contribute their time and skill to render the scheme of benevolence effective, mutual, and complete. There is thus, as it seems to me, a legitimate, honourable, and invaluable *cooperation for good*; nor can I conceive a valid objection to the arrangement, if it be fairly carried out. And in what must this fairness consist? Clearly, in not admitting any patients who have the ability to employ a general practitioner at their own expense, excepting such serious surgical cases as, in his judgment, cannot be satisfactorily treated at home. Under these latter circumstances, the aid rendered at the hospital need not and ought not to be gratuitous; but just compensation should be made both to the medical man and the institution.

The next questions are: Can the rule mentioned be enforced? Will the admissions be limited to those who are, *bonâ fide*, incapable of paying for advice and medicine without depriving themselves or families of the common necessities of life? In reply, I can only adduce as evidence, four provincial institutions with which I have been connected; and in each of which I can testify that the laws adopted by the subscribers to prevent imposition by false representations of poverty have been carefully regarded. Every one is, of course, liable to occasional deception; but my belief is that uniform vigilance exercised by a medical staff would almost invariably obviate the difficulty of discriminating between those who ought and those who ought not to be recipients of charity.

With reference to the London hospitals, I say nothing. If it be granted that grave abuses exist in them, or any of them, the fact does not impair the soundness of the principle which I advocate; it only shows that adherence to the orthodox standard is not so easy in the metropolis as in the provinces. Thus much for proper gratuitous advice connected with public institutions.

Does not a similar rule pertain to private applicants? A person asks advice who is unable to pay to a general practitioner even the lowest reputable fee. How are we to act? Surely, as follows: if the person can manage

to purchase the medicine at the nominal charge which respectable druggists are ready to make to the poor, we willingly prescribe; if the patient cannot afford to do this, we recommend him to obtain a letter for a charitable institution; if that be impracticable, we suggest an order from the Poor-law Board. It oftentimes happens, however, that on account of the respectability of a patient who has seen far better days, we not only prescribe, but give the medicine ourselves, or request (never unsuccessfully) a friend to furnish it. Is it not our duty, in all these instances, to render the assistance that time makes possible?

It may be true that some have not time even for an hour's attention to the sick poor. The late Dr. Alison made time, notwithstanding the urgent pressure of daily and nightly occupation. There is another condition which seems to justify gratuitous advice; namely, when a patient is under the care of a general practitioner who, finding the symptoms to be obscure, would gladly have the opinion of a physician, but is not prepared to offer him a guinea. I apprehend that no one would hesitate to respond cordially to such an application made by a *confrère*.

On the second division of our subject; namely, *improper* gratuitous services, or services systematically accorded (*without* payment), to those who possess or can obtain from relatives means for payment, it would be futile to argue. As it is cruel to withhold help from those who are penniless, so it is dishonest to give help to those who can purchase it. Nothing can excuse a man whose fees are higher for robbing of his daily bread the man whose fees are lower; and he virtually does this who, for the sake of professional notoriety, or pseudo-philanthropy, ministers without pecuniary reward to the relief of those who are in a position to make adequate remuneration to competent, albeit less ambitious and less expensive practitioners.

Apologising for this hastily written letter,

I am, etc.,

PHILIP H. WILLIAMS,  
*Sen. Phys. to the Worcester Infirmary.*

September 9, 1862.

### THE TITLE OF DOCTOR.

SIR,—I learn from your remarks on "the title of Doctor"—remarks intended to "rectify" "a not unnatural mistake" of "a correspondent"—that whilst the College of Physicians of London cannot permit either a Fellow or a Member, being a non-graduate of a university, to assume the title of Doctor, yet such a person may "prefex Doctor before his name" with impunity, because the letters Dr. "represent nothing demonstrative of his illegally assuming the title of *Doctor of Medicine*".

Now, sir, I may be permitted to observe that the statements from which the above is taken—statements to be found in your issue of September 6th inst.—appear to myself but as the mere vehicle of a sop thrown to Fellows and Members of the College *minus* the medical degree. The position taken by yourself, Mr. Editor, in the last number of our JOURNAL, would of itself assure me, if I had not already felt assured, that the College has placed itself in a difficulty by this title question. Some two or three months since you, sir, wrote with some warmth, I think, in defence of the recognition and use by the College governing body of the "courtesy title", as you were pleased to name it, of Doctor, in so far as the present non-graduate Fellows and Members were concerned. Now, however, you imply that we are to be thankful that the College will not and "cannot interfere with him who puts Dr. before his name"; for "Doctor is, after all, only a kind of honorary title". You add: "The College has been much blamed in that, having once permitted certain of its Licentiates" (query, *Fellows and Members*) "to assume the title of Doctor, not



possessing a degree, it now strenuously opposes their doing so. But the answer is plain. If the College erred in past days, there is no reason why it should continue in its erroneous ways. This is the exact state of the case, as far as the College is concerned."

The last paragraph is not, I fear, so *exact* as you, sir, claim it to be. I am compelled to look at the acts of the College from another point of view. Some twenty years ago—*i.e.*, in 1842—I became, after examination, an Extra-Licentiate of the Royal College of Physicians of London, having been during the eight or nine preceding years a surgeon and apothecary, as by law established. In 1859, I was elected a Member of the College. Now, on looking over my diploma, my attention is arrested by the following few and eminently expressive words; *viz.*: "*Summis honoribus, et titulis, et privilegiis, quæcunque hic vel alibi medicis concedi solent intra auctoritatis nostræ limites frui dedisse.*" Let me ask how, in the face of such a declaration, can the College now ignore any right and claim to the *honours and titles and privileges* which Dr. Mayo, and Drs. Sutherland, B. Jones, Bennett, and the late Dr. W. Baly, as accredited representatives of the College, have guaranteed to me in my diploma just quoted? On what ground can or *has* the College taken from me the "*titles*", to say nothing of the honours and privileges (these latter we Fellows and Members can take all care of), which its Examining Board gave me in 1859, to enjoy here and everywhere as physicians are wont to enjoy them, and which were, in point of fact, sold to me, and duly paid for? I do not agree with you, Mr. Editor, that there is any "difficulty" here.

One word more. Of Fellows and Members, (I know nothing of the Licentiates of past or present times), being non-graduates, there are, I think, something under one hundred. We are all, I fancy, on the average, over fifty years of age. Why is not the College content to let *us* die in peace, and *itself* escape the obloquy of a bye-law whose operation needs not have been made retrospective? It is *not* on this principle that *reforms* of a social and political character are commenced and carried through. Quite the contrary.

I rely, sir, on your own high sense of right, and not the less on the great and deeply felt interest which attaches to the question you have again brought so prominently to the attention of your readers, to allow the insertion of this letter in an early number of the JOURNAL.

I am etc.,

A MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS  
OF LONDON.

September 8th, 1862.

[Surely our correspondent will understand, if he will reread our remarks, that what we said was simply the matter of fact; *viz.*, that any Member of the College may with impunity prefix *Dr.* to his name; but that, if he call himself *Doctor of Medicine*, not having that title, he subjects himself to the penalties of bye-laws. The "throwing of the sop", and the being "thankful to the College", etc., are all M.R.C.P.'s own inferences, quite unwarranted by any words of ours. EDITOR.]

## THE RECENT BYE-LAWS OF THE COLLEGE OF PHYSICIANS.

SIR,—I should like to add a few words of explanation to your editorial remarks of Saturday last on this subject. You say that the London College permitted its Licentiates to assume the title of Doctor before 1859; whereas the College not only permitted this, but itself adopted and applied this very title in all official communications to them. In this fact lies the whole gist of the matter; and I ask with confidence, would the diploma of the College have been sought, a severe examination passed, and a large admission fee paid, by

those candidates who were not graduates (several of them now Fellows or Members), but for the knowledge that this title of Doctor was to be so obtained? And further, is the withholding it now (without apology or explanation) from those I allude to consistent with ordinary fair dealing, or with what is due from one gentleman to another? I am, etc.,

M.R.C.P. LOND.

## DR. CLAY AND HOMŒOPATHY.

SIR,—In the JOURNAL of September 6th, you take notice of the fact that Dr. Clay of this city has, through his solicitor, unequivocally denied having met a homœopath in consultation at Hanley. The gentleman there who accused him of so doing has, I believe, on the strength of that denial, withdrawn his assertion of the fact. This is all, so far, as it should be. But would you allow me, through your columns, to direct Dr. Clay's attention to an article in a recent number of the *Homœopathic Observer*. This little journal is a good specimen of the sort of thing we are often asked to recognise as an organ of orthodox medicine; it is circulated widely in Manchester among the devotees of globulism, who, of course, never see an ordinary medical journal; and I think that it becomes Dr. Clay to deal at least as hard measure to his homœopathic detractor as to his professional one. Doubtless, the unfortunate editor never dreamt that a medical man whose "deserve and eminent position permits him to be guided by true spirit of philanthropy", and who "despises the tyrannising influence of lesser men", would consider it an actionable statement that he had met a homœopath in consultation. Such being the case, however, I afford Dr. Clay the opportunity to make him retract his unpleasant flattery in the way that he seems to prefer—*viz.* by threatening him with an action.

In connexion with this affair, however, we are not yet satisfied in Manchester. Dr. Roberts, one of our most earnest scientific inquirers, a general favourite with the profession, and a leading member of the Association made a distinct statement that Dr. Clay did meet homœopaths. For this he also is threatened with an action, still pending. Now, when such men are concerned, the profession here cannot rest satisfied without an explanation. Either Dr. Roberts spoke the truth, or he did not. If he did not, Dr. Clay should speak out boldly, and say so; and the profession would compel Dr. Roberts to retract or bring his proofs. If he did, then it is unfair that he should be kept with an action hanging over his head for making an assertion of a simple fact, without comment, which is unpunished when made by a homœopathic editor to the general public.

I make no further comment; but nothing would give me greater pleasure than to see both gentlemen come clear out of this affair. Till, however, it is cleared up one at least of them cannot but be very unfavourably judged by

A MANCHESTER MAN.

Manchester, September 13th, 1862.

AN AMPUTATION TWO-HUNDRED YEARS AGO. In the Lac des Minimes, recently dug in the wood of Vincennes the workmen discovered the foundation of a chapel of the convent, and near them two leaden coffins and a box of the same metal. On opening the coffins they were found to contain the embalmed bodies of a woman, about 35 years of age, and a girl of 9 or 10. The box bore the words, "Right arm of M. de Rambure, 1633." The bodies and arm had all been embalmed, and were in tolerable preservation. The arm had been cut straight through without taking any part of the flesh and skin to turn over the stump as now practised. It is mentioned in Moreri's dictionary that M. Rambure, surnamed the Brave, who had distinguished himself in several battles, died in 1633 after having his arm amputated.



# Medical News.

**APOTHECARIES' HALL.** On Sept. 11th, the following licentiates were admitted:—

Hodson, Thomas, Cocking, Sussex  
Kernot, Abraham Bowerman, Great Wakering, Essex  
Leigh, Richard Hodges, Barbican, London  
Newman, Anthony John, Newport, Monmouthshire  
Threadgale, Robert Easey, Heveningham, Suffolk  
White, Arthur Calcutta, Rawreth, Essex  
William, William Rhys, Stotfold, Baldock

At the same Court, the following passed the first examination:—

Atherton, Ebenezer, Guy's Hospital  
Scott, Robert John, St. Thomas's Hospital  
Worger, Thomas Hewlett, St. Bartholomew's Hospital

## APPOINTMENTS.

HOLMELEY, William, M.D., appointed Lecturer on Medicine at the Grosvenor Place School of Medicine.

YFE, George, M.D., elected House-Surgeon to the Chester General Infirmary.

AIRDNER, William T., M.D., appointed Professor of the Practice of Physic in the University of Glasgow, in the room of J. Macfarlane, M.D., resigned.

EATON, C. W., Esq., appointed Lecturer on Chemistry at the Charing Cross Hospital Medical School.

OMAS, William, Esq., appointed Lecturer on Practical Anatomy at the Grosvenor Place School of Medicine, in the room of J. T. Arlidge, M.B.

ATTHIESSEN, Dr. Augustus, appointed Lecturer on Chemistry at St. Mary's Hospital Medical School.

ATERSON, George A., M.D., appointed Vice-Commissioner of Lunacy in Scotland, in the room of the late A. W. Cockburn, M.D.

HARMAN, John, Esq., appointed Lecturer on Anatomy at the Grosvenor Place School of Medicine, in the room of \*G. B. Halford, M.D.

ANNER, Mark, M.D., appointed Consulting-Physician to the Western Dispensary, Westminster, in the room of \*F. Bird, M.D.

FERRY, Henry, Esq., appointed provisionally to act as Surgeon to the Northampton Borough Gaol.

ELD, Henry J., Esq., elected Surgeon to the Sunderland Eye Infirmary.

## INDIAN ARMY.

'CALLAGHAN, Surgeon D. J., Bengal Army, to be Surgeon-Major.

EYNOLDS, Assistant-Surgeon J., Bombay Army, to be Surgeon.

## ROYAL NAVY.

VANS, Richard, Esq., Assistant-Surg. (additional), to the *Victory*.

AMILTON, William J., M.D., Surgeon (additional), to the *Severn*.

WITH, William, M.D., Surgeon-Superintendent to the *Merchantman* convict ship.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

WIFT, H., Esq., to be Assistant-Surgeon 33rd Lancashire R.V.

HOMPSON, J. B., Esq., to be Surgeon 1st Administrative Brigade Cinque Ports A.V.

## DEATHS.

AVIES, Richard E., Esq., Surgeon, at Colnbrook, aged 57, on September 15.

ILBERS. On September 16th, at Brighton, aged 18 months, Caroline, infant daughter of G. J. Hilbers, M.D.

AMB. On September 12th, at Windsor Terrace, Maida Hill, Louisa, wife of J. Stewart Lamb, M.D.

MOORE, William, L.R.C.P.Ed., of South Shore, Blackpool, at Poulton-le-Fylde, aged 46, on September 10.

URNER. On September 14th, at Lewes, aged 24, Clara Ann, wife of Richard Turner, Esq., Surgeon.

WEBB, Charles K., Esq., at Exeter, aged 54, on September 14.

**VACANCIES.** The following appointments are vacant:—

House surgeon to the Stamford Infirmary; medical officer to the Balla Dispensary, District of Castlebar Union, County Mayo; medical officer to the fourth and fifth Districts of the Southwell Union, Nottinghamshire.

**GARIBALDI'S WOUNDS.** The *Movimento* of Genoa publishes the following bulletin on the state of General Garibaldi's wounds, dated Varignano, September 13: "Nothing new in general. The suppuration is sufficiently abundant, and splinters are beginning to work themselves out." The *Press* of Vienna, of the 13th, contains the following: "We are indebted to a chance circumstance for

some correct details respecting Garibaldi's state. A physician of this city received yesterday a minutely accurate description of Garibaldi's case drawn up by his medical attendants, with a request that he would give his opinion in writing, as personal motives prevent him from going to La Spezzia. The surgeon in question says that if the phlebitis formed at the lower part of the ankle cannot be overcome very speedily, amputation will be inevitable. He declares that the wound is very serious, and in even the most favourable issue must have unpleasant consequences; that, even supposing Garibaldi to escape amputation, he will be lamed for life, and subject to frequent attacks of pain. As nothing was said of the other wound, the probability is that it presents no dangerous symptoms."

**THE SCIENTIFIC BALLOON EXPERIMENT.** It hardly required an expensive and perilous ascent to the extent of six and a-half miles into the sky to ascertain two things, already sufficiently proved by Alpine ascents and by other ascertained facts—viz., firstly, that in a very rarefied atmosphere respiration is very difficult, and, of course, that in a still more rarefied atmosphere it is impossible; secondly, that at such altitudes it is very cold. Both these facts were perfectly well known before the recent scientific ascent. It was perfectly well known that a man, to maintain healthy life, requires to inhale so many cubic feet per hour of atmospheric air, and to exhale it, *minus* a given quantity of gases which his lungs extract from it and retain. It was equally well known that a certain amount of cold renders a man torpid, and, in fact, kills him; and it was further equally well known that as you ascend from the surface of the earth both the rarefaction of the atmosphere and the cold increase. The analytical conclusion was obvious: ascend only high enough, and you will not only not get anything like the amount of cubic feet of air that you require, but you will be numbed by cold into insensibility. It hardly required to go up six miles in a balloon with a barometer to ascertain this, any more than it would require the actual experiment that Ensign Macbean made with his mare to find out that she could not live upon a straw a day. (*Morning Herald*.)

**THE BRITISH ASSOCIATION.** The British Association for the Advancement of Science will hold its thirty-second annual meeting at Cambridge on Wednesday, October 1st. The President for the year is the Rev. Professor Willis; and the Vice-Presidents are, the Very Rev. the Dean of Ely, Professor Whewell, Professor Sedgwick, the Astronomer Royal (Mr. G. B. Airy), Professor Stokes, and Professor Adams. The general secretaries are Professor Phillips and Mr. Hopkins; and the local secretaries are Professor Babington, Professor Liveing, and Mr. Ferrers. The first meeting of the general committee will be held early in the afternoon of the day of meeting; and in the evening the first general gathering of the members will be held in the Town Hall, when Mr. Fairbairn will resign the chair to Professor Willis, upon whom devolves the task of delivering the customary inaugural address. The sectional meetings will commence in rooms at the Town Hall on Thursday, the 2nd of October, and will be continued *de die in diem* until Tuesday, the 7th of October (Sunday, of course, excepted). The mathematical and physical science section will be presided over by Professor Stokes; the chemical science section by Professor Miller; the geological section by Mr. J. B. Jukes, director of the geological survey of Ireland; the zoological and botanical section by Mr. T. Huxley; the economical science and statistical section by Mr. E. Chadwick; and the mechanical science section by Mr. Fairbairn. The geographical and ethnological section seems to be at present without an appointed chairman. On the Thursday evening of the week over which the congress will extend, a *soirée* will take place at the Town Hall; Friday evening will be devoted to a discourse by Professor Willis, and



Monday evening to a discourse by Dr. Odling. A second *soirée* on Tuesday evening will conclude the doings of the week, which will be a memorable one in the annals of Cambridge.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PUBLICATION OF PAPERS READ AT MEETINGS.—We recommend the following remarks of the editor of the *Social Science Review* to the consideration of the editorial department of the *Lancet*.

"We have been repeatedly asked since then to publish this communication; but, as the paper was the property of the Association, we could not, with propriety, so far try to forestall the coming volume of *Transactions*. We have, however, through the kindness of the author, been furnished with the original notes, of which the paper read before the Association was a condensed abstract."

### SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, September 1862.

COMMUNICATIONS have been received from:—Dr. EDWARD COPEMAN; Mr. C. H. MARRIOTT; Dr. G. MITCHINSON; Dr. KIDD; Dr. P. H. WILLIAMS; Mr. J. BROWNIDGE; H. N.; Mr. JONATHAN HUTCHINSON; Mr. JOHN THIMBLEBY; Dr. J. THORBURN; Mr. GAMGEE; Mr. W. PURSELL; Dr. W. H. ARROWSMITH; Dr. THOMAS INMAN; Mr. B. W. BROWN; Dr. MILLER (Southsea); Mr. HUGH NEILL; Dr. W. HITCHMAN; Mr. C. H. L. WEBB; Mr. W. MARTIN; Mr. W. PARKER; and Dr. MUNROE.

### ADVERTISEMENTS

**Dr. Lionel Beale's Clinical Microscopes.** Small Size, with quarter Object Glass, for the Examination of Urine, etc., 30s, complete.

**IMPROVED CABINET of APPARATUS and REAGENTS**, for the Examination of Urinary Deposits, as arranged by Dr. Lionel Beale, price 25s.

**REGISTERED MODERATOR CHLOROFORM INHALER.** The simplicity of this Instrument causes not only a due dilution of chloroform vapour with air, but also a gradual increase from the commencement of the inhalation until the attainment of anaesthesia; is very portable, and can be used in any position.

Made only by W. MATTHEWS, Surgical Instrument Maker to King's College Hospital, 8, PORTUGAL STREET, W.C.

## University College, London.

FACULTY of MEDICINE.—SESSION 1862-63.

The SESSION will open on Wednesday, October 1st.

Introductory Lecture by Professor WILSON FOX, M.D., at 3 p.m.

The Courses of Lectures, etc., will commence on Thursday October 2nd.

Classes in the order in which Lectures are delivered during the day:—

### WINTER TERM.

Anatomy—Professor Ellis.

Anatomy and Physiology—Professor Sharpey, M.D., F.R.S.

Chemistry—Professor Williamson, F.R.S.

Comparative Anatomy—Professor Grant, M.D., F.R.S.

Medicine—Professor Jenner, M.D.

Practical Physiology and Histology—Professor Harley, M.D.

Surgery—Professor Erichsen.

Dental Surgery—Mr. G. A. Ibbetson.

Practical Anatomy—The pupils will be directed in their studies during several hours daily by Professor Ellis and Mr. Berkeley Hill, M.B., F.R.C.S., Demonstrator.

### SUMMER TERM.

Materia Medica—Professor Garrod, M.D., F.R.S.

Pathological Anatomy—Professor Wilson Fox, M.D.

Medical Jurisprudence—Professor Harley, M.D.

Practical Chemistry—Professor Williamson, F.R.S.

Midwifery—Professor Murphy, M.D.

Palæozoology—Professor Grant, M.D., F.R.S.

Ophthalmic Medicine and Surgery—Professor T. W. Jones, F.R.S.

Botany—Professor Oliver, F.L.S.

Practical Instruction in Operative Surgery—Mr. John Marshall F.R.S.

Analytical Chemistry—Professor Williamson, throughout the Session.

Logic, French, and German Languages, Natural Philosophy, Geology, and Mineralogy, according to announcement for the Faculty of Arts.

### HOSPITAL AND CLINICAL INSTRUCTION.

Hospital Practice daily throughout the year.

Physicians—Dr. Jenner, Dr. Garrod, Dr. Hare, Dr. Reynolds.

Obstetric Physician—Dr. Murphy.

Assistant Physician—(Office vacant.)

Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall.

Consulting Surgeon to the Eye Infirmary—Mr. Quain.

Ophthalmic Surgeon—Mr. Wharton Jones.

Assistant Surgeon—Mr. Henry Thompson.

Assistant Ophthalmic Surgeon—Mr. J. F. Streatfeild.

Medical Officer to the Skin Infirmary—Dr. Hillier.

Dental Surgery—Mr. G. A. Ibbetson.

Medical Clinical Lectures by Dr. Jenner, Dr. Garrod, and Dr. Murphy; also by Dr. Reynolds, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease and who gives a series of lessons and examinations on the physical phenomena and diagnosis of disease, to classes consisting of a limited number, and meeting at separate hours.

Surgical Clinical Lectures, especially by Mr. Quain and by Mr. Erichsen.

Lectures on Ophthalmic Cases by Mr. Wharton Jones.

Practical Instruction in the Application of Bandages and other Surgical Apparatus, by Mr. Marshall.

PRACTICAL PHARMACY.—Pupils are instructed in the Hospital Dispensary.

PRIZES.—Gold and Silver Medals for excellence in the examinations at the close of the course in most of the classes.

Liston Gold Medal for Clinical Surgery.

Dr. Fellowes' Medals for Clinical Medicine, two gold and two silver.

Filliter Exhibition for proficiency in Pathological Anatomy, £30.

Longridge Exhibition for general proficiency in Medicine and Surgery, £40.

An Atkinson Morley Scholarship for the Promotion of the Study of Surgery, £45, tenable for three years.

RESIDENCE OF STUDENTS.—Several of the Professors receive students to reside with them, and in the office of the College there is kept a register of parties, unconnected with the College, who receive boarders into their families; among these are several medical gentlemen. The register will afford information as to terms and other particulars.

Prospectuses may be obtained at the Office of the College.

A. B. GARROD, M.D., Dean of the Faculty.

August, 1862.

CHAS. C. ATKINSON, Secretary to the Council.

The Lectures to the Classes of the Faculty of Arts will commence on Tuesday, 14th of October.

The Junior School will open on Tuesday, the 23rd of September.

## The Social Science Review.—

September 20th, 1862.—Price 3d.

CONTENTS:—A Plea for the Executioner.—Pawnbrokers and Leaving Shops.—Governor Kennedy on Convict Discipline.—The Brussels International Congress.—On the Distribution of Suicide in England.—Noxious Vapours.—Diplomatic Education.—Law and Lawyers.—Ladies and Learned Societies.—Marriages of Consanguinity.—The Islands of the Fijis.—The Day.

The Monthly Part for August in neat wrapper is now ready, 1s. 3d.

OFFICE—10, WHITEFRIARS STREET, FLEET STREET.

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THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, SEPTEMBER 27TH, 1862.

### THE REGULATIONS OF THE MEDICAL EXAMINING BODIES.

It has not been our custom to give at this period of the year, like our contemporaries, a number of the JOURNAL devoted to an exposition of the requirements of the various examining bodies of the United Kingdom, and of the curricula of the schools of medicine. On the present occasion, however, we have determined to depart to a certain extent from our rule; and to furnish, from authentic information, the regulations to be followed by those who seek the diplomas, degrees, or licences of the several corporate bodies. Our principal reason for doing this, is to set forth the important modifications which have taken place in medical education since the Medical Act of 1858 came into force. Nor is it unreasonable to expect, that the information given will be acceptable and useful to many of our readers.

Any one who has the opportunity, and will take the trouble, of comparing what is now required of students with what was demanded of them a few years ago, must be at once struck with the advance which has been made—an advance which could scarcely have been *à priori* expected to occur so rapidly if boards of examiners had been allowed to proceed at their ordinary rate of progress, and to act from their “special grace and mere motion”, without the impulse which they have received from the Medical Council.

Among the points deserving special attention, the first is the universal requirement of evidence of a fair *general education*. This is a direct consequence of the resolutions passed by the Medical Council: but indirectly it has arisen out of the demands of the time. It had, long before the Medical Council issued their mandates, been evident to those interested in the welfare of the medical profession, that one great reason why the profession did not hold its proper position in the public esteem, was the deficiency of ordinary education among many of its members. This is more apparent, if one contrasts the position of medical men with that which is accorded to members of other professions, where a greater or less amount of scholastic acquirement has been an ac-

knowledge requisite. The members of the clerical profession, independently of their sacred calling, universally hold a high social status, because they are believed to be educated men; and the same, we believe, may be said of the legal profession. It is therefore a great matter for our profession, that admission into our ranks must henceforth involve the fact that the person admitted has had a liberal education.

Some may perhaps imagine that the demand made may have the effect of reducing the number of persons qualified for the duties of medical practitioners. This argument, if brought forward, would be wholly fallacious; for—to take the church again as an example—it is a notorious fact, that there is no diminution in the number of those who repair to the Universities with the view of entering the church, and who, notwithstanding the general scantiness of the emolument which they have in prospect, enter zealously and assiduously on the expensive curriculum enjoined on them. We have, then, no fear that the authoritative demand for evidence of general education will keep out of the medical profession any man who desires to enter it, and is fitted for it.

The amount of general knowledge demanded cannot be considered excessive; but it varies with the different examining boards. It is not more than ought to be possessed by any one who has been at a good school from the age of ten to that of sixteen. In many cases, the candidate has the option of either presenting a certificate from one of a long list of institutions recognised for the purpose, or of passing an examination in arts under the direction of the medical board whose diploma he seeks. In the latter case, an acquaintance with several subjects—forming the very foundation of a liberal education—is made imperative; while the candidate is required also to prove his acquaintance with certain other branches of learning, the choice of which is judiciously left to himself, according to his inclination, or to the opportunities which he has enjoyed.

In dismissing the subject of preliminary education, it would be unfair not to refer to the praiseworthy endeavours which several of the examining bodies—not only the Universities—have for years made to raise the standard of literary acquirement among the candidates for their licences. We would refer especially to the Apothecaries’ Halls of London and of Ireland, which have in this matter acted in a way that ought to have put some of their contemporaries to shame. The London Society of Apothecaries has all along demanded a knowledge of Latin; and for the last ten years it has carried on a series of examinations in general literature of a more extended character, but still not involving a more profound education than a member of a liberal profession ought to possess. The Irish Apothecaries’ Hall is also deserving of high commendation; for we know



that its regulations for a great number of years have contained a clause demanding from candidates an acquaintance with the same subjects of general education (except English) as are specified in the code of regulations given in our pages to-day.

Another matter which calls for attention is the demand for *practical instruction and the evidence thereof* on the part of the candidate who desires admission into the ranks of the medical profession. One cannot but notice with satisfaction the increased tendency to demand from the student an acquaintance with things as well as with names. This, like the demand for general education, has not merely sprung out of the expressed wishes of the Medical Council, but has arisen from a gradually increasing conviction of the necessity of the case. It is felt that it is no longer sufficient to load the student's memory with words, and to examine him in words, in order to determine whether he is fit for a profession in which facts and objects of sense come before him at every step. Hence we find the examining bodies not only requiring a nominal attendance on hospital practice, as they have long done, but demanding also proof that the student has received a due course of clinical instruction; *i.e.*, actual exposition of the nature of the cases coming under his notice in the hospital wards, and of the treatment fitted to them. And at the examinations, whereas formerly the general rule was to be content with verbal answers to verbal questions, the candidate is now, in many instances at least, required to prove his practical knowledge by actual examination of hospital cases, or by the performance of surgical operations or dissections on the dead body, as well as to show his actual acquaintance with various objects of which the description has entered into his education. All this must obviously tend to make better practitioners; by ensuring at the outset an amount of practical knowledge, obtained under skilful guidance, which hitherto the members of the profession have been left too much to pick up for themselves after their entrance on their career.

The *division of the examination*, which is now very generally adopted, is a judicious step. By allowing a student to pass an examination at the end of a certain period in the subjects on which he has already attended lectures, his mind is relieved from the necessity of retaining a vast amount of details in the prospect of their being required of him at his final trial, and he has more time to devote to the immediately practical subjects of his education. There can be no ground for fear that this early apparent dismissal of certain matters will cause the student to neglect them in the course of his subsequent studies. He must perforce retain a knowledge of so much of anatomy, and physiology, and chemistry, and *materia medica*, etc., as have a bearing on practical subjects; and, if he have a taste for following out

any of these elementary subjects more extensively than practical necessity demands, he will of course not allow his knowledge thereof to die out.

Turning from the general to the particular, we will proceed to offer a few remarks on some of the individual examining bodies.

Of the *University of London* and its searching examination, it is not necessary to say much; but we would notice in regard to it the great importance which is attached to literary and scientific acquirements, and to the establishment of a preliminary scientific examination which the candidate for degrees is required to pass, in addition to the matriculation, before he can be admitted to the professional examinations.

The fact that the *Royal College of Physicians of London* has within the last year or two taken in hand the licensing of the general practitioner in medicine, has already been duly chronicled and commented on in this JOURNAL. The amount and nature of the knowledge required, and the means adopted for testing the same, are altogether judicious. We have no liking for a multiplication of the entrances into the profession; but the College of Physicians, in instituting the license for the general practitioner of medicine, has done much to atone for faults of past years, and has laid a solid foundation for that connexion between it and the body of the profession which ought long ago to have existed.

Surgery has been introduced into the license curriculum of the Royal College of Physicians; but we believe that the license extends to medicine only, and that a surgical diploma is still necessary to make up a full qualification. It is a great pity that the two London Colleges cannot enter into some mutual arrangement for the examination of candidates, as is done by the College of Physicians of Edinburgh with the College of Surgeons of that city and the Faculty of Physicians and Surgeons of Glasgow. The obstacle to a joint action of the London Colleges is said to lie with the College of Surgeons; and this is the more remarkable, inasmuch as in 1851 (more than eleven years ago) the Council of the College of Surgeons passed the following resolution:

"That it is the opinion of this Council, that the medical qualifications of those about to engage in the practice of surgery, or in general practice, should be tested by the College of Physicians."

Now, however, when the College of Physicians are doing the very thing recommended in the above quoted resolution, the College of Surgeons, if report be true, refuse to act with them.

As to the regulations of the *Royal College of Surgeons of England* regarding its diploma of membership, it must be in all fairness acknowledged that there has been a considerable improvement in the manner of conducting the examinations. The College of Surgeons would deserve well of the profession, if its Council could divest themselves of that disre-



ward for opinions coming from outside, and of that contumacy towards superior authority, which still form too marked a feature in their proceedings. Still there are the elements of good in the College, if they can be thoroughly brought out; and we will only say further of it, that *speramus meliora*.

How faithfully the *Society of Apothecaries* has fulfilled the trust which it undertook in 1815, it is not necessary for us here to demonstrate at length. Its present regulations are at once in harmony with its traditional line of conduct, and with the desires of the Medical Council. We must not omit here to notice an important alteration which has lately been made in the constitution of the Court of Examiners, and which consists in the removal of the restriction which prevented an examiner from holding any position as a hospital teacher or as a lecturer in a medical school.

The *Universities of Oxford and Cambridge* have of late years shewn in many respects a disposition to advance with the age; and in none more than in the regulations they have adopted regarding their degrees in medicine. The courses of study and the examinations for these degrees are of a high class, and prove how, by judicious arrangement, it is possible to reform institutions having in themselves a predisposition to retain their old traditional line of conduct, so as to bring them nearly if not altogether up to the level of those which, being more modern, are more easily moulded. Both these Universities, not having the means provided of giving full courses of medical instruction, liberally encourage the student, while they exact from him a certain amount of appearance within their walls, to complete his studies at other medical schools.

The regulations of the four *Universities of Scotland—Edinburgh, Glasgow, Aberdeen, and St. Andrew's*—have undergone much modification, in accordance with the ordinances of the Scottish University Commissioners. They have, in fact, been as far as possible assimilated; and we have therefore printed them together, taking care to specify any rules special to either of the Universities. The points in which, besides the assimilation, the regulations of the Universities differ from those formerly in force are, the institution in all of the degrees of Bachelor of Medicine and Master in Surgery, and a general improvement in all the matters on which we have commented in the earlier part of this article.

The proceedings of the Universities Commissioners have in no wise affected any of the Scotch boards so much as the *University of St. Andrew's*. Possessing no complete medical school, this University has for many years granted degrees to practitioners on the production of their diplomas or licenses; and, under the management of its late and present professors of

medicine, its degree has been granted with judgment, and has been sought for as an honourable distinction by men who have had no leisure to go through the formal curricula required by other universities. After the present year, however, this University will be able to grant its diploma to only a limited number of practitioners of forty years of age; and from all other candidates a specified course of instruction will be demanded, the nature of which is described in the regulations given at another page.

Another instance where an assimilation has taken place is in the regulations of the *Royal College of Surgeons of Edinburgh* and of the *Faculty of Physicians and Surgeons of Glasgow*. The bye-laws of these two bodies are so nearly identical that we have, as in the case of the universities, printed them together as one code. Each of these two boards, as we have already mentioned, acts in cooperation with the Royal College of Physicians of Edinburgh in granting licences for general practice. It will be noticed that both the College and the Faculty, in consequence of the conduct of the Medical Council in regard to the infraction of certain of its regulations by the Royal College of Surgeons of England, have publicly notified that, for the present, it will not be necessary for students to pass the preliminary examination before entering on their professional education.

Of the *Irish examining bodies*, it seems scarcely necessary to say much, beyond noticing that the College of Physicians and the Apothecaries' Hall have introduced the divided examination; and that the Apothecaries' Hall recognises only its own examination in arts, while the College of Physicians follows the example of other boards in allowing the student a wider range.

In the above remarks, we have purposely abstained from entering into a discussion of certain debateable matters in relation to medical education. Our object has been rather to point out undeniable improvements, and to show that the training of the younger members of our profession, while no doubt it has not yet reached perfection, has within the last few years been making more rapid advances than it had made for a long time previously. We have also, we think, made it plain that the effect of the Medical Act has been rather to quicken the action of impulses which had already begun to be felt, than to originate movements purely new to every one of the examining bodies. Whatever may still be the shortcomings of our educational system, it must be conceded that the general recognition of the necessity of liberal education and of practical professional instruction is not to be lightly valued.



## THE WEEK.

WE beg to recommend to the consideration of those members of the *Pharmacopœia* Committee who consider they are doing the profession a good turn by introducing to it a new grain weight, the following extract from the Report of the Select Committee on Weights and Measures, which has been lately published. It certainly does seem the very strangest of ideas which could induce men of science, as doctors are supposed to be, to attempt to add to the Babel confusion which already prevails in the weights and measures of this country.

"Omitting many specific anomalies, we have no less than ten different systems of weights and measures, most of them established by law:—1. Grain, computed decimally, used for scientific purposes; 2. Troy weight, under 5 Geo. 4, c. 74, and 18 & 19 Vict., c. 72; 3. Troy ounce, with decimal multiples and divisions, called bullion weights, under 16 & 17 Vict., c. 29; 4. Bankers' weights, to weigh 10, 20, 30, 50, 100, and 200 sovereigns; 5. Apothecaries' weight; 6. Diamond weights and pearl weights, including carats; 7. Avoirdupois weight, under 5 Geo. 4, c. 74, and 18 & 19 Vict., c. 72; 8. Weights for hay and straw; 9. Wool weight, using as factors, 2, 3, 7, 13, and their multiples; 10. Coal weights, decimal, under 1 & 2 Will. 4, c. 76, and 8 & 9 Vict., c. 101, Nos. 1, .5, .2, .1, .05, .025. We have also, in occasional scientific use, the weights of the metric system. For measures of length, we have the ordinary inch, foot, and yard. We have, in cloth measure, yards, nails, and ells. There are four different sorts of ells. For nautical purposes, we have fathoms, knots, leagues, and geographical miles differing from the common mile. The fathom of a man-of-war is 6 feet; of a merchant vessel, 5½ feet; of a fishing-smack, 5 feet. We have also the Scotch and Irish mile, and Scotch and Irish acre. There are several sorts of acres in the United Kingdom, and there are a great variety of roods. We have, in almost every trade, measures of length especially used in those trades: for the measurement of horses, we have the hand; shoemakers use sizes; and we are compelled to adopt gauges where the French use the *millimètre*. These gauges are entirely arbitrary. The custom of the trade is the only thing which would decide the question, in case of dispute. For measures of capacity, we have twenty different bushels; we can scarcely tell what the hogshead means: for ale, it is 54 gallons; for wine, 63. Pipes of wine vary in many ways; each sort of wine seems to claim the privilege of a different sort of pipe. For measures of weight, we have about ten different stones: a stone of wool at Darlington is 18 lb.; a stone of flax at Downpatrick is 24 lb.; a stone of flax at Belfast is only 16½ lb.; but it is also at Belfast 24½ lb., having in one place two values. The hundredweight may mean 100 lb., 112 lb., or 120 lb. If you buy an ounce or pound of anything, you must inquire if it belongs to Dutch, troy, or avoirdupois weight."

We may add, that the conclusions arrived at by the House of Commons Committee is the recommending of a system diametrically opposed to the new-grain novelty of the *Pharmacopœia* Committee. They recommend "that the use of the metric system be rendered legal".

THE result of the mission of Mr. Partridge to visit Garibaldi has been very satisfactory. No impediment was presented by the Italian government; and

the surgeons in attendance on Garibaldi are said to have received their English colleague in a most cordial and gentlemanly manner, accepting his presence as a high proof of the interest taken in their patient by English people. Mr. Partridge has found that the ball is not in Garibaldi's foot at all; that Dr. Ripari and the other surgeons have been doing their best in such a way as to leave little or no room for improvement; and that the wounded man is progressing as favourably as can with any reason be expected.

AN inquest was held on Tuesday at Christchurch, on the body of a boy named Mason, whose death, it was alleged, had been accelerated by the medicines of a quack. The boy had a cold; and his father went to a Mr. Johns, a herbalist, who gave him some pills and a draught, and afterwards told him that no further medical aid was necessary. The boy died, and a surgeon declared in evidence that death would not have taken place had proper medical assistance been procured. Johns described the medicine he had administered as being a draught of tonic herbs and pills of cream of tartar, jalap, aloes, gamboge, and rhubarb; and said it was approved by a Dr. David Ross, of Manchester, whose system of medicine he followed. Dr. Ross corroborated this, and received severe censure from the coroner for identifying himself with a dealer in quack medicines. In giving his evidence, Dr. Ross said at first that he was a registered practitioner; but in cross examination it came out that he was not registered, but that he held a diploma. (His name does not appear in the *Medical Register* for the present year. The jury returned the following verdict:

"That deceased died from excessive congestion of the lungs, and that his death was accelerated by the want of proper medical attendance; and the jurors do further say that the conduct of William Johns, a herbalist, was highly culpable in advising no medical man to be sent for; and they strongly condemn the practice of persons consulting and taking the advice of herbalists and unqualified medical men."

THE introductory lectures will be delivered at the different medical schools on Wednesday next, Oct. 1, at the hours and by the lecturers stated below:—

	Hours.	Lecturers.
Guy's Hospital	2 P.M.	Mr. Cooper Forster.
St. George's Hospital	2 "	Mr. Prescott Hewett.
St. Mary's Hospital	8 "	Dr. Sieveking.
Grosvenor Pl. S. of Med.	3 "	Dr. Cholmeley.
Charing Cross Hospital	3 "	Dr. Headland.
London Hospital	3 "	Mr. Hutchinson.
King's College	8 "	Mr. Fergusson.
University College	3 "	Dr. Wilson Fox.
St. Bartholomew's Hosp.	4 "	Dr. Martin.
St. Thomas's College	2 "	Dr. Bristowe.
Middlesex Hospital	8 "	Dr. Priestley.
Westminster Hospital	8 "	Dr. Anstie.
Queen's Col. Birmingham.	12 noon	Mr. Postgate.
Sydenham Col. do.	3 P.M.	Mr. F. Jones.
Leeds School of Med.	12 noon	Dr. Chadwick.
Liverpool R. Infirmary S.	2 P.M.	Dr. E. Whittle.
Manch. R. Sch. of Med.	12 noon	Dr. W. Roberts.



# Regulations

CONCERNING

## Degrees, Diplomas, &c., in Medicine.

UNIVERSITY OF LONDON.\*

MATRICULATION.†

THERE shall be two examinations for matriculation in each year; one commencing on the second Monday in January, and the other on the first Monday in July. No candidate shall be admitted to the matriculation examination unless he have produced a certificate‡ showing that he has completed his sixteenth year. This certificate shall be transmitted to the Registrar at least fourteen days before the commencement of the examination. A fee of two pounds shall be paid at matriculation. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him, but he shall be admitted to any subsequent examination for matriculation without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the examination. The examination shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vis à voce* questions to any candidate in the subjects in which they are appointed to examine.

Candidates shall be examined in the following subjects:—Mathematics (arithmetic and algebra; geometry; natural philosophy; mechanics; hydrostatics, hydraulics, and pneumatics; acoustics; optics); Chemistry; Classics; the Greek and Latin languages—one Greek and one Latin subject, to be selected one year and a half previously by the senate.§ The paper in Greek shall contain passages to be translated into English, with questions in grammar, history, and geography. The paper in Latin shall contain passages to be translated into English, with questions in history and geography. A separate paper shall be set containing questions in Latin grammar, with simple and easy sentences of English to be translated into Latin; and a corresponding paper shall be set in Greek; between these two papers an option shall be allowed to candidates. The English language—Orthography, writing from dictation, the grammatical structure of the language, composition. Outlines of English history and modern geography—history of England to the end of the seventeenth century, with questions in modern geography. The French or the German language, at the option of the candidate. The papers in French and German shall contain passages for translation into English from prose works previously selected and made known by the senate,|| and questions in grammar (limited to the accidence) on

subjects furnished by those passages; together with short and easy passages for translation into English from prose works not previously announced.

Candidates shall not be approved by the examiners unless they show a competent knowledge in—1. Classics; 2. The English language, English history, and modern geography; 3. Mathematics and natural philosophy; 4. Chemistry; 5. Either the French or the German languages.

On Monday morning at nine o'clock in the week next but one ensuing, the examiners shall publish the names of all the candidates who have passed. The names shall be arranged in three divisions, each in alphabetical order. And a pass certificate, signed by the Registrar, shall be delivered to each candidate who shall apply for it.

Any candidate who has passed may be examined for honours in mathematics and natural philosophy, classics, chemistry, and natural history.

### BACHELOR OF MEDICINE.

Candidates for the degree of Bachelor of Medicine shall be required—1. To have passed the Matriculation Examination of this University, or to have taken a degree in Arts in one of the Universities of the United Kingdom. 2. To have been engaged in their professional studies during four years subsequently to matriculation or graduation in Arts, at one or more of the medical institutions or schools recognised by this University; one year, at least, of the four to have been spent in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass the preliminary scientific examination† and two examinations in medicine.

PRELIMINARY SCIENTIFIC EXAMINATION. The preliminary scientific examination shall take place once in each year, and shall commence on the third Monday in July. No candidate shall be admitted to this examination until he shall have completed his seventeenth year, and shall have either passed the Matriculation Examination, or shall have taken a degree in Arts in one of the Universities of the United Kingdom; nor unless he have given to the Registrar fourteen days notice of his intention to present himself. The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him, but he shall be afterwards admissible to the preliminary scientific examination without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the examination.

Candidates shall be examined in the following subjects:—Mechanical and Natural Philosophy (\*statics; \*dynamics; \*hydrostatics, hydraulics, and pneumatics; optics; heat; electricity; magnetism); Inorganic Chemistry; Botany and Vegetable Physiology; Zoology and Comparative Anatomy. The subjects marked with an asterisk are to be treated independently of mathematical symbols, or only by simple geometrical methods.

The examinations shall be conducted in the following order:—Monday; morning, 10 to 1, afternoon, 3 to 6; Chemistry, by printed papers. Wednesday; morning, 10 to 1, Mechanical Philosophy, by printed papers; afternoon, 3 to 6, Natural Philosophy, by printed papers. Thursday; morning, 10 to 1, Botany and Vegetable Physiology, by printed papers and specimens; afternoon, 3 to 6, Zoology, by printed papers and specimens. Friday, commencing at 10 A.M., Chemistry, by *vis à voce* and experiment. Candidates shall not be approved by the

\* All communications must be addressed "To the Registrar of the University of London, Burlington House, London, W."

† The Examinations for Matriculation will be held at Burlington House, London; and the Pass Examinations will also be held, under special arrangement, in other cities, towns, and Colleges of the United Kingdom.

‡ A certified copy from the Baptismal Register, or a certificate from the Registrar-General in London or from the Superintendent-Registrar of the district, will be required in every case in which it can possibly be procured.

§ The classical subjects are—For January 1863: *Homer*, *Odyssey*, book ix; *Sallust*, *Jugurthine War*. For July 1863: *Xenophon*, *Anabasis*, book ii; *Virgil*, *Georgics*, book i; *Æneid*, book vi.

|| The French subjects are—For January 1863: *Racine*, *Athalie*; *Fénelon*, *Dialogues des Morts*, xxi-xxx. For July 1863: *Corneille*, *Polyculte*; *Fénelon*, *Dialogues des Morts*, xxxi-xl.—The German subjects are—For January 1863: *Goethe*, *Hermann and Dorothea*. For July 1863: *Schiller*, *Don Carlos*.

† Candidates who have matriculated previously to January 1861, will not be required to pass the Preliminary Scientific Examination in any other subjects than chemistry and botany; and they will be allowed to pass the Preliminary Scientific Examination and the First M.B. Examination in the same year, if they so prefer.



examiners unless they show a competent knowledge in all the subjects of examination.

On Wednesday morning, at 9 o'clock, in the following week, the examiners shall publish the names of such candidates as have passed. The names shall be arranged in two divisions, each in alphabetical order. And a pass certificate, signed by the Registrar, shall be delivered to each candidate who may apply for it.

*Examination for Honours.* Any candidate who has passed the preliminary scientific examination may be examined for honours in (1) chemistry and natural philosophy, (2) biology.

Candidates for honours in chemistry and natural philosophy shall be examined in any of the following subjects, at the option of the examiners:—Elementary substances and their combinations; electro-chemistry; radiant chemical action; heat; static and dynamic electricity; magnetism. This examination shall take place on Tuesday and Wednesday in the second week after the pass examination; in the morning from 10 to 1, and in the afternoon from 3 to 6. In the course of the following week, the examiners shall publish, in the order of proficiency, a list of the candidates who acquit themselves to their satisfaction. Candidates shall be bracketed together if the examiners are of opinion that there is no clear difference between them. In determining the relative position of candidates, the examiners shall have regard to the proficiency in the corresponding subjects evinced by the candidates at the pass examination.

Candidates for honours in biology shall be examined in any of the following subjects, at the option of the examiners:—Vegetable histology; vegetable morphology; vegetable physiology (including development); systematic botany (the structural and physiological characters of the principal natural orders of the vegetable kingdom); zoology (the typical structure and mode of development, with the chief deviations from each, of every class in the animal kingdom). This examination shall take place on Thursday and Friday in the second week after the pass examination; in the morning from ten to one, and in the afternoon from three to six. In the course of the following week, the examiners shall publish, in the order of proficiency, a list of the candidates who acquit themselves to their satisfaction. Candidates shall be bracketed together if the examiners are of opinion that there is no clear difference between them. In determining the relative position of candidates, the examiners shall have regard to the proficiency in botany and vegetable physiology and in zoology and comparative anatomy displayed by the candidate at the pass examination.

If, in the opinion of the examiners, any candidate of not more than twenty-two years of age who shall have passed either the Preliminary Scientific M.B. Examination or the First B.Sc. Examination shall possess sufficient merit, the candidate who shall distinguished himself the most of all the candidates who shall have passed either of the said examinations, and who are not more than twenty-two years of age, in chemistry and natural philosophy, and the candidate who shall distinguish himself the most of all the candidates who shall have passed either of the said examinations, and who are not more than twenty-two years of age, in biology, shall each receive an exhibition of forty pounds *per annum* for the next two years, payable in quarterly instalments (it being intended that one exhibition only shall be given in each case among all the candidates, although some of such candidates may have passed the Preliminary Scientific M.B. Examination, and others the First B.Sc. Examination); provided that on receiving each instalment he shall declare his intention of presenting himself at the First M.B. Examination within three years from the time of his having passed the Preliminary Scientific Examination, or at the Second B.Sc. Examination within

two years from the time of his having passed the First B.Sc. Examination.

**FIRST M.B. EXAMINATION.** The First M.B. Examination shall take place once in each year, and shall commence on the last Monday in July. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having passed the preliminary scientific examination at least one year previously.\* 3. Of having, subsequently to having taken a degree in arts or passed the matriculation examination been a student during two years at one or more of the medical institutions or schools recognised by this University; and of having attended a course of lectures on each of three of the subjects in the following list:—Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy, Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery and Diseases peculiar to Women and Infants; Surgery; Medicine. 4. Of having dissected during two winter sessions. 5. Of having attended a course of practical chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, etc. 6. Of having attended to practical pharmacy, and of having acquired a practical knowledge of the preparation of medicines. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first M.B. Examination without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the examination.

Candidates shall be examined in the following subjects:—Anatomy; physiology†; materia medica and pharmaceutical chemistry; organic chemistry.

The examination shall be conducted in the following order:—Monday; morning, 10 to 1, afternoon, 3 to 6; Anatomy, by printed papers. Tuesday; morning, 10 to 1, Chemistry, by printed papers; afternoon, 3 to 6, Materia Medica and Pharmaceutical Chemistry, by printed papers. Wednesday; morning, 10 to 1, Physiology, by printed papers. Monday and Tuesday in the following week, commencing at 10; Anatomy, by *vivâ voce*, demonstration from preparations, and dissection; Physiology, by *vivâ voce* and demonstration from preparations; Materia Medica, Pharmaceutical Chemistry, and Organic Chemistry, by *vivâ voce*, experiment, and demonstration from specimens.

On Thursday morning in the week following the commencement of the examination, the examiners shall publish the names of such of the candidates as have passed. The names shall be arranged in two divisions, each in alphabetical order. And a pass certificate, signed by the Registrar, shall be delivered to each candidate who shall apply for it.

Such candidates only as shall be placed in the first

\* See previous note.

† Any candidate shall be allowed, if he so prefer, to postpone his examination in physiology from the First M.B. Examination at which he presents himself for examination in the remaining subjects, until the First M.B. Examination in the next or any subsequent year; but such candidate shall not be admitted to compete for honours on either occasion; and he shall not be admitted as a candidate at the Second M.B. Examination until after the lapse of at least twelve months after having passed his examination in physiology.



division shall be admissible to the examination for honours.

*Examination for Honours.* Any candidate who has been placed in the first division at the First M.B. Examination may be examined for honours in any or all of the following subjects:—Anatomy; Physiology, histology, and comparative anatomy; Materia Medica and Pharmaceutical Chemistry; and Organic Chemistry.

The examinations shall take place in the week following the commencement of the First M.B. Examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vis à voce* questions upon the written answers of the candidates when they appear to require explanation.

The examinations shall be conducted in the following order:—Thursday; morning, 10 to 1, afternoon, 3 to 6; Anatomy. Friday; morning, 10 to 1, afternoon, 3 to 6; Physiology, Histology, and Comparative Anatomy. Saturday; morning, 10 to 1, Materia Medica and Pharmaceutical Chemistry; afternoon, 3 to 6, Organic Chemistry.

In the course of the following week, the examiners shall publish, in the order of proficiency, a list of the candidates who acquit themselves to their satisfaction. Candidates shall be bracketed together, if the examiners are of opinion that there is no clear difference between them. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination.

If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in anatomy, the candidate who shall distinguish himself the most in physiology, histology, and comparative anatomy, and the candidate who shall distinguish himself the most in materia medica and pharmaceutical chemistry, and in organic chemistry, shall each receive an exhibition of forty pounds per annum for the next two years, payable in quarterly instalments; provided that on receiving each instalment he shall declare his intention of presenting himself at the Second M.B. Examination within three years from the time of his having passed the First M.B. Examination. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of five pounds.

**SECOND M.B. EXAMINATION.\*** The Second M.B. Examination shall take place once in each year, and shall commence on the first Monday in November.

No candidate shall be admitted to this Examination within two academical years of the time of his passing the first examination; nor unless he have produced certificates to the following effect:—1. Of having passed the First M.B. Examination. 2. Of having, subsequently to having passed the First M.B. Examination, attended a course of lectures on each of two of the subjects comprehended in the list at page 324, and for which the candidate had not presented certificates at the First M.B. Examination. 3. Of having conducted at least twenty labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine.) 4. Of having attended the surgical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery. 5. Of having attended the medical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical medicine. (N.B. The student's attendance on the surgical and the medical hospital practice specified in Regulations 4 and 5, may commence at any date after his passing the preliminary scientific

examination, and may be comprised either within the same or within different years; provided that in every case his attendance on hospital practice be continued for at least eighteen months subsequently to his passing the First M.B. Examination.) 6. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine, surgery, or midwifery, with special charge of patients, in a hospital, infirmary, dispensary, or parochial union, during six months. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the Second M.B. Examination without the payment of any additional fee; provided that he give notice to the Registrar at least fourteen days before the commencement of the examination.

Candidates shall be examined in the following subjects:—General pathology, general therapeutics, and hygiene; surgery; medicine; midwifery; forensic medicine. The examinations shall include questions in surgical and medical anatomy, pathological anatomy, and pathological chemistry.

The examinations shall be conducted in the following order:—First week. By printed papers. Monday; morning, 10 to 1, Forensic Medicine, by printed papers; afternoon, 3 to 6, General Pathology, General Therapeutics, and Hygiene, by printed papers. Tuesday; morning, 10 to 1, Surgery, by printed papers; afternoon, 3 to 6, Medicine, by printed papers. Wednesday; morning, 10 to 1, Midwifery, by printed papers; afternoon, 3 to 6, practical examination on Obstetric Preparations and Apparatus. Thursday, commencing at 10 A.M.; performance of surgical operations upon the dead subject; application of surgical apparatus; examination and report on cases, of surgical patients. Friday; examination, and report on cases, of medical patients in the wards of a hospital. Monday in the following week, commencing at 10 A.M.; *vis à voce* interrogation and demonstration from specimens and preparations. (N.B. Candidates will be expected to write prescriptions in Latin without abbreviations.)

On Wednesday morning in the week following the commencement of the examination, the examiners shall publish the names of such of the candidates as have passed. The names shall be arranged in two divisions, each in alphabetical order. And a certificate, under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate. Such candidates only as shall be placed in the first division shall be admissible to the examination for honours.

The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right, as such, to assume the title of Doctor of Medicine.

*Examination for Honours.* Any candidate who has been placed in the first division at the Second M.B. Examination may be examined for honours in any or all of the following subjects:—Surgery; Medicine; Midwifery.

The examinations shall take place in the week following the commencement of the Second M.B. Examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vis à voce* questions upon the written answers of the candidates when they appear to require explanation.

The examinations shall be conducted in the following order:—Wednesday; morning, 10 to 1, afternoon, 3 to

\* The Second M.B. Examination in the year 1862, will be carried on under the former regulations. Any candidate presenting himself for it after 1862, who has passed the First M.B. Examination under the former regulations, will be required to have also passed the examination in physiology at some previous First M.B. Examination carried on under the new regulations, at which examination he shall not be allowed to compete for honours.



6; Surgery. Thursday; morning, 10 to 1, afternoon, 3 to 6; Medicine. Friday; morning, 10 to 1, afternoon, 3 to 6; Midwifery.

In the course of the following week, the examiners shall publish, in the order of proficiency, a list of the candidates who acquit themselves to their satisfaction. Candidates shall be bracketed together if the examiners are of opinion that there is no clear difference between them. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination.

If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most in Surgery shall receive fifty pounds *per annum* for the next two years, with the style of University Scholar in Surgery. Under the same circumstances, the candidate who shall distinguish himself the most in Medicine shall receive fifty pounds *per annum* for the next two years, with the style of University Scholar in Medicine. Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery shall receive thirty pounds *per annum* for the next two years, with the style of University Scholar in Midwifery. Under the same circumstances, the candidate who shall distinguish himself the most in Forensic Medicine shall receive thirty pounds *per annum* for the next two years, with the style of University Scholar in Forensic Medicine. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of five pounds.

#### DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once in each year, and shall commence on the fourth Monday in November.

No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University. 2. Of having attended, subsequently to having taken the degree of Bachelor of Medicine in this University—*a.* To clinical or practical medicine during two years in a hospital or medical institution recognised by this University. *b.* Or, to clinical or practical medicine during one year in a hospital or medical institution recognised by this University, and of having been engaged during three years in the practice of his profession. *c.* Or of having been engaged during five years in the practice of his profession, either before or after taking the degree of Bachelor of Medicine in this University. One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of moral character, signed by two persons of respectability. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins.

The fee for the degree of Doctor of Medicine shall be five pounds.\* No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him, but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee, provided that he give notice to the Registrar at least fourteen days before the commencement of the examination.

The examination shall be conducted by means of printed papers and *vivâ voce* interrogation.

Candidates shall be examined in the following subjects:—Logic and moral philosophy (names, notions,

and propositions; syllogism; induction and subsidiary operations; the senses; the intellect; the will, including the theory of moral obligation (candidates who have taken a degree in arts or in science in this University, or in an University the degrees granted by which are recognised by the Senate of this University, shall be exempted from this part of the examination+); Medicine.

These examinations shall be conducted in the following order:—By printed papers. Monday; morning, 10 to 1, Logic and Moral Philosophy; afternoon, 3 to 6, a commentary on a case in Medicine, Surgery, or Midwifery, at the option of the candidate. Tuesday; morning, 10 to 1, afternoon, 3 to 6; Medicine. Thursday, examination, and report on cases, of medical patients in the wards of a hospital. By *vivâ voce* interrogation. Friday, at 1 P.M., examination on the answers to the printed papers, and on the commentaries and reports.

On Monday morning in the following week, the Examiners shall publish in alphabetical order the names of such of the candidates as have passed; and the examiners shall be at liberty to mention the names of any candidates who, in their opinion, may have displayed special proficiency. A certificate under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate.

If, in the opinion of the examiners, sufficient merit be evinced, the candidate who shall distinguish himself the most at the examination for the degree of doctor of medicine shall receive a gold medal of the value of twenty pounds.

#### REGULATIONS RELATING TO CANDIDATES WHO COMMENCED THEIR MEDICAL STUDIES IN OR BEFORE JANUARY 1839.

Candidates who commenced their professional studies in or before January 1839 shall be required to pass the preliminary scientific examination in chemistry and botany only, and shall be admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the list at page 324. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines.

Candidates who commenced their professional studies in or before January 1839, shall be admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during four years in their professional studies. 2. Of having passed the First M.B. Examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the list at page 324. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of moral character from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

\* This fee will continue to be ten pounds to all such as, having taken their M.B. Degree under the former regulations, shall not have paid the fee of five pounds at the Preliminary Scientific Examination.

+ The Degrees in Arts of all Universities in the United Kingdom are recognised by the Senate for this purpose.



REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE  
OR SURGERY DESIROUS OF OBTAINING DEGREES  
IN MEDICINE.\*

**BACHELOR OF MEDICINE.** Candidates shall be admitted to the two examinations for the Degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1840 members of one of the legally constituted Bodies in the United Kingdom for licensing practitioners in medicine or surgery; or, of having served previously to 1840 as surgeons or assistant-surgeons in Her Majesty's army, ordnance, or navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of *Celsus de Re Medicâ*.

**DOCTOR OF MEDICINE.** Candidates who have been engaged during five years in the practice of their profession, shall be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine in this University. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of *Celsus de Re Medicâ*.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

[Extracts from Bye-laws and Regulations.]

FELLOWS.

THE government of the Corporation, and the power of making and altering bye-laws, and of being present at general meetings of the Corporation, and of voting at all elections, and on all other business to be transacted at such general meetings of the Corporation, shall, as heretofore, be vested in the President and Fellows only.—The Fellows of the College shall be elected from members of at least four years standing, who have distinguished themselves in the practice of medicine, or in the pursuit of medical or general science or literature. All members, who have been either licentiates or members, during a period of four years on the whole previously to the 1st day of October, 1863, shall be considered members of four years standing.—Every member selected by the Council for nomination as a Fellow, shall be informed by the Registrar of the intention of the Council to propose him to the College for election to the Fellowship; and the name of any member so selected by the Council shall not be made known to the Fellows until the Registrar has been informed in writing by such member, that he is willing to be proposed to the College for ballot, in the usual way, at the general meeting to be held for that purpose.—No one shall be admitted a Fellow of the College unless he has been elected by a majority of the Fellows present at the meeting of the College, to be held annually on the twenty-fifth day of June, unless the same shall fall on a Sunday, and then on the twenty-sixth day of June.—No one shall be admitted a Fellow of the College, unless he shall give his assent to the following words addressed to him by the President, in the presence of the Fellows assembled in general meeting: "You faithfully promise, to the best of your ability, to maintain the welfare of the College; to observe and obey its statutes, bye-laws, and regulations, and to submit to such penalties as may be lawfully imposed for any neglect or

infringement of them; to regard as secret its proceedings, when the College so desires it; to admit to the Fellowship those only who are distinguished by character and learning; and finally, to do everything, in the practice of your profession, to the honour of the College and the welfare of the state." Each Fellow, on admission, shall ratify this pledge by his signature.—The President, addressing the Fellow or Fellows to be admitted, shall say—"I, A. B., President of the Royal College of Physicians of London, admit you, C. D., to our Fellowship; and as it is certain that our College can be supported and perpetuated on no firmer foundation than that of good laws, the strict justice of its officers, and the high standard of morality and learning of its Fellows, we exhort and beseech you, by the promise you have now made to the College, that you do not admit any, from respect of persons, into the Fellowship, but that you determine all things to the credit, honour and perpetuity of the Society;" and taking by the hand each Fellow so admitted, the President shall add, "I wish you all happiness." Each Fellow, at the time of his admission, shall have the following form of diploma given to him, under the seal of Corporation:—*Sciant omnes, nos, A. B., Præsidentem Cœlegii Regalis Medicorum Londinensis, unâ cum consensu Sociorum ejusdem Cœlegii, auctoritate nobis à domino Rege et Parlamento concessâ, approbâsse et in Societatem nostram cooptâsse doctum et probum virum C. D. [in florentissimâ Academia Medicinæ Doctorem:] largitosque prætereâ usum et fructum omnium commoditatum, libertatum ac privilegiorum, quæ Collegio nostro auctoritate prædictâ et jam concessa sunt et in futurum concedenda: In cujus rei fidem et testimonium Sigillum nostrum commune præsentibus apponi fecimus. Datum Londini in Collegio nostro die Mensis Annoque Domini .*—The fee to be paid for admission as a Fellow of the College shall be thirty guineas, exclusive of stamp duty.

MEMBERS.

1. The members of the College, present and future, shall be alone eligible to the Fellowship. They shall have the use of the library and museum, subject to the regulations relating thereto, and shall be admitted to all lectures, and shall enjoy such further privileges as may from time to time be defined by the bye-laws; but they shall not be entitled to any share in the government, or to attend or vote at general meetings of the Corporation.—2. All persons who have been admitted before February 16th, 1859, licentiates of the College, shall be entitled to be admitted members of the College, provided that they have, since their admission as licentiates, obeyed the bye-laws, and do accept such membership, and engage henceforth to obey the bye-laws of the College.—3. Any extra-licentiate who shall have produced testimonials as to character satisfactory to the Censors, and shall have assured the said Censors that he is not engaged in the practice of pharmacy, and who shall comply with such other regulations as are required by the bye-laws of the said Corporation, may be proposed to the College to be admitted a member of the College.—4. All candidates for the membership of the College, who have commenced their professional studies after September 1861, shall satisfy the Censor's Board that previously to the commencement of their professional studies, they have obtained a degree in arts from some University of the United Kingdom or of the Colonies, or from some other University specially recognised by the Medical Council, or that they have passed examinations equivalent to those required for a degree in arts. All other candidates for membership shall, before admission to the professional examination, be examined on the subjects of general education by the President and Censors of the College.—5. Any person who does not dispense or supply medicine, and who shall have satisfied the College touching his knowledge of medical and general science and literature, and who shall comply with the bye-laws and

\* All the regulations under this head are applicable exclusively to practitioners who obtained their Licences or Commissions prior to 1840.



regulations of the College, may be proposed to the College to be admitted a member of the College.—6. Every candidate for membership, under the last bye-law, shall furnish proof that he has attained the age of twenty-five years.—7. Every such candidate shall produce a testimonial from a Fellow or member of the College, satisfactory to the Censor's Board, to the effect that, as regards moral character and conduct, he is a fit and proper person to be admitted a member of the College.—8. Every such candidate shall produce proof of having passed an examination in the subjects of general education; and in the case of candidates who shall have commenced their professional studies after September 1861, the examination in general education must have been passed before they commenced their professional studies.—9. Every such candidate (except such as shall be admissible under the provisions of Section XVIII) shall produce proof of his having been engaged in the study of physic, during a period of five years, of which four years at least shall have been passed at a Medical School or Schools, recognised by the College.—10. Every such candidate (except such as shall be admissible under the provisions of Section XVIII) shall produce evidence, satisfactory to the Censors' Board, of his having studied the following subjects:—Anatomy with Dissections; Physiology; Chemistry, with Practical Chemistry; Materia Medica and Botany; Morbid Anatomy; Principles and Practice of Medicine; Principles and Practice of Surgery; Midwifery, and the Diseases peculiar to Women and Children; Forensic Medicine; of his having attended diligently during three years the medical practice, and during one year the surgical practice, of an Hospital containing at least one-hundred beds; and of his having served the office of clinical clerk during at least six months.—11. Every such candidate who has prosecuted his studies abroad, whether in part or to the full extent required by the preceding bye-law (except such as shall be admissible under the provisions of Section XVIII), shall, nevertheless, bring proof of his having attended during at least twelve months, the medical practice of an Hospital in the United Kingdom containing one-hundred beds.—12. If the Censors' Board should doubt the sufficiency of the certificates and testimonials produced by any such candidate, or his fitness, in any respect, for admission to examination, they may submit the case to a general meeting of the Fellows.—13. No such candidate shall be admitted to examination who is engaged in trade, or who dispenses medicine, or makes any engagement with a chemist, or any other person for the supply of medicines, or who practises medicine or surgery in partnership, by deed or otherwise, so long as that partnership continues.—14. No such candidate shall be admitted to examination, who refuses to make known, when so required by the President and Censors, the nature and composition of any remedy he uses.—15. Every such candidate (except in cases specially exempted, under Sections XVII and XVIII) shall have given proof of his acquirements by written answers to questions placed before him, and shall have been examined *viva voce* at three separate meetings of the Censors' Board, and shall have been approved by the President and Censors, or by the major part of them, at each examination.—16. Except so far as otherwise provided by bye-law the candidate for membership shall be examined in Physiology, in Pathology, and in Therapeutics, in three separate examinations, by written questions, as well as *viva voce*, at three meetings of the Censors' Board. At, or in connection with, the second examination before the Censors' Board, the candidate's knowledge of practical medicine shall be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the candidate may, if he think fit, declare, in writing, what honours have been conferred upon him, in regard to his knowledge of literature, science, or medicine; and such declaration shall, if it seem fit to the

Censor's Board, be recorded in the annals of the College.—17. Any such candidate who has already obtained the degree of doctor or bachelor of medicine at an University in the United Kingdom, wherein the courses of study and the examinations to be undergone by the student previously to graduation, shall have been adjudged by the Censors' Board to be entirely satisfactory, shall be exempt (if the Censors' shall think fit) from all or any parts of the examinations hereinbefore described, except such as relate to Pathology and Therapeutics.\*—18. Any such candidate who has attained the age of forty years, but has not fulfilled all the conditions required by Sections 7, 9, and 10, shall produce testimonials not merely satisfactory as to his moral character and conduct and his general and professional acquirements, but further showing that he has improved the art or extended the science of medicine, or has at least distinguished himself highly as a medical practitioner; the Censors' Board having well weighed and considered these testimonials may, if they see fit, submit them to the Fellows at a general meeting, and it shall be determined by the votes of the Fellows present, or of the majority of them, taken by ballot, whether the candidate shall be admitted to examination, which shall, in every such case, be as full and complete as the Censors may deem sufficient.—19. Every candidate must give fourteen days notice in writing to the Registrar of the College of his intention to present himself for examination, and all certificates and testimonials required by the bye-laws must be left with the Registrar of the College, at least fourteen days before the day of examination.—20. Any candidate not approved by the Censors' Board shall not (except by special permission of the College) be re-admitted to examination, until after the lapse of a year.—21. Every candidate approved by the Censors' Board shall be proposed, at the next general meeting of Fellows, as qualified to become a member of the College; and if the majority of the Fellows present shall consent he shall, on complying with the regulations prescribed by the bye-laws, be admitted a member of the College.—22. No one shall be admitted (except such as shall be admissible under the provisions of Sections 2 and 3) a member of the College, unless he shall give his assent to the following words, addressed to him by the President in the presence of the Fellows:—"You give your faith that you will observe and obey the statutes, bye-laws, and regulations of this College, relating to members, and will submit to such penalties as may be lawfully imposed for any neglect or infringement of them; and that you will, to the best of your ability, do all things in the practice of your profession for the honour of the College, and the good of the public." And after he has been admitted, he shall confirm this promise by affixing his name to the same words, previously committed to writing. The President, addressing the person to be admitted, and taking him by the hand, shall say—"I, A. B., President, do admit you a member of this College."—23. Every member, at the time of his admission, shall have letters testimonial under the seal of the Corporation, in this form:—"Sciatis omnes, nos, A.B., Præsidentem Collegii Regalis Medicorum Londinensis, unâ cum Censoribus, examinasse et approbasse ornatissimum virum, C. D., [in florentissimâ Academiâ Medicinæ Doctorem:] et cum consensu Sociorum ejusdem Collegii, auctoritate nobis a Domino Rege et Parlamento commissâ, ei concessisse has Literas Testimoniales. In cujus rei fidem et testimonium, adjectis Censorum et Registrarii chirographis, sigillum nostrum commune præsentibus apponi fecimus. Datis ex ædibus Collegii die mensis anno Domini millesimo octingentesimo". N.B.—This document shall be signed by the member with his usual signature, and by the Registrar, with the following words:—"I certify that C. D., to whom these

\* The examination takes place four times a year; viz., shortly before Christmas, Easter, Midsummer, and Michaelmas.



atters testimonial have been granted by the College, and whose signature is subjoined, has been duly admitted a member of the College."—24. The fee to be paid for admission as a member of the College shall be thirty guineas.

#### LICENTIATES.

The College will, under its Charter, grant licences which are not to extend to make the Licentiates Members of the Corporation) to persons who shall conform to the following Bye-laws and Regulations.

Every candidate for the College licence (except in cases specially exempted) is required to produce satisfactory evidence to the following effect:—1. Of having attained the age of twenty-one years.—2. Of moral character.—3. Of having passed a preliminary examination in the subjects of general education.—4. Of having been registered as a medical student by one of the Bodies named in Schedule (A) of the Medical Act.—5. Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised Medical School or Schools, and of having attended the medical practice at a recognised Hospital or Hospitals, during two years of that period; and the surgical practice during twelve months; and of having been engaged during six months in the clinical study of diseases peculiar to women (the last of the four years of professional study must be passed at a Medical School, Hospital, Infirmary, or Dispensary recognised by the College).—6. Of having studied the following subjects:—Anatomy (with dissections) during two winter sessions, of six months each; Physiology during two winter sessions, of six months each; Chemistry during six months; Practical Chemistry during three months; Materia Medica during three months; Practical Pharmacy during three months (by Practical Pharmacy is meant instruction in the laboratory of a registered medical practitioner, or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by the College on special application, or of a public Hospital or Dispensary recognised by the College); Botany during three months; Morbid Anatomy during six months (or certified attendance in the *post mortem* room during the period of clinical study); Principles and Practice of Medicine during two winter sessions, of six months each (it is desired that the study of the Principles and Practice of Medicine should comprise the study of the Principles of Public Health); Principles and Practice of Surgery during six months; Clinical Medicine during one winter session and one summer session, or nine months; Clinical Surgery during six months (by Clinical Medicine and Clinical Surgery are intended lectures on cases under observation, or special instruction at the bed-side, certified by the teacher); Midwifery and the Diseases peculiar to Women during three months (a certificate must also be produced of having attended not less than twenty labours; Forensic Medicine during three months.—7. Of having passed the professional examinations.

Every candidate before receiving the College licence shall be required to pledge himself by subscribing his name to the following words:—"I faithfully promise to observe and obey the statutes, bye-laws, and regulations of the College relating to Licentiates, and to submit to such penalties as may be lawfully imposed for any neglect or infringement of them."—Each Licentiate shall have the following form of licence given to him, under the seal of the Corporation, signed by the President and by the Examiners:—"I, A. B., President of the Royal College of Physicians of London, with the consent of the Fellows of the same College, have, under the authority given to us by Royal Charter and Act of Parliament, granted to C. D., who has satisfied the College of his proficiency in the science and practice of Medicine, Surgery, and Midwifery, our licence under the said Charter, to practise Physic, so long as he shall continue to

obey the statutes, bye-laws, and regulations of the College relating to Licentiates: in witness whereof, we have this day set our seal and signatures. Dated at the College, the \_\_\_\_\_ day of \_\_\_\_\_ in the year of our Lord \_\_\_\_\_. N.B. This document shall be signed by the Licentiate with his usual signature, and by the Registrar, with the following words:—"I certify that C. D., to whom this licence has been granted by the College, and whose signature is subjoined, has been duly admitted to practise Physic, as a Licentiate of the College."

**PRELIMINARY EXAMINATION.** The Preliminary Examination will be held at the College in March and September. 1862—Tuesday, September 23rd; Wednesday, September 24th. 1863—Tuesday, March 24th, September 22nd; Wednesday, March 25th, September 23rd.

Tuesday; morning, ten to one, English and Latin. English will include English grammar and composition. Latin will include selections from the following authors: Sept. 1862, Horatii *Carmina*, lib. ii; Cornelius Nepos—*Vita Miltiadis*. March 1863, Virgilio *Æneis*, lib. ii. Cicero *De Naturâ Deorum*, lib. i. Sept. 1863, Horatii *Carmina*, lib. i; Cicero *De Senectute*.

Wednesday; morning, ten to one, English History and Modern Geography: afternoon, two to five, Mathematics and Natural Philosophy. Mathematics will include the ordinary rules of arithmetic; vulgar and decimal fractions; simple equations; the first book of Euclid. Natural Philosophy will include mechanics; acoustics, hydrostatics, hydraulics, and pneumatics; optics. Such a knowledge of these subjects will be expected as may be obtained from attendance on a course of lectures, or from elementary treatises on Physics, or Natural Philosophy.

The examination will be conducted in writing; but the Examiners are not precluded from questioning any candidate orally, if they think fit.—The preliminary examination must be passed previously to the time of commencing studies at a Medical School; but in the case of candidates who have commenced the prescribed course of medical studies before the first day of October, 1861, the examination in general education may be passed at any time before the examination for the licence; and in the case of candidates who shall have commenced the prescribed course of medical studies before the last day of September, 1862, the examination in general education must be passed before the first day of October, 1862.—A candidate who shall fail to pass the examination, will not be re-admitted to examination until after the lapse of six months.—Every candidate intending to present himself for the preliminary examination must give fourteen days notice in writing to the Registrar of the College; and before he is admitted to the examination he must pay a fee of two guineas. Should he fail to pass the examination, the fee will not be returned, but he may be admitted to a subsequent preliminary examination without the payment of an additional fee.—Testimonials of proficiency granted by the National Educational Bodies, according to the following list, with such additions as may from time to time be made, will be accepted by the Examiners as satisfactory, in lieu of the preliminary examination conducted at the College:—A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised, from time to time, by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle Class Examinations, Senior and Junior;\* Cambridge Middle Class Examinations, Senior and Junior;\* Durham Middle Class Examinations, Senior and Junior;\* Durham Examinations for Students in Arts, in their second and first years; Durham Registration Examina-

\* After January 1st, 1863, all Junior Middle-Class Examinations will be excluded from the list.



tion for Medical Students; Dublin University Entrance Examination; Queen's University, Ireland, two years Arts Course for the diploma of Licentiate in Arts; Preliminary Examinations at the end of A.B. Course; Middle Class Examinations; Matriculation Examinations; First Class Certificate of the College of Preceptors; an Examination established by any of the Bodies named in Schedule (A) of the Medical Act, approved by the Medical Council.—Any certificate of proficiency in general education which does not affirm the proficiency of the candidate in Latin, will not be deemed a sufficient proof of preliminary examination.—After September 1865, the preliminary examination in the subjects of general education will cease to be conducted at the College; and no other testimonials of proficiency than those granted by the National Educational Bodies, approved by the Medical Council, will, after that date, be accepted as proof of a sufficient general education.

**PROFESSIONAL EXAMINATION.** Students preparing for the Professional Examination for the Licence are required either to register at this College, within fourteen days from the commencement of each session, or to furnish proof, before admission to examination, of having been thus registered by one of the Bodies named in Schedule (A) of the Medical Act.—Every candidate, before he is admitted to examination, will be required to sign a declaration, stating whether he has or has not been rejected within three months by any of the Examining Boards included in Schedule (A) of the Medical Act.—The examination is divided into two parts. The first part will be conducted as follows:—On the first day, from 7 to 10 P.M., by written questions on Anatomy and Physiology. On the second day, from 7 to 10 P.M., by written questions on Chemistry, Materia Medica, and Practical Pharmacy. On the third day no examination. On the fourth day, commencing at 7 P.M., *vivâ voce*, on the subjects stated above. The second part will be conducted as follows:—On the first day, from 7 to 10 P.M., by written questions on Midwifery and the Diseases peculiar to Women. On the second day, from 7 to 10 P.M., on the Principles and Practice of Medicine and Surgery. On the third day, the candidate's practical knowledge will be tested, by requiring him to examine persons labouring under disease, either at the College or in the wards of an Hospital. On the fourth day, commencing at 7 P.M., *vivâ voce*, on the subjects stated above.—The first part of the professional examination is to be undergone after the termination of the second winter session of study at a recognised Medical School, and the second part after an interval of at least eighteen months from the first examination, except in the case of students who have commenced their professional education before October 1861.—Any candidate who shall fail to pass either of these examinations, will not be re-admitted to examination until after the lapse of six months.—Every candidate intending to present himself for examination, must give fourteen days notice, in writing, to the Registrar of the College, with whom all certificates and testimonials must be left fourteen days before the day of examination.—Blank forms of the required certificates of attendance on Hospital Practice and on Lectures, may be obtained on application at the College.\*—The fee for admission to the first part of the examination is five guineas; the fee for admission to the second part of the examination is ten guineas; and there is no further fee for the licence.—Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at an University, approved and recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from the first part of the professional examination for the licence.—Any candidate who has already obtained the licence of the Royal College of Physicians of Edinburgh, or of the King and

Queen's College of Physicians in Ireland, after a course of study and an examination satisfactory to the Examiners appointed by the College, shall be exempt from the first part of the professional examination for the licence.—Any "registered medical practitioner", whose qualification or qualifications shall have been obtained before the first day of January 1861, having been, with the consent of the College, admitted a candidate for the licence, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the Examiners to render in his case unnecessary.\*—The fee for admission to examination is fifteen guineas, and there is no further fee for the licence.—Examinations of candidates for the College licence will commence on the following Tuesday days. *First Part*—October 7th, 1862; December 2nd, February 3rd, 1863; April 7th; June 2nd; July 7th, October 6th; December 1st. *Second Part*—October 14th, 1862; December 9th; February 10th, 1863; April 14th, June 9th; July 14th; October 13th; December 8th.

#### THE DUTIES AND CONDUCT OF FELLOWS, MEMBERS, AND LICENTIATES; AND THE PENALTIES FOR NEGLECT OR INFRINGEMENT OF THE STATUTES, BYE-LAWS, OR REGULATIONS.

No Fellow of the College shall be entitled to sue for professional aid rendered by him. (This bye-law is made pursuant to 21st and 22nd Vict., c. 90, and does not extend to Members.)—If two or more physicians, Fellows or Members of the College, be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient, or the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the physician first called to a patient shall, unless he decline doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the physician or physicians called in consultation, he placing his own initials the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed, and the fact of such difference of opinion shall be communicated to the patient or the attendants by the physician who was first in attendance, in order that it may distress the patient and his friends as little as possible.—Every Fellow or Member of the College, in prescribing for a patient, shall write on his prescription the date thereof, the name of the patient, and the initial letters of his own name.—No Fellow or Member of the College shall officiously, or under colour of a benevolent purpose, offer medical aid to, or prescribe for, any patient whom he knows to be under the care of another legally qualified medical practitioner.—No Fellow or Member of the College shall be engaged in trade, or dispense medicines, or make any engagement with a chemist or any other person for the supply of medicines, or practise Medicine or Surgery in partnership, by deed or otherwise.—No Fellow, Member, or Licentiate of the College shall refuse to make known, when so required by the President and Censors, the nature and composition of any remedy he uses.—No Fellow, Member, or Licentiate of the College shall assume the title of Doctor of Medicine, or use any other name, title, designation, or distinction implying that he is a graduate in Medicine of an University, unless he be a graduate in Medicine of an University.—Licentiates of this College shall not compound or dispense medicines except for patients under their own care.—No Licentiate of this College shall, by virtue of his licence, represent himself as being a Fellow or Member of a College of Physicians.—If it shall at any time hereafter appear, or be made known to the President and Censors, that any Fellow or Member

\* Hours of attendance, from 11 A.M., to 4 P.M.; Saturday, from 11 A.M. to 2 P.M.

\* Forms of application may be obtained of the Registrar of the College.



if the College has obtained admission into the College, or that any Licentiate of the College has obtained the licence of the College by fraud, false statement, or imposition, or that any Fellow, Member, or Licentiate has been guilty of any great crime or public immorality, or has acted in any respect in a dishonourable or unprofessional manner, or has violated any statute, bye-law, or regulation of the College, relating to Fellows, Members, or Licentiates, as the case may be, the President and Censors may call the Fellow, Member, or Licentiate so offending before the Censors' Board, and, having investigated the case, may admonish, or reprimand, or inflict a fine not exceeding £10; or, if they deem the case of sufficient importance, may report the case to the College, and thereupon a majority of two-thirds of the Fellows present at a meeting of the Fellows, which must be specially summoned for that purpose, may declare such Fellow to be no longer a Fellow, or a Member of the College, as the College shall determine; or such Member to be no longer a Member of the College; or such Licentiate to be no longer a Licentiate, and his licence shall be revoked and withdrawn; and such Fellow, Member, or Licentiate shall forfeit all the rights and privileges which he does or may enjoy as a Fellow, or as a Member, or as a Licentiate, as the case may be; and his name shall be expunged from the list of Fellows, or from the list of Members, or from the list of Licentiates, as the case may be, accordingly.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### REGULATIONS RESPECTING THE EDUCATION AND EXAMINATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER.

I. PRELIMINARY GENERAL EDUCATION AND EXAMINATION. Candidates who have commenced their professional education on or after the 1st of January, 1861, will be required to produce one or other of the following certificates:—1. Of graduation in arts at a University recognised for this purpose. (The following are the Universities at present recognised, viz., Oxford; Cambridge; Dublin; London; Durham; and Queen's University in Ireland. Calcutta; Madras; and Bombay. Canada—McGill College, Montreal; and Queen's College, Kingston.) 2. Of having passed an examination for matriculation, or such other examination as shall, in either case, from time to time be sanctioned by the Council of this College, at a University in the United Kingdom, or at a colonial or foreign University recognised by the Council of this College. (The following are the examinations at present recognised under this clause, viz., Oxford—Responsions or moderations: middle-class examinations, senior and junior.\* Cambridge—Previous examination: middle-class examinations, senior and junior.\* Dublin—Entrance examination. London—Matriculation examination. Durham—Examination of students in arts in their second and first years: middle-class examinations, senior and junior.\* registration examination for medical students. Queen's University in Ireland—Two years arts course for diploma of licentiate in arts: preliminary examination at end of B. A. course: middle-class examinations: matriculation examinations. Queen's College, Belfast—Preliminary examination for non-matriculated students. Edinburgh—Extra professional examination for graduation in medicine. Calcutta; Madras; and Bombay—Matriculation examinations. McGill College, Montreal—Preliminary examination in general literature. Queen's College, Kingston, Canada—Matriculation examination: preliminary examination of students in medicine.) 3. Of

having passed the preliminary examination of the Royal College of Physicians of London. 4. Of having passed the preliminary examination for the Fellowship of this College. 5. Of having passed the preliminary examination of the Faculty of Physicians and Surgeons of Glasgow. 6. Of having passed the first-class examination of the Royal College of Preceptors. 7. Candidates who shall not be able to produce one or other of the foregoing certificates will be required to pass an examination, in English, classics, and mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of this College.

The following are the subjects of the examination (No. 7) during the year 1862, viz.—1. Reading aloud a passage from some English author. 2. Writing from dictation. 3. English grammar. 4. Writing a short English composition; such as a description of a place, an account of some useful or natural product, or the like. 5. Arithmetic. No candidate will be passed who does not show a competent knowledge of the first four rules, simple and compound, and of vulgar fractions. 6. Questions on the geography of Europe, and particularly of the British Isles. 7. Questions on the outlines of English history, that is, the succession of the sovereigns and the leading events of each reign. Papers will also be set on the following eight subjects, and each candidate will be required to offer himself for examination on one subject at least, at the option of the candidate; but no candidate will be allowed to offer himself for examination on more than four subjects:—1. Translation of a passage from the first book of Cæsar's Commentaries, *De Bello Gallico*. 2. Translation of a passage from St. John's Gospel in Greek. 3. Translation of a passage from Voltaire's *Histoire de Charles XII.* 4. Translation of a passage from the first two books of Schiller's *Geschichte des dreissigjährigen Krieges*. (Besides these translations into English, the candidate will be required to answer questions on the grammar of each selected subject.) 5. Mathematics. Euclid, Books I and II. Algebra to Simple Equations inclusive. 6. Mechanics. The questions will be chiefly of an elementary character. 7. Chemistry. The questions will be on the elementary facts of chemistry. 8. Botany and Zoology. The questions will be on the classification of plants and animals. The quality of the handwriting and the spelling will be taken into account. N.B. For the year 1863, Decimals, Euclid, Books I and II, and Latin will be added to the list of compulsory subjects.

II. PROFESSIONAL EDUCATION. 1. Candidates who shall commence their professional education on or after the 1st of October, 1862, will not be allowed to register the commencement of attendance on lectures or hospital practice before they shall have passed an examination in general literature, in conformity with the regulation of the Council in relation thereto.

2. The following will be considered as the commencement of professional education:—Attendance on the practice of a hospital, dispensary, or other public institution recognised by this College for that purpose.\* Instruction as the pupil of a member of one of the Royal Colleges of Surgeons in the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow.\* Attendance on lectures on anatomy, physiology, chemistry, or natural philosophy, by lecturers recognised by this College. (The certificate of the commencement of professional study in any one of the foregoing modes must be transmitted to the College within one week of such commencement; and a certificate of the continuance of such attendance or instruction during the period of six months must be transmitted to the College immediately upon the termination thereof, in order that the same may be registered for future reference.)

\* From and after the 1st of January 1863, certificates of having passed any Junior Middle-Class Examination will not be received, Latin not being made compulsory.

\* Attention being paid in either of the foregoing cases to practical pharmacy.



3. Candidates will be required to produce the following other certificates, viz.—Of being twenty-one years of age. Of having been engaged during four years in the acquirement of professional knowledge. Of having studied practical pharmacy during three months. Of having attended lectures on anatomy, delivered not less frequently than four times in each week, during two winter sessions. Of having performed dissections during not less than two winter sessions. Of having attended lectures on physiology delivered not less frequently than twice in each week, during two winter sessions. Of having attended lectures on surgery during two winter sessions. Of having attended one course of lectures on each of the following subjects, viz., chemistry, materia medica, medicine, and midwifery. Of instruction and proficiency in the practice of vaccination. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom or Colonies, the practice of surgery, and clinical lectures on surgery, during three winter and two summer sessions. (The winter session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March. The summer session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.) Of having attended, at a recognised Hospital or Hospitals in the United Kingdom or Colonies, the practice of medicine, and clinical lectures on medicine, during one winter and one summer session. N.B. Blank forms of the required certificates may be obtained on application to the secretary, and all such certificates will be retained at the College.

III. RECOGNITION OF CERTIFICATES, ETC. 1. Certificates will not be received on more than one branch of science from one and the same lecturer: but anatomy and dissections will be considered as one branch of science.—2. Certificates will not be recognised from any Hospital in the United Kingdom unless the surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such school be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such school be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.—3. No Metropolitan Hospital will be recognised by this College which contains less than one hundred and fifty, and no Provincial or Colonial Hospital which contains less than one hundred patients.—4. The recognition of Colonial Hospitals and Schools is governed by the same regulations, with respect to number of patients and to courses of lectures, as apply to the recognition of Provincial Hospitals and Schools in England.—5. Certificates of attendance, commenced subsequently to the 8th of December, 1859, upon the practice of a recognised Provincial or Colonial Hospital unconnected with, or not in convenient proximity to, a recognised Medical School, will not be received for more than one winter and one summer session of the Hospital attendance required by the regulations of this College; and in such cases clinical lectures will not be required.—6. Certificates will not be received from candidates who have studied in London, unless they shall have registered at the College their cards of admission to attendance on lectures and hospital practice within fifteen days from the commencement of the session; nor from candidates who have studied in the provincial schools in England, unless their names shall be duly returned from their respective schools.—(N.B. At the registration in October 1862, all candidates whatever, and at all subsequent registrations every candidate registering for the first time, will be required to produce, in addition to the cards of admission to attendance on hospital practice and lectures to which they shall have

entered, a copy of their respective registers of baptism or other satisfactory certificate of the place and period of their birth, in compliance with the recommendation of the General Council of Medical Education and Registration. And those candidates who shall not have commenced their professional education before the 1st of October 1862, will be further required to produce a certificate of having passed one or other of the preliminary literary examinations recognised by this College.) 7. Those candidates who shall have pursued the whole of their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required respectively by the Colleges of Surgeons of Edinburgh and Ireland from candidates for their diploma, together with a certificate of instruction and proficiency in the practice of vaccination; and in the case of candidates who shall have pursued the whole of their studies at recognised Foreign or Colonial Universities, upon the production of the several certificates required for their degree by the authorities of such Universities, together with a certificate of instruction and proficiency in the practice of vaccination.—8. Members or licentiates of any legally constituted College of Surgeons in the United Kingdom, and graduates in surgery of any University recognised for this purpose by this College, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.—9. Graduates in medicine of any legally constituted College or University recognised for this purpose by this College, will be admitted to examination on adducing, together with their diploma or degree, proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.

IV. PROFESSIONAL EXAMINATION. This examination is divided into two parts. 1. The first or primary examination, on anatomy and physiology, is partly written and partly demonstrative on the recently dissected subject, and on prepared parts of the human body. 2. The second or pass examination, on pathology, surgery, and surgical anatomy, is partly written and partly oral. The primary examinations are held in the months of January, April, May, July, and November, and the pass examinations generally in the ensuing week respectively. Candidates will not be admitted to the primary, or anatomical and physiological examination, until after the termination of the second winter session of their attendance at a recognised school or schools; nor to the pass, or pathological and surgical examination, until after the termination of the fourth year of their professional education. Candidates, being graduates in medicine of either of the Universities of Oxford, Cambridge, or London, will be required to present themselves for the pass examination in pathology and surgery only. The fee of five guineas paid by each candidate prior to his primary examination will not be returned, but will be allowed in the fee on his admission as a member. A candidate having entered his name for either the primary or pass examination, who shall fail to attend the meeting of the Court for which he shall have received a card, will not be allowed to present himself for examination within the period of three months from the date at which he shall have so failed to attend.

#### ADMISSION TO THE FELLOWSHIP BY EXAMINATION.

1. Except in the cases and instances hereinafter provided for to the contrary, every candidate for the fellowship, whether a member of the College or not, is required to produce certificates satisfactory to the Court of Examiners,—That he is twenty-five years of age. That he is (if found qualified upon examination) a fit and proper



erson to be admitted to the fellowship, which certificate must be signed by three fellows. That he has passed the preliminary examination in classics, mathematics, and French appointed by the Council; or that he has passed in the University of Oxford, or Cambridge, or London, the examination in arts required in those Universities, respectively, of candidates for their degrees in medicine. That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools, and that not less than three winter and three summer sessions thereof have been passed in one or more of such hospitals in London. That he has studied anatomy and physiology by attendance on lectures and demonstrations, and by dissections, during three winter sessions of not less than six months each, at a recognised school or schools. That he has attended lectures on the theory and practice of medicine and on clinical medicine; and also on the theory and practice of surgery and on clinical surgery, during two sessions of not less than six months each, at recognised schools and hospitals. That he has attended one course of lectures on each of the following subjects, viz., chemistry, materia medica, midwifery, with attendance on cases, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. That he has attended the surgical practice of a recognised hospital or hospitals during four winter and four summer sessions, and the medical practice of a recognised hospital or hospitals during one winter and one summer session. And that he has served the office of house surgeon or dresser in a recognised hospital in the United Kingdom. He is also required to present clinical reports with observations thereon of six surgical cases taken by himself at one or more recognised hospital or hospitals in the United Kingdom, with satisfactory evidence of their authenticity and genuineness.

2. In the case of a candidate who has taken by examination the degree of bachelor or master of arts in any University in the United Kingdom, it will be sufficient to produce a certificate that he has been engaged for five years (instead of six years) in the acquirement of professional knowledge in recognised hospitals or schools, but in all other respects he must produce the certificates of the foregoing course of study.

3. Any person who was a member of the College on the 14th of September 1844, will be admitted to examination for the fellowship upon the production of a certificate signed by three fellows, that he has been eight years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

4. Any person who shall have become a member of the College after the said 14th of September, 1844, will, after the expiration of twelve years from the date of the diploma, be admitted to examination for the fellowship upon the production of a certificate, signed by three fellows, that he has been for twelve years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

The following are the subjects of the preliminary examination of the candidates for the fellowship of this College during the year 1863, viz.—Classics. Herodotus, Book VIII; Sophocles, *Antigone*; Livy, Books II, III; Virgil, *Æneid*, Books XI, XII. Each candidate is required to bring up one of the above Greek, and one of the above Latin authors; one prose writer, and one poet. Mathematics; Arithmetic; Algebra, as far as to include the doctrine of Proportion; and Simple Equations with one or two unknown quantities; Euclid: Books 1, 2, and 3; Statics, Hydrostatics, Optics, and Acoustics. In the physical subjects it will be sufficient to be prepared with general explanations of the leading phenomena, such as may be found in treatises on Physics; except in the case of Statics and Hydrostatics, in which

mathematical demonstrations of the elementary propositions will also be required, such as may be found in any of the following books:—Barrett's *Propositions in Mechanics and Hydrostatics*; Snowball's *Cambridge Course of Elementary Natural Philosophy*; Whewell's *Mechanical Euclid*; Williams's *Elements of Mechanics and Hydrostatics*. In Optics, careful drawings will be required of the course of the rays transmitted through lenses, etc., illustrating the formation of images.—French; the translation into English of a passage in two of the following works, at the option of the candidates:—*Les Femmes Savantes*—Molière: *Cinq Mars*—Alf. de Vigni: *Paul et Virginie*—B. de St. Pierre. Grammatical questions on the parts of speech, particularly the conjugation of the irregular verbs in the selected passages.

This examination is held twice in the year, in the months of April and October, to which candidates are admitted upon having completed the eighteenth year of their age, and on payment of the fee of ten guineas.

Any further information may be obtained by application to the Secretary, at the College.

The professional examination is held in the months of May and November, and occupies two days, either successive, or at such interval as the Court of Examiners may appoint. The subjects of the first day's examination are anatomy and physiology; those of the second day, pathology, therapeutics, and surgery: the candidate has to perform dissections or operations on the dead body. Graduates in medicine of any University in the United Kingdom will be admitted to the fellowship of this College after having passed the professional examination in surgery only; provided that the educational and other requirements of such graduates by the Universities in question be deemed equivalent to those imposed on the candidates for the fellowship of this College. (The Universities of Oxford, Cambridge, and London are recognised with reference to the foregoing regulation.) A candidate whose qualifications shall be found insufficient upon his professional examination, will not be allowed to present himself a second time until after the expiration of one year from such examination.

#### ADMISSION OF MEMBERS TO THE FELLOWSHIP BY ELECTION.

Members of the College of fifteen years standing who were members on the 14th day of September 1843, desirous of admission to the Fellowship, otherwise than by examination, shall transmit or deliver to the Secretary of the College, a declaration signed by himself, in the following terms, namely:—"I, A. B., of C., a member of the Royal College of Surgeons of England, do declare that I do not sell or supply drugs or Medicines, (or that) I do not sell or supply drugs or medicines (otherwise than in the due exercise or practice of my profession as an apothecary.)"

Together with a certificate in the following terms, namely:—"We, the undersigned Fellows of the Royal College of Surgeons of England, do, from our personal knowledge of the high moral character and professional attainments of A. B. of C., declare that in our opinion he is deserving of the honour of the Fellowship of the said College, and that he does not sell or supply drugs or medicines, (or that) he does not sell or supply drugs or medicines otherwise than in the due exercise or practice of his profession as an apothecary. We therefore recommend the said A. B. to the Council to be admitted a Fellow of the College." In the case of a member resident in the United Kingdom, such certificate shall be signed by six Fellows of the College. In the case of a member absent from the United Kingdom, in the service of the royal army or navy, such certificate shall be signed by two Fellows of the College, and also by the officer superintending the Medical Department of the service to which such member shall belong. In the case of a member re-



sident in any of the British Colonies, plantations or dependencies, such certificate shall be signed by two Fellows of the College, and also by the Governor, Lieutenant-Governor or Superintendent of such colony, plantation or dependency, whose signature shall be verified by the Secretary, or one of the under Secretaries of State for the Colonies.

The said declaration and certificate shall be received at least seven days before the meeting of the Council, at which the ballot shall be taken for the election of the said member into the Fellowship.

The fee of ten guineas payable upon the admission of members to the Fellowship by election, shall be paid at or before the issue of the diploma of Fellowship.

The names of such Fellows as shall be elected as aforesaid, shall be entered upon the List or Register of Fellows according to the dates of their election, and when more than one shall be elected upon the same day, their names shall take precedence according to the priority of their diplomas as members.

No member of the College, admitted to the Fellowship by election, shall exercise any right or privilege he shall have acquired as a Fellow until he shall have signed a copy of the bye-laws of the College, in testimony of having engaged himself to the observance thereof, and made and subscribed the following declaration in the presence of the Council, viz.:—"I, A. B., of C., member of the Royal College of Surgeons of England, do solemnly and sincerely declare that while a Fellow of the said College, I will observe the bye-laws thereof, and will obey every lawful summons issued by order of the Council of the said College, having no reasonable excuse to the contrary. And I make this solemn declaration by virtue of the provisions of an Act passed in the sixth year of the reign of His late Majesty King William the Fourth, intituled an Act to repeal an Act of the present Session of Parliament intituled an Act for the more effectual abolition of oaths and affirmations taken and made in various departments of the state, and to substitute declarations in lieu thereof, and for the more entire suppression of voluntary and extrajudicial oaths and affidavits, and to make other provisions for the abolition of unnecessary oaths."

#### CERTIFICATE OF QUALIFICATION IN MIDWIFERY.

1. Persons who were Fellows or members of the College prior to the 1st day of January, 1853, will be admitted to examination for the certificate of qualification in midwifery upon producing their diploma. (Fee for certificate, two guineas.) 2. Persons having become members of the College subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours. (Fee three guineas.) 3. Members or licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, and recognised by this College, will also be admitted to examination on producing, together with their diploma, licence, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one Course of Lectures on Midwifery—and of having attended not less than twenty labours. (Fee three guineas.) 4. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees, and recognised by this College, will also be admitted to examination on producing, together with their diploma, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one Course of Lectures on Midwifery—and of having attended not less than twenty labours. (Fee ten guineas.) 5. Persons having commenced their professional education, either by attendance on Hospital practice, or on Lectures on Anatomy, prior to the 1st of January, 1853, will be ad-

mitted to examination on producing the several certificates of professional education required for admission to examination for the diploma of member of this College at the period when such persons shall respectively have in such manner, commenced their professional education (Fee, ten guineas.) 6. Persons having commenced their professional education, either by attendance on Hospital practice, or on Lectures on Anatomy, after the 31st day of December, 1852, will be admitted to examination on producing certificates of being twenty-one years of age—of having been engaged during four years in the acquirement of professional knowledge—of having completed at recognised Schools, the professional education required of candidates for the diploma of member of this College—of having attended one Course of Lectures on Midwifery and the Diseases of Women and Children—and of having personally conducted thirty labours. (Fee, ten guineas.)

#### SOCIETY OF APOTHECARIES.

THE Court of Examiners of the Society of Apothecaries have always regarded the term of apprenticeship required by the Act of Parliament of 1815, as a period of study to be employed by the pupil, under the superintendence of a practitioner, not merely in dispensing medicines, but also in attendance on lectures and hospital practice; and they have felt justified (after a careful consideration of the clause in the Act relating to apprentices) in giving to it this enlarged and liberal interpretation.

The Court therefore, in accordance with the recommendations of the Medical Council, suggest that all students do present themselves for the Preliminary Examination in Arts at the termination of the first year of their pupilage, which year may also be profitably employed in obtaining a knowledge of practical pharmacy.

**COURSE OF STUDY.** Every candidate whose attendance on lectures shall commence on or after the 1st of October 1861, must attend the following lectures and medical practice during not less than four winter and four summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.—First Year. Winter Session: Chemistry; Descriptive Anatomy; Physiology. Summer Session: Botany; Materia Medica and Therapeutics; Practical Chemistry. (By Practical Chemistry is intended, a *specific* course of instruction in the laboratory, with an opportunity of personal manipulation in the ordinary processes of chemistry, and of acquiring a knowledge of the various re-agents for poisons.)—Second Year. Winter Session: Anatomy and Physiology; Anatomical Demonstrations and Dissections; Principles and Practice of Medicine; Clinical Medical Practice. Summer Session: Midwifery and Diseases of Women and Children; Clinical Medical Practice.—Third Year. Winter Session: Principles and Practice of Medicine; Clinical Medical Practice and Morbid Anatomy. Summer Session: Clinical Lectures; Forensic Medicine and Toxicology; Clinical Medical Practice and Morbid Anatomy.—Fourth Year. Winter Session: Practical Midwifery (a certificate of attendance, on not less than twenty cases, will be received from a legally qualified practitioner); Vaccination; Clinical Medical Practice and Morbid Anatomy. Summer Session: Practical Midwifery; Vaccination; Clinical Medical Practice and Morbid Anatomy.—Those gentlemen whose attendance on lectures commenced before the 1st of October 1861, will be allowed to complete their studies in conformity with the previous regulations of the Court, provided they are registered.

**RECOGNITION OF LECTURERS AND SCHOOLS.** No lecturer will be acknowledged by the Court who is not connected with a recognised Medical School; or who teaches on more than two branches of medical science.—The



lecturer on the Principles and Practice of Medicine must be a legally registered physician.—The lecturer on *Materia Medica* and Therapeutics must also be a legally qualified physician, or a licentiate of this Court of four years standing.—The lecturer on Midwifery must be a member of one of the legally constituted Colleges of Physicians or Surgeons in the United Kingdom of four years standing; or he must have been a licentiate of this Court for the same period.

**HOSPITALS AND DISPENSARIES.** No Hospital will be recognised by the Court unless, 1. It contain at least one hundred beds; 2. It be under the care of two or more legally qualified physicians, and a legally qualified practitioner; 3. The physicians give lectures on Clinical Medicine, and instruction in Morbid Anatomy.—No Dispensary will be recognised by the Court, unless it be situated in some town where there is a recognised Medical School, and be under the care of at least two physicians and a legally qualified practitioner.—No medical practice will be available, unless it be attended in conformity with the course of study prescribed for pupils.

**REGISTRATION OF TESTIMONIALS.** All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration: in London, at this Hall: in the provincial towns, from the gentlemen who keep the Registers of the Medical Schools; and whose names may be known by application to the Secretary of this Court.—All students, in London, are required personally to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court, whose names and classes in the Register correspond with their schedules.—Tickets of admission to lectures and medical practice must be registered in the months of October and May. Due notice of the days and hours of such registrations will be given from time to time.—The Court also require students at the provincial Medical Schools to register their names in their own hand-writing, with the registrar of each respective school, within the first fifteen days of October, and first fifteen days of May.

**EXAMINATIONS.** The Court of Examiners meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock. Every person intending to offer himself for examination, must give notice on or before the Monday previous to the day of examination, and must at the same time deposit all the required testimonials, with the fee, at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock. The examination of candidates is divided into two parts, and is conducted partly in writing and partly *viva voce*. First Examination, which may be passed after the second Summer Session, embraces the following subjects:—Latin, of the *Pharmacopœia* and Physicians' Prescriptions; Anatomy and Physiology; General and Practical Chemistry; Botany and *Materia Medica*. Second Examination, at the termination of the medical studies (the five years pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology.

**TESTIMONIALS REQUIRED OF CANDIDATES.** For the First Examination:—1. A certificate of having been duly articulated to a legally qualified apothecary, with date of indenture. 2. Of having completed the curriculum of study to the close of the second Winter Session. 3. Of having passed an examination in arts. [Candidates having entered the study of the profession before August 1st, 1858, and who have passed no classical examination, will be required to read portions of Celsus and Gregory.] For the Second Examination:—1. A certificate of having completed five years apprenticeship (which may include the period spent at the hospital), of being twenty-one years of age, and of good moral conduct. 2. of having

passed the first examination. 3. Of having completed the prescribed curriculum of study according to the schedule, including a personal attendance of twenty cases of midwifery; and of having received instructions in practical vaccination.

The fee for a certificate of qualification to practise, is six guineas; the half to be paid at the first examination.

**AN EXAMINATION IN ARTS** will take place at the Hall three times in the year. Due notice will be given of the time at which each examination will be held. N.B. By order of the Medical Council, an examination in arts is compulsory on all gentlemen commencing their studies on or after the 1st of October, 1861, and must be passed previous to registration.—Testimonials of proficiency in general education will be received, as exempting from the examination in arts at this Hall, from any of the Licensing Bodies under the Medical Act of 1858, viz.—The Royal College of Physicians, London; the Royal College of Physicians, Edinburgh; the King and Queen's College of Physicians, Ireland; the Royal College of Surgeons, England; the Royal College of Surgeons, Edinburgh; the Faculty of Physicians and Surgeons of Glasgow; the Royal College of Surgeons, Ireland; the Society of Apothecaries, London: and also from the following National Educational Bodies. (See Regulations of Royal College of Physicians, pp. 329-30.)

For information relative to these Regulations, students are referred to the Beadle, at Apothecaries' Hall, every day (Sunday excepted), between the hours of ten and four o'clock.

Information on all subjects connected with the "Act for better regulating the Practice of Apothecaries," may be had on application to Mr. R. B. Upton, Clerk of the Society, at the Hall, every day (Sunday excepted), between the hours of one and three o'clock.

**PRIZES.** The Society of Apothecaries annually offer prizes for proficiency in the knowledge of *materia medica* and pharmaceutical chemistry, and also prizes for proficiency in the knowledge of botany; and all medical students will be considered eligible as candidates for such prizes, who have commenced the third winter session of their medical study, and bring testimonials from their teachers of having attended with diligence and regularity their lectures and class examinations.—The prizes will consist of a gold and a silver medal, in each of these two branches of medical science.—The gold medal will be given to the candidate who distinguishes himself most in the examination; and the silver medal to the candidate who does so in the next degree.—The examination in botany will be held in the month of August.—The examination in *materia medica* and pharmaceutical chemistry will be held in the month of October.—Medical students intending to offer themselves as candidates for these prizes, are requested to observe the following regulations. Every student intending to offer himself as a candidate must send a written notice of his intention to the office of the Beadle, on or before the first day of the month in which the examination is to take place. The notice is to be accompanied by evidence of the candidate having entered on his third winter session, and by certificates from his teachers of his having attended their respective lectures and class examinations with diligence and regularity.

## UNIVERSITY OF OXFORD.

### DEGREES IN MEDICINE.

**TERMS.** For the Degree of Bachelor in Medicine, three years or twelve terms residence are necessary, as in the case of candidates for Degrees in Arts, with whom they must undergo a public examination, after which sixteen terms, or four years of Professional study are necessary.—A.B.M. enjoys the same privilege with the



B.C.L. in reference to his M.A. Degree.—For a Doctor's Degree, three whole years after the Bachelor's are required.

**EXAMINATIONS.** For the Degree of Bachelor of Medicine all students (besides undergoing the same examination appointed for Bachelors of Arts) must pass two medical examinations; the first (in anatomy, physiology, chemistry, botany, and mechanical philosophy\* after the expiration of *two* years; the second (in the Theory and Practice of Medicine, Materia Medica and Therapeutics, Pathology, Hygiene, etc.) after the expiration of *four* years, from the date of having passed the B.A. examination in one school.—For a Doctor's degree in medicine a dissertation upon some subject, to be approved by the Regius Professor, is to be publicly recited in the schools, and a copy of it afterwards delivered to the professor.

**UNIVERSITY FEES.** 1. At Matriculation: For a Servitor or Bible Clerk, 10s. For a nobleman, or the eldest son of a peer, £8. For privileged persons not claiming immunity, £5. For all others, £2:8. And for non-academicians, £1.—2. At Graduation: For the degree of B.A., S. Med., or S.C.L., £7:10; for B. Med., £6:10. For the degree of M.A., £12. For M.A. if B. Med., £7. For doctor in any of the superior faculties, £40. For a degree by Decree of Convocation, or granted to any in their absence, besides the usual fees, £5. For degrees by accumulation, beyond the usual fees, £5. If any M.A. or Doctor, after having quitted the University, shall wish to return, he shall reside twenty-one days in any one term, and pay a fee of £10, unless he would prefer to pay up the fees due from the time of his leaving the University. If he shall not reside, £20.—3. Incorporation Fees: B.A., £8; M.A., £15, Bachelor in any of the superior faculties, £15; Doctor in any superior faculty, £40. For a diploma, beyond the usual fees, £10:10.—4. Fees *comitatis causâ*, £1. Besides the above, every member of the University pays £1:6 annually, in four quarterly payments, as university dues. In lieu, however, of this payment, all members having graduated, may at their option compound for all such dues on the following scale, viz.:—If he have not exceeded his 25th year, £22:15; 30th, £21:15; 35th, £20:12:6; 40th, £19:8:6; 45th, £18; 50th, £16:7:6; 55th, £14:15; 60th, £13:1:6; 70th, £9:6:6.—5. Fees at Examination: All undergraduates are called upon to pay fees on entering their names for their respective examinations: viz., for Responsions, 20s.; the First Public Examination, 21s.; the Final Examination, 21s.; for admission into any second school, 10s.; for examination in Civil Law, 20s.; and in Medicine, 20s. An additional fee of £10 for the Examinations in Medicine is paid to Bachelors in that Faculty before admission to that degree.

### UNIVERSITY OF CAMBRIDGE.

THE University having now the power of granting the new degree of Master in Surgery, M.C. (*Magister in Chirurgiâ*), the methods of obtaining medical and surgical degrees have recently undergone considerable alterations, whereby a student, during his residence in the University, can pursue at one time the courses of study necessary for the two degrees of M.B. and M.C.; which, when obtained, will give him the right to practise every branch of his profession in any part of the United Kingdom.

#### REGULATIONS FOR THE DEGREE OF M.B.

A student, before he can become a Bachelor of Medicine, must have resided nine terms, during three of

which he pursues classical and mathematical studies; and then, having passed the "previous examination" or "little go," he is registered as a student of medicine; and at the end of four years from registration will complete the period of medical study required. Half of which time, or six terms, must be spent in medical study in the University, and the remainder in any great medical school. As evidence of medical study in the University, the student must produce certificates of attendance in each term on courses of lectures on two of the following subjects:—1. Chemistry; 2. Botany; 3. Anatomy and physiology; 4. Comparative anatomy; 5. Materia medica and pharmacy; 6. Pathology. Or of a course of lectures on one of the above subjects, and also on the medical practice of Addenbrooke's Hospital. At the end of his ninth term of residence, the student who has adopted the above course will be able to present himself for the Natural Sciences Tripos Examination (in comparative anatomy, chemistry, and botany). This examination admits to B.A. degree, and, in addition, excuses any further examination in those subjects when passing the M.B. or M.C. Examinations. The B.A. degree is not, however, compulsory. Having now passed the period of compulsory residence in the University, the student will probably study in London or elsewhere for two years, when he will be of sufficient standing to be admitted to the degree of M.B. or M.C. (or both) after passing the necessary examinations. There are two professional examinations for the M.B. degree. The first may be passed after the completion of three years of medical study; the period required to be spent in medical study in the University being included in those three years. The second examination may be passed after the completion of the course of medical study.

**FIRST M.B. EXAMINATION.** Before admission to the First M.B. Examination, the student must produce certificates of attendance on one course of lectures on each of the following subjects:—1. Chemistry; 2. Botany; 3. Comparative anatomy; 4. Human anatomy and physiology; 5. Pathology; 6. Materia medica and pharmacy. Also, a certificate of having practised dissection during one season at least. The subjects of the First M.B. Examination are the above six subjects; with portions of Celsus, Hippocrates, and Aretæus. Students obtaining honours in the Natural Sciences Tripos are exempt from examination in botany, chemistry, and comparative anatomy.

**SECOND M.B. EXAMINATION.** Certificates of attendance on one course at least of lectures on each of the following subjects must be produced:—1. Principles and practice of medicine; 2. Clinical medicine; 3. Clinical surgery; 4. Medical jurisprudence; 5. Obstetrical medicine. The subjects of the Second M.B. Examination are:—1. Physiology; 2. Pathology and practice of medicine; 3. Clinical medicine; 4. Medical jurisprudence; 5. Medical treatment of surgical and obstetrical cases. Before admission to the degree of M.B., the candidate is required to read an English thesis.

#### DEGREE OF M.D.

The candidate may be admitted to the degree of Doctor of Medicine in the ninth term (nearly three years), after taking the degree of M.B. An act (thesis) has to be kept similar to that required for M.B.

#### DEGREE OF M.C.

The University requires two professional examinations for the degree of M.C. Till the First Examination the course for the M.C. degree is essentially the same as that for the First M.B., and the First Examination is the same for the two degrees. Afterwards the courses of study for the two degrees differ, and the examinations are different. Still the student can pursue the courses for both at the same time. Before admission to the Second Examination, the student must produce certificates of having attended, 1. A second course of lec-

\* Candidates who have already obtained a place in the first or second class in the Natural Science School, are excused these three last subjects.



ures on human anatomy; 2. One course of lectures on principles and practice of surgery; 3. Lectures on clinical surgery during one year; 4. One course of lectures on midwifery, and ten cases of midwifery; 5. One course of lectures on medical jurisprudence; 6. Of having practised dissection during a second season; 7. Of having attended the surgical practice during three years, and the medical practice during one year of a recognised hospital, and of having been house surgeon or dresser for six months at least in such a hospital. The subjects of the Second M.C. Examination are:—1. Surgical anatomy; 2. Pathology, and principles, and practice of surgery; 3. Clinical surgery; 4. Midwifery; 5. Medical jurisprudence. For the first three years after the completion of the degree, a Master in Surgery has the status of B.A.; afterwards he has the privileges of a M.A.

### UNIVERSITY OF DURHAM.

LICENTIATES and graduates in medicine, who are also masters in surgery, of the University of Durham, are entitled to registration as duly qualified practitioners in medicine and in surgery, and are eligible as candidates for the military and naval services, and also for poor-law appointments.

#### REGISTRATION OF STUDENTS IN MEDICINE, AND REGISTRATION EXAMINATION.

1. The name of every student in medicine (of the Newcastle-on-Tyne College of Medicine) shall be placed on a register kept by the registrar of the University of Durham. Every student who has been thus registered shall be regarded as a matriculated student of the University of Durham, in the faculty of medicine; and shall receive a certificate of his registration, signed by the registrar, for which he shall pay the sum of five shillings. 2. No one shall be registered until he has produced to the warden the requisite certificates of examination and character.

The requisite certificate of examination shall be a certificate of his having passed either the registration examination appointed by the University of Durham, or any one of the examinations named in the minutes of the General Medical Council. The requisite certificate of character shall be determined by the warden, and, in case of the candidate offering himself for the registration examination at Durham, shall be approved by the warden before the candidate is admitted to that examination. The warden shall appoint an officer to receive applications for registrations and examine certificates at Newcastle-upon-Tyne. This officer shall report in each case to the warden, and the warden, if satisfied of the applicant's fitness, shall direct his name to be placed on the register at Durham.

THE REGISTRATION EXAMINATION at Durham shall be held twice a year, shortly before the winter session and shortly before the summer session of the Medical School of Newcastle-upon-Tyne. The exact day shall be fixed in each case by the warden. Every one who passes the registration examination shall receive a certificate signed by the examiners, for which he shall pay the sum of £1. The warden shall have authority, in case of urgency, to appoint an extraordinary registration examination at any time. Any one who receives a certificate at this examination shall, instead of the usual fee of £1, pay the sum of £2.—The registration examinations will begin at Durham on Tuesday, September 23rd, 1862, and on Tuesday, April 28th, 1863, at 9 A.M. on each day. The following are the subjects of Examination:—1. The History contained in St. Matthew's Gospel. 2. English Grammar and Writing from Dictation. 3. Arithmetic, including Vulgar and Decimal Fractions. 4. History of the Reign of Elizabeth. 5. To draw, from memory, an

outline map showing the coast line, the chief ranges of mountains, and the principal rivers of some one of the following countries, to be selected by the examiners:—Great Britain, Ireland, Italy. Questions also will be set in the geography of these countries. 6. Translations, with grammatical questions, from some one of the following subjects, to be selected by the candidates:—*Cæsar de Bello Gallico*, Book iv: *Cicero, de Amicitia*: *Virgil*; first book of the *Æneid*: *Horace*; first book of the *Odes*. 7. Any candidate may, if he pleases, offer himself for examination in any one or more of the following three subjects:—the first book of *Euclid*: the first book of *Xenophon's Anabasis*, in Greek, and Greek Grammar: or *Voltaire's History of Charles XII*, in French, and French Grammar. Candidates who wish to be examined on any of these subjects, must give notice of their intention ten days, at least, before the examination. The middle class examinations will commence at Durham on Monday, October 7th, at 2 o'clock.

#### LICENSE IN MEDICINE; AND DEGREE OF MASTER IN SURGERY.

Residence at Durham is not imperative. A candidate must have passed one of the arts examinations in the list recommended by the General Medical Council, after which he must have been registered at Durham or Newcastle as a medical student. He must produce certificates of having afterwards spent four years in medical study at the College of Medicine at Newcastle, or at some other medical school recognised by the university, of good moral conduct, and of having attained the age of twenty-one years. Candidates must bring certificates of having, during their four years of study, attended two six months courses of lectures on anatomy and on physiology, on medicine, and on surgery; one six months course on chemistry; of having been engaged in dissections for two winter sessions; of having attended two three months courses of lectures and demonstrations on morbid anatomy; one three months course of lectures on botany, on materia medica, on practical chemistry, on midwifery, and on medical jurisprudence; and of having been engaged in practical pharmacy for three months; and of attendance on surgical practice and surgical clinical lectures; and on medical practice and medical clinical lectures, during three winter and two summer sessions.

#### DEGREE OF BACHELOR IN MEDICINE.

Residence during three terms at Durham is necessary. A candidate must have obtained a degree in arts of the University of Durham, or have passed the final examination for the degree of Bachelor of Arts, or one equivalent thereto, must be a licentiate in medicine of the University, and of the standing of twenty-one terms (seven years) from the date of his matriculation at Durham.

The examination consists in writing an essay on some medical subject appointed by the warden and senate, and in passing an examination thereon.

#### DEGREE OF DOCTOR IN MEDICINE.

A candidate must be a Bachelor in Medicine of the University of Durham, and of the standing of twenty-four terms (eight years) from the date of his matriculation at Durham. The examination is similar to that for the degree of Bachelor in Medicine.

EXAMINATIONS. The examinations for the license in medicine and the degree of Master in Surgery, are conducted partly at Durham, by printed papers of questions and *viva voce*, and partly at Newcastle, in a practical manner, in Anatomy, Surgery, Chemistry, and Medicine. The examinations for the degrees of Bachelor and Doctor in Medicine are conducted at Durham. The examinations are held, except in special cases, yearly in the month of June, at the close of Easter Term. The licenses and degrees are conferred in convocation at



Durham. The examiners are appointed yearly by the warden of the university, and approved by convocation.

#### SPECIAL REGULATIONS.

1. Any student in medicine who has pursued his medical studies in the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the university before the same date, shall be entitled to count the time thus spent at Newcastle as if it had been spent after registration, provided he passes one of the ordinary registration examinations before the 31st of October, 1862. 2. Any student in medicine who has spent two or more years in medical study at the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the university before the same date, shall be admissible to the second and final examination for a license in medicine, or for the degree of Master in Surgery, without having passed the first examination, provided he has passed one of the ordinary registration examinations before the 31st of October, 1862, and has completed four years of medical study since his admission as a medical student at Newcastle. 3. Any student in medicine who commenced his studies at the Newcastle-upon-Tyne School of Medicine in connexion with the university, before the first day of October, 1861, but has not been matriculated at the University, shall be permitted to be matriculated on or before the 20th day of March, 1862, and to count towards a license and degrees in the Faculty of Medicine the time which he has spent in medical study at Newcastle, in the same manner as if he had been matriculated when he was first admitted to be a medical student at Newcastle.

MEDICAL SCHOLARSHIPS. The following grace was passed in convocation of the university, June 17th, 1856:—"Four scholarships of £25 a year each shall be founded, tenable each for four years by students pursuing their medical studies in the university or at Newcastle, and not of sufficient standing to proceed to a license in medicine." For regulations see *Durham University Calendar*. A scholarship will be awarded in October next at Durham.

#### UNIVERSITY OF EDINBURGH.—UNIVERSITY OF GLASGOW.—UNIVERSITY OF ABERDEEN.—UNIVERSITY OF ST. ANDREW'S.

[THE Regulations of these Universities, having been drawn up in conformity with an ordinance of the Universities' Commissioners for Scotland, are nearly identical. They are, therefore, here printed in one; any points of difference being marked by brackets or otherwise.]

Three degrees in medicine are granted by these Universities, which are respectively designated as follows; viz.: Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.). These degrees are conferred by these Universities according to the following regulations, which come into force, in Edinburgh, on February 4th, 1861; in Glasgow, on October 1st, 1861; in Aberdeen, on the first Tuesday of November, 1861; and in St. Andrew's, at the commencement of 1863.

#### DEGREES OF BACHELOR OF MEDICINE AND MASTER IN SURGERY.

GENERAL EDUCATION. 1. Candidates for these degrees are required to pass an examination in the following branches; viz: English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics. The proficiency of students in these branches shall be ascertained by examination [as far as possible—*Edinburgh, Glasgow, St. Andrew's*] prior to the commence-

ment of their professional education.—2. Candidates are also required, previous to their first professional examination, to pass an examination in at least two of the following subjects, selected by the candidate; viz.: Greek, French, German, Higher Mathematics, Natural Philosophy, Natural History, Logic, Moral Philosophy [and this examination shall also take place, as far as possible, before the candidate has entered upon his medical curriculum—*Edinburgh, Glasgow, and St. Andrew's*]. [It is recommended that this additional examination also be undergone before the student has begun his medical studies—*Aberdeen*].—[In the University of Edinburgh, examinations in extra-professional education will take place on Wednesday, October 29th, 1862, and Saturday, April 4th, 1863. *English*: Writing out a narrative, with strict attention to correct spelling, the proper selection of words, the form of the sentences, and punctuation. *Latin*: Second Æneid of Virgil, and an easy passage from a Latin prose author. *Arithmetic*: The common rules, including decimals. *Elements of Mathematics*: Euclid, Books i, ii, and iii; and the Rudiments of Algebra, including Simple Equations. *Elements of Mechanics*: Lardner's Mechanics. *Greek*: An easy passage from Xenophon or Arrian. *French*: Voltaire, *Histoire de Charles XII*. *German*: *Laokoon*, by Lessing. *Higher Mathematics*: Euclid, Books i to vi; Algebra, Trigonometry, and Conic Sections. *Natural Philosophy*: *Elements of Natural Philosophy*, by Golding Bird and Brooke. *Logic*: Formal and Verbal Fallacies; Theory and Methods of Induction. *Moral Philosophy*: Adam Smith's *Theory of Moral Sentiments*.—Examinations in Latin for students who come under the old statutes, in consequence of having commenced their medical curriculum by attendance on classes before February 4th, 1861, will take place on Wednesday, October 29th, 1862, and Saturday, April 4th, 1863; and will be confined to the following works:—1. Life of Agricola, by Tacitus; 2. First Book of Cicero *De Officiis*; 3. Second Æneid of Virgil.]—3. The examinations in general education shall be conducted by examiners in arts [who may be professors—*Glasgow*], together with some of the medical examiners (*Edinburgh and Glasgow*).—4. A degree in arts [not being an honorary degree—*Edinburgh, Glasgow, and St. Andrew's*] of any of the Universities of England, Scotland, and Ireland, or a degree in arts of any [colonial or foreign university, which may for this purpose have been—*Edinburgh, Glasgow, St. Andrew's*] [other university—*Aberdeen*] specially recognised by the University court, shall exempt candidates from preliminary examination in general education.

PROFESSIONAL EDUCATION. 1. Candidates shall have been engaged in professional study for a period of four years; the medical session of each year, or *annus medicus*, being constituted by attendance on at least two courses of not less than one hundred lectures each, or on one such course and two courses of not less than fifty lectures each; excepting in the case of the clinical courses, in which it shall be sufficient that the lectures be given twice a week during the prescribed period.—2. Of the four years constituting the curriculum, one at least shall have been passed in the University from which the degree is sought to be obtained, and another either in that University or in some other University entitled to give [degrees in medicine—*Glasgow*] [the degree of Doctor of Medicine—*Edinburgh, Aberdeen*]. For the remaining years, if not passed at a recognised University, attendance during at least six winter months on the medical and surgical practice of a general hospital which accommodates at least eighty patients, with a course of practical anatomy during the same period, may be reckoned one *annus medicus*; and another such year may be constituted by attendance for the requisite period on the lectures of teachers of medicine in the hospital schools of London, or in the school of the Col-



ge of Surgeons of Dublin, or [of such teachers of medicine in Edinburgh or elsewhere as shall from time to time -*Edinburgh*] [in such other schools as may for the purpose be recognised by the University court, with the consent of the Chancellor of the University—*Glasgow*] of any private teacher or teachers of medicine who shall at any time be recognised by the University court, with the consent of the Chancellor of the University—*Aberdeen*]. But attendance on lectures by such teachers shall not be recognised to the extent or more than four of the departments of medical study required for the curriculum (*Edinburgh, Glasgow, Aberdeen*). [No one shall be received as a candidate for the degree of Bachelor of Medicine or Master in Surgery, unless two years at least of his four years of medical and surgical study, as above defined, shall have been in one or more of the following Universities and Colleges; viz., the University of St. Andrew's; the University of Glasgow; the University of Aberdeen; the University of Edinburgh; the University of Oxford; the University of Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway. Subject always to the condition specified in the preceding section, the studies of candidates for the degrees of Bachelor of Medicine and Master in Surgery shall be under the following regulations. (1) The remaining years of medical and surgical study may be either in one or more of the Universities and Colleges above specified, or in the hospital schools of London, or in the school of the College of Surgeons in Dublin, or under such private teachers of medicine as may from time to time receive recognition from the University court. (2) Attendance during at least six winter months on the medical or surgical practice of a general hospital which accommodates at least eighty patients, and during the same period on a course of practical anatomy, may be reckoned as one of such remaining years; and to that extent shall be held equivalent to one year's attendance on courses of lectures. (3) Attendance on the lectures of any private teacher in Edinburgh, Glasgow, or Aberdeen, shall not be reckoned for graduation in St. Andrew's, if the fee for such lectures be of less amount than is charged for the like course of lectures in the University of Edinburgh, of Glasgow, or of Aberdeen, according as the teacher lectures in Edinburgh, Glasgow, or Aberdeen—*St. Andrew's*].—3. Candidates shall produce certificates of having studied the following departments of medical science, in the manner specified:—Anatomy, Chemistry, Institutes of Medicine or Physiology, Materia Medica [and Pharmacy—*Glasgow, Aberdeen, St. Andrew's*], Surgery, Practice of Medicine, Midwifery and Diseases of Women and Children,\* each in a course of not less than one hundred lectures. Botany, [Natural History, including Zoology—*Edinburgh*], Zoology, with Comparative Anatomy—*Glasgow, Aberdeen, St. Andrew's*], Medical Jurisprudence, each in a course of not less than fifty lectures. [General Pathology, or, in schools where there is no such course, a three months course of lectures on Morbid Anatomy—*Edinburgh, St. Andrew's*]. [Pathological Anatomy, in a three months course of lectures—*Glasgow*], with a supplemental course either of Practice of Medicine or of Clinical Medicine. [But a course of General Pathology, of one hundred lectures, will be held equivalent to the foregoing—*Glasgow*]. Clinical Surgery, Clinical Medicine, each in a six months course, or two three months courses; lectures being given at least twice a week. Practical Anatomy, during six months. Practical Chemistry, during three months. Practical Pharmacy, during three months [by apprenticeship or otherwise—*Edinburgh, Aberdeen, St. Andrew's*]; consisting in compounding and dispensing drugs in the laboratory of

an hospital or dispensary of a [Member of a Surgical College or Faculty, Licentiate of the London or Dublin Society of Apothecaries—*Edinburgh, Aberdeen, St. Andrew's*] [registered medical practitioner—*Glasgow*], or of a Member of the Pharmaceutical Society of Great Britain. Hospital Practical, Surgical and Medical; consisting in attendance during two years at a recognised general hospital accommodating not fewer than eighty patients [and possessing a distinct staff of physicians and surgeons—*Edinburgh, Aberdeen, St. Andrew's*]. Practical Midwifery; consisting in an attendance during three months at an obstetric hospital, or attendance on at least six cases of labour, certified by a registered medical practitioner. Out-door Practice [by apprenticeship or otherwise—*Edinburgh, Aberdeen, St. Andrew's*] during six months, at an hospital or dispensary, or with a [physician, surgeon, or Member of the London or Dublin Society of Apothecaries—*Edinburgh, St. Andrew's*] [registered medical practitioner—*Glasgow, Aberdeen*].

PROFESSIONAL EXAMINATIONS. 1. Candidates are examined on all the departments of medical study required in the curriculum, in three divisions, as follows:—[First, on Chemistry, Botany, and Natural History; secondly, on Anatomy, Institutes of Medicine, and Surgery; thirdly, on Materia Medica, Pathology, Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, and Medical Jurisprudence—*Edinburgh*.] [First, on Chemistry, Botany, and Elementary Anatomy; secondly, on Advanced Anatomy, Zoology, with Comparative Anatomy, Physiology, and Surgery; and, thirdly, on Materia Medica, General Pathology, Practice of Medicine, Midwifery, Medical Jurisprudence, Clinical Surgery, and Clinical Medicine—*Glasgow*.] [The divisions at Aberdeen and St. Andrew's are the same as those of Glasgow, except that Materia Medica is taken in the first division instead of in the third.]—2. The examinations on these subjects are conducted partly in writing and partly *viva voce*. The examinations on Anatomy, Chemistry, Physiology, Botany [and Natural History—*Edinburgh*], [Zoology and Materia Medica—*Glasgow and Aberdeen*], are also conducted, as far as possible, by demonstrations of objects; and those on surgery and Medicine, in part by clinical demonstrations.—3. Candidates may be admitted to examination on the first division of subjects, at the end of the second year of their studies, upon producing certificates of their having attended the required courses; and those who have passed the first examination may be examined on the second division of subjects, at the end of their third year of study. The examination on the third division of subjects cannot take place until the candidates have completed their course of study, and have passed the examination on the first two divisions.—4. Candidates may be admitted to the first two of these examinations

\* The medical faculty of the University of Edinburgh have resolved that the written and oral examinations on chemistry, botany, and natural history, in April 1863, shall be restricted in the following manner:—1. *Chemistry*. A knowledge of the general laws of affinity and equivalents will be required. There must be a general acquaintance with the chief chemical properties of the more common elementary bodies and their compounds, especially those relating to air and water, and those commonly used in medicine. In organic chemistry, the leading laws must be known, and the chief families of compounds, such as ethers and alcohols, must be familiar to the candidate. But special knowledge will be required of the chemistry of the nutritive and digestive fluids, the excretions, and the chemistry of food. 2. *Botany*. The examination in botany will embrace organography, the physiology of the nutritive organs of plants, the natural system of classification of De Candolle, and the natural orders of Monocotyledons. The student will be examined practically on the microscopical structure of plants, and he will also be required to describe the organs of fresh plants put into his hands. 3. *Natural History*. The general principles of zoological classification. The general morphology of the primary groups of the animal kingdom. The general morphological and physiological characters of the classes of the vertebrata, and of the orders of the mammalia. The general morphological and physiological characters of the groups, Gasteropoda and Crustacea.

\* Two courses of midwifery, of fifty lectures each, are reckoned equivalent to one course of one hundred lectures, provided they embrace different departments of obstetric medicine.



at the end of their third year of study; or to the three examinations at one term after the completion of their studies [but they are strongly recommended to take the first and second examinations at an earlier period, as suggested in the foregoing regulation—*Glasgow*.]—5. If any candidate shall, on examination, be found unqualified, he cannot be again admitted to examination until he shall have [studied during another year two of the prescribed subjects, either in the University or in some other school of medicine—*Edinburgh*] [completed another year of study, or such portion of another year as may be prescribed by the examiners—*Glasgow, Aberdeen, St. Andrew's*].—6. The medical examiners are the professors in the faculty of medicine of the University [including the professor of natural history—*Glasgow*], and the assessors appointed annually for the purpose by the University court. [Not specified in the *St. Andrew's* regulations.]—Every candidate for the degree of Bachelor of Medicine must deliver [before the 31st day of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—*Edinburgh*] [at such period of the year in which he proposes to graduate, as may be fixed for the purpose by the Senatus Academicus, to the Senatus—*Glasgow, St. Andrew's*] [at such examination term in which he proposes to graduate, to the Dean of the Faculty of Medicine—*Aberdeen*].—(a) A declaration, in his own handwriting, that [he has completed his twenty-first year, and will not be, on the day of graduation, under articles of apprenticeship to any surgeon or other master—*Edinburgh*] [on the day of graduation, he will have attained the age of twenty-one years—*Glasgow*] [on the day of graduation, he will have completed his twenty-first year, and will not be under articles of apprenticeship—*Aberdeen, St. Andrew's*]. (b) A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates. (c) An inaugural dissertation or thesis composed by himself, to be approved by the Senatus Academicus.

**DEGREE OF MASTER IN SURGERY.** This degree is conferred only on candidates who obtain at the same time the degree of Bachelor of Medicine [or have been previously in possession of that degree—*Glasgow*].

#### DEGREE OF DOCTOR OF MEDICINE.

Candidates for the degree of Doctor of Medicine must produce evidence to the following effect:—Of having completed the age of twenty-four years: Of having obtained the degree of Bachelor of Medicine: Of possessing a degree in Arts, or of having, either before or at the time of obtaining the bachelor's degree, or within three years thereafter, passed an examination in Greek and in Logic or Moral Philosophy, and in one at least of the following subjects, which the candidate is at liberty to select; viz., French, German, Higher Mathematics, Natural Philosophy, [and Natural History—*Glasgow, Aberdeen, St. Andrew's*]: Of having been engaged, after obtaining the degree of Bachelor of Medicine, for at least two years in attendance on an hospital, or in the military or naval medical service, or in medical and surgical practice.

#### PERIODS OF EXAMINATION AND OF CONFERRING DEGREES.

After the candidate has satisfied the medical examiners, the dean will lay the proceedings before the Senatus Academicus, by whose authority the candidate will be summoned, on the 31st day of July, or, if that day be Sunday, then on the preceding day, to defend his thesis; and, finally, if the Senate think fit, he will be admitted on the 1st day of August, or, if that day be Sunday, then on the following day, to the degree of Bachelor of Medicine, or to the degree of Bachelor of Medicine and of Master in Surgery. The Senatus Academicus, on the day here appointed, will assemble at ten o'clock A.M., for the purpose of conferring degrees;

and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year (*Edinburgh*).

The examinations in general literature are held in the last week of October and of April; the professional examinations in the months of April and May. The annual term for conferring medical and surgical degrees is the 1st day of May (*Glasgow*).

The examination in general education will be held on the Saturday immediately preceding the first Monday of November, and on the Saturday next following the first Friday of April; and the professional examination twice in each year—namely, in April and July, directly after the close of the winter and summer sessions (*Aberdeen*).

#### FEES FOR GRADUATION.

1. Each candidate for the degree of M.B. shall pay a fee of five guineas in respect of each of the three professional examinations; each such fees of five guineas being payable at the time at which the candidate comes forward to be examined in that division in respect of which it is payable.—2. If the candidate desires to be admitted to the degree of Bachelor of Medicine only, he shall not, on admission thereto, be required to pay any further fee in addition to the fifteen guineas so paid by him; but if he desires to be admitted to the degree of Master in Surgery also, he shall, on being admitted to such degree, pay a further fee of five guineas.—3. And every candidate for the degree of Doctor of Medicine shall pay, in addition to the fees paid by him for the degree of Bachelor of Medicine, a fee of five guineas, exclusive of any stamp duty which may for the time be exigible. (*Aberdeen and St. Andrew's*.)

The fees in the University of Glasgow are as follows; viz.:—

For the degree of M.B. . . . .	£15	0	0
For the degree of C.M. (in addition to the fees for M.B. . . . .)	5	0	0
For the degree of M.D. (in addition to the fees for M.B.), £5, and Government stamp for diploma, £10 . . . .	15	0	0

#### EXTRA-ACADEMICAL TEACHERS.

All candidates, not students of the University, availing themselves of the permission to attend the lectures of extra-academical teachers in Edinburgh, must, at the commencement of each year of such attendance, enrol their names in a book to be kept by the University for that purpose, paying a fee of the same amount as the matriculation fee paid by students of the University, and having, in respect of such payment, a right to the use of the library of the University (*Edinburgh*). In the event of the lectures of any private teachers of medicine being recognised, all candidates availing themselves of the permission to attend the lectures of such teachers, and not being at the time matriculated students of the University, must, at the commencement of the year of such attendance, enrol their names in a book which will be kept by the University for the purpose, paying a fee of *one-half* the amount of the matriculation fee paid by students of the University; but they shall not be thereby entitled to any of the privileges of a matriculated student of the University (*Aberdeen*). The fee for attendance on the lectures of any private teacher, with a view to graduation, shall not be of less amount than that exigible by medical professors of the University for the same course of instruction. No attendance on lectures will be reckoned, if the teacher give instruction in more than one of the prescribed branches of study, except in those cases where professors of the University are at liberty to teach more than one branch. It shall not be necessary for any private teacher, attendance on whose lectures is now recognised for the purpose of graduation in the University, to obtain a new recognition from the University court. It shall be in the power of the University court, if it shall see cause,



any time to withdraw or suspend the recognition of any private teacher or teachers (*Edinburgh and Aberdeen*).

#### UNIVERSITY OF ST. ANDREW'S.

[During the present year, candidates for the degree of Doctor of Medicine will be admitted to examination under the following regulations.]

Every candidate for a diploma in medicine, upon presenting himself for examination, shall produce satisfactory evidence of unexceptional moral character; of having had a liberal and classical education; and of having completed the twenty-second year of his age.—Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin—the Royal College of Physicians of London—of the Faculty of Physicians and Surgeons of Glasgow—and of the London Apothecaries' Company—are eligible as candidates for the Degree of Doctor of Medicine, on producing their diploma or license.—Candidates not holding any of the qualifications enumerated in the above clause must produce satisfactory proof that they have regularly attended lectures for four winter and two summer sessions, on the following branches:—Anatomy, two courses of six months each; Practical Anatomy or Dissections, twelve months; Physiology, one course of six months; Chemistry, one course of six months; Botany, one course of three months; Natural History or Comparative Anatomy, one course of three months; Materia Medica and Pharmacy, one course of three months; Midwifery and Diseases of Women and Children, one course of three months; Medical Jurisprudence, one course of three months; Surgery, one course of six months; Clinical Surgery, one course of six months; Practice of Medicine, one course of six months; Clinical Medicine, one course of six months; and that they have diligently attended for at least two entire years the medical practice in some public hospital.—The hospital practice and lectures may be attended in any of the hospitals or medical schools recognised by the Universities of London or of Edinburgh, or by the Royal College of Surgeons of England.—The next examination will take place on December 27th.—The graduation fee is twenty-five guineas.—The examination by printed papers extends over three days, after which each candidate is submitted to an oral examination.—All candidates are required to give a written translation of a passage from the first four books of Celsus, to write prescriptions in Latin with accuracy, and to be so far acquainted with Greek as to be able to give the meanings of scientific and medical terms derived from that language.—During the first three days of the examination, the candidates answer printed questions on Chemistry and Materia Medica, Anatomy and Physiology, the Practice of Medicine, the Principles of Surgery, and Midwifery and the Diseases of Women and Children. They are likewise required to write a short commentary on a medical, on a surgical, and on a midwifery case.—The degree is conferred, at the conclusion of the oral examinations, by the Rector, in the Hall of the Public Library of the University; and the diplomas are signed by the professors of the University.—Every candidate is required to present himself for registration to the Secretary, on or before the day preceding the December examination; and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificates he intends to produce.—Candidates who have acquitted themselves creditably in the written examination are allowed to compete for honours.—Candidates for honours are additionally examined in Comparative Anatomy and Physiology, in the higher departments of Human Physiology and Pathology, and in Medical Jurisprudence; and their practical knowledge of medicine is tested at the bedside.

[After the end of the present year, the following regulations, in addition to those given in the preceding pages, will come into force.]

The degree of Doctor of Medicine may be conferred by the University of St. Andrew's on any registered medical practitioner above the age of forty years, whose professional position and experience are such as, in the estimation of the University, to entitle him to that degree, and who shall, on examination, satisfy the medical examiners of the sufficiency of his professional knowledge: Provided always that degrees shall not be conferred under this section to a greater number than ten in any one year.—Any person presenting himself as a candidate for the degree of Doctor of Medicine under this section, without having previously obtained the degree of Bachelor of Medicine, shall, on so presenting himself, pay a fee of fifty guineas, inclusive of the stamp duty.

N.B. Further information regarding the period of examination, the text-books recommended for the preliminary examination, etc., may be obtained on application to Dr. Day, Professor of Medicine; or the Rev. J. M'Bean, the Secretary to the University.

#### NOTICE TO CANDIDATES FOR GRADUATION IN THE UNIVERSITY OF EDINBURGH WHO COMMENCED THEIR STUDIES BEFORE 1861.

Candidates who commenced their medical studies by attendance on qualifying classes before the fourth day of February, 1861, are entitled to appear for examination for the degree of Doctor of Medicine, after four years study (constituted in the way mentioned above), on completing their twenty-first year, and without having taken the degree of Bachelor of Medicine. They are also exempted from the preliminary examinations, and require only to undergo an examination on Latin. They are also exempted from attendance on Practical Chemistry and Practical Midwifery, and require only three months of Clinical Surgery, and eighteen months of hospital attendance.—Candidates who commenced their studies before 1825 require only one year's hospital attendance, and are exempted from the fourth year of attendance at classes, from the necessity of a year's study in Edinburgh, and from attendance on Clinical Surgery, Medical Jurisprudence, Natural History, Military Surgery, Practical Anatomy, Pathology, and Surgery distinct from Anatomy.—Those who commenced between 1825 and 1831 are exempted from attendance on General Pathology, and also on Surgery distinct from Anatomy.—Those who commenced between 1825 and 1833 are required to attend only two of the following classes; viz., Clinical Surgery, Medical Jurisprudence, Natural History, Military Surgery, Practical Anatomy.—And those who commenced before 1833 are exempted from attendance on Practical Pharmacy and Dispensary Practice.

#### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

##### ABSTRACT OF REGULATIONS FOR THE LICENSE.

1. No one can obtain the license of the College until he has completed the age of twenty-one years.
2. Every applicant for the license must produce satisfactory evidence that he has been engaged in the study of medicine during a period of at least four years, and that he has attended the following courses at an university, or at some medical school recognised by the college:—Anatomy, one course, six months; Practical Anatomy, one course, six months, or two courses, three months each; Botany (unless taken as a branch of preliminary study), one course, three months; Chemistry, one course, six months; Practical Chemistry, one course, three months; Materia Medica and Pharmacy, one course, six months; Physiology or Institutes of Medi-



cine, one course, six months; Practice of Medicine, one course, six months; Clinical Medicine, extending to six months; Principles and Practice of Surgery, one course, six months; Clinical Surgery, one course, three months; Midwifery, one course, three months; Medical Jurisprudence, one course, three months; Pathological Anatomy, one course, three months, or General Pathology, one course, three months; Practical Pharmacy, one course, three months. The applicant must also produce evidence of having attended the practice of a public hospital (containing not fewer than eighty beds) during a period of not less than twenty-four months, twelve of which must have been spent in attendance on the medical wards. The applicant must also have attended at least six cases of LABOUR under the superintendence of a qualified medical practitioner, either in a recognised maternity hospital, or a dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect from the practitioner under whom he attended.

3. Every applicant for the license must pass the preliminary examination in literature and science before being admitted to the professional examination. The examination will embrace the following subjects:—*a.* English: Composition and Writing to Dictation. *b.* Latin: the first book of Caesar's Commentaries, *De Bello Gallico*; the fifth book of the *Æneid* of Virgil. *c.* Arithmetic: the Common Rules, Vulgar and Decimal Fractions. *d.* and *e.* Any two of the following, at the option of the candidate: (*α.*) Algebra, to Simple Equations, inclusive. (*β.*) Geometry: Euclid, Books I, II, and III. (*γ.*) Natural Philosophy: Statics and Dynamics (Carpenter's *Mechanical Philosophy*). (*δ.*) Greek: St. John's Gospel; *Anabasis* of Xenophon, Book I. (*ε.*) French: Voltaire, *Histoire de Charles XII.* (*ζ.*) German: the first two books of Schiller's *Geschichte des dreissigjährigen Kriegs.* (*η.*) Botany: Vegetable Anatomy and Organography; Natural Orders, Umbelliferae, Leguminosae, and Liliaceae. (*θ.*) Zoology: General Classification of the Animal Kingdom; Characters and Subdivisions of the Articulata. Candidates are requested, on giving in their names for the examination, to mention which two of the optional subjects they have selected.

4. Masters and Bachelors of Arts of any British or foreign university, whose course of study may from time to time be approved of by the college, shall be exempted from the above preliminary examination; and also those who have successfully undergone examination by the national educational bodies, or by any of the licensing boards recognised by the Medical Act, provided the course of education, and the subjects of examination, be equivalent to those included under Regulation 3.

5. The professional examinations shall be conducted either as a whole, at the conclusion of the course of study, or in parts, according to the following arrangement of subjects:—(*a.*) Anatomy, Physiology, Chemistry. (*b.*) Materia Medica and Pharmacy, Pathology and Pathological Anatomy, Surgery, Practice of Medicine, Midwifery, Medical Jurisprudence. The examinations shall be conducted partly *vivâ voce*, partly by written papers; and, whenever practicable, shall consist in part in the examination of persons suffering under disease.

6. The following will be the periods of examination, from October 1862 to October 1863:—(*a.*) Preliminary Examinations in Literature and Science on Saturdays, November 1st, 1862; November 15th, 1862; May 2nd, 1863; August 1st, 1863. First Professional Examinations on Wednesdays, October 29th, 1862; January 28th, 1863; April 8th, 1863; May 6th, 1863; July 15th, 1863; July 29th, 1863; October 28th, 1863. The Second Professional Examinations will take place immediately after the conclusion of each of the First Professional Examinations.

7. Licentiates of the Royal College of Physicians of

London, or of the King's and Queen's College of Physicians in Ireland; Graduates in Medicine of British and Irish Universities; Licentiates in Surgery of one of the Royal Colleges of Surgeons, or of the Faculty of Physicians and Surgeons of Glasgow, of five years standing; or Licentiates of an Apothecaries' Company of five years standing, who do not deal in drugs, will be required to undergo examination in the following subjects only: Practice of Medicine and Pathology, Materia Medica, Midwifery, and Medical Jurisprudence.—*N.B.* Candidates applying under this law must, before being admitted to examination, send with their petitions testimonials (to be approved of by the Council) from at least two well-known medical men; and, if reported on favourably by the examiners, their applications shall be laid by the council before the college, and decided upon by ballot, a majority of two-thirds of those who vote being necessary to declare the applicants duly elected Licentiates.

8. The fee payable by a Licentiate is Ten Guineas.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

[THE Regulations of these two bodies being in most points identical, we have thought it unnecessary to print them separately. Portions specially belonging to the College or the Faculty, are distinguished by being enclosed in brackets.]

I. SCHOOLS OF MEDICINE. Every candidate for [a surgical diploma, *Edinburgh*] [the diploma of the Faculty, *Glasgow*] must have followed his course of study [in a University—*Edinburgh* or] in an established school of medicine, as defined below, or in a provincial school specially recognised by the [College of Surgeons, *Edinburgh*] [Faculty or by the College of Physicians and Surgeons, *Glasgow*] of that division of the United Kingdom in which it is situate. Under the title Established School of Medicine are comprehended the medical schools of those cities of Great Britain and Ireland in which diplomas in [medicine or—*Glasgow*] surgery are granted, and such colonial and foreign schools as are similarly circumstanced in the countries in which they exist.

II. QUALIFICATIONS OF TEACHERS. The following classes of persons shall be entitled to give lectures which may be attended as part of the course of study:—1st. In the Universities of Great Britain and Ireland, the professors of those institutions. 2nd. In Scotland, Fellows of the Royal College of Physicians of Edinburgh, Fellows of the Royal College of Surgeons of Edinburgh, and Fellows of the Faculty of Physicians and Surgeons of Glasgow, whose lectures have been sanctioned in each case by the College or Faculty to which the lecturer belongs.\* 3rd. In England, Fellows and Licentiates of the Royal College of Physicians of London, and Fellows and Members of the Royal College of Surgeons of England, whose status as teachers has been admitted by those Colleges respectively. 4th. In Ireland, Fellows and Licentiates of King and Queen's College of Physicians in Ireland, and Fellows of the Royal College of Surgeons in Ireland, whose status as Teachers has been admitted by those Colleges respectively.† [A Fellow proposing to deliver any course of lectures in Glasgow, for which he desires the sanction of the Faculty, must, at least one month before its commence-

\* The College of Surgeons of Edinburgh enacted, in 1846, statutes regarding the manner of sanctioning lecturers and teachers in the Edinburgh School, which is by special examination on their several departments.

† The only lecturers excepted from this law are those on chemistry, who may be persons non-medical, if recognised [by the College after examination by a joint Board with the College of Physicians, in conformity with statutes enacted in May 1847, and printed separately—*Edinburgh*] [by the Faculty—*Glasgow*.]



ent, make application to that effect, by letter to the President, to be laid before the Faculty. And such action and recognition of his status as a teacher shall be given by the Faculty only after being fully satisfied that the applicant is in all respects competent to conduct the proposed course of instruction efficiently; and that he possesses all the apparatus and conveniences requisite for so doing. This regulation shall apply to similar applications made by gentlemen who are not Fellows of the Faculty—*Glasgow*. The [College—*Edinburgh*] [Faculty—*Glasgow*] will not recognise any course of Lectures, delivered [subsequently to 1st May, 1839—*Edinburgh*] by a professor or teacher of lectures upon more than one of the branches of instruction included in the curriculum; nor any course delivered by a professor or teacher who, in addition to the said course, lectures upon a branch of instruction, medical or general, not included in the curriculum, unless such professor or teacher shall have obtained special leave [from the college—*Edinburgh*] to do so. Notwithstanding the above regulations, the teaching of two branches may be undertaken by one individual, in the following instances, without disqualification being incurred,—viz. Anatomy and Practical Anatomy; Chemistry and Practical Chemistry; and, further, Clinical Medicine or Clinical Surgery may be taught simultaneously with any one of the other courses of education prescribed in the curriculum, by a physician or surgeon qualified according to the regulations of the [Colleges—*Edinburgh*] [Faculty—*Glasgow*] and attached to a public hospital of the size which those regulations prescribe.

III. PROFESSIONAL EDUCATION. Candidates commencing professional study after October 1st, 1861, must have been engaged in professional study during four years after the examination in general education, which shall include not less than four Winter Sessions, three Winter and two Summer Sessions attendance at a recognised medical school.\* The candidate must have attended the following separate and distinct courses of Lectures:—

Anatomy, two courses,† six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical or Analytical Chemistry, one course, three months; Materia Medica, one course, three months; Physiology, not less than fifty lectures‡; Practice of Medicine, one course, six months; Clinical Medicine, six months§; Principles and Practice of Surgery, one course, six months; Clinical Surgery, one course, six months§; In addition to the above courses of Surgery and Clinical Surgery, one course of either of these at the option of the student, one course, six months; § Midwifery and the Diseases of Women and Children, one course, three months; Medical Jurisprudence, one course, three months.

Besides the abovementioned courses of lectures, the candidate must have attended at least six cases of labour under the superintendence of a qualified medical practitioner, either in a recognised maternity hospital, or in a dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to

that effect from the practitioner under whom he attended. He must also have attended, for three months, a course of instruction in Practical Pharmacy, at the laboratory of an [apothecary—*Edinburgh*] [surgeon or apothecary—*Glasgow*], or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by the [College—*Edinburgh*] [Faculty—*Glasgow*] on special application, or of a public hospital or dispensary; or as assistant to a registered practitioner who dispenses medicines to his own patients. The candidate must have attended, for twenty-four months, a public General hospital containing at an average at least eighty patients. He must also have attended, for six months, the practice of a public dispensary specially recognised by the [either—*Glasgow*] College; or have been engaged for six months as visiting assistant to a registered practitioner.\* A certificate of three months instruction in Pathological Anatomy at the *postmortem* room of a recognised hospital, will be required from candidates commencing professional study after October 1st, 1861. A certificate of proficiency in Vaccination, signed by a registered practitioner, will be required of every candidate.† The six-months courses delivered in Scotland, must consist of not fewer than one hundred lectures, with the exception of Clinical Medicine and Clinical Surgery. The three months courses must consist of not fewer than fifty lectures. The following order of study is recommended (by the College of Surgeons of Edinburgh) as a guide to the student, though not enjoined:—[First Year: Anatomy, Practical Anatomy, Chemistry, Practical or Analytical Chemistry, Hospital. Second Year: Anatomy, Practical Anatomy, Physiology, Surgery, Materia Medica (the last either in this or the third year), Hospital. Third Year: Practice of Physic, Clinical Surgery, Practical Anatomy, Practical Pharmacy, Pathological Anatomy, Hospital. Fourth Year: Surgery or Clinical Surgery, Midwifery and the Diseases of Women and Children, Clinical Medicine, Medical Jurisprudence, Practical Midwifery, Hospital—*Edinburgh*] [The Faculty of Physicians and Surgeons of Glasgow.—First Winter: Chemistry, Anatomy, Practical Anatomy, First Summer: Hospital and Clinical Lectures, *Anatomy*, Practical Chemistry, Dispensary Practice. Second Winter: Hospital and Clinical Lectures, Materia Medica, Institutes of Medicine (Physiology), Anatomy and Practical Anatomy. Third Winter: Hospital and Clinical Lectures. Surgery, Practice of Medicine, *Practical Anatomy*, Summer, or after Second Winter: Hospital and Clinical Lectures, Midwifery, Medical Jurisprudence, Dispensary Practice, *Practical Anatomy and Operative Surgery*. Fourth Winter: Hospital and Clinical Lectures, *Surgery*, *Practice of Medicine*, Practical Midwifery, *Eye Infirmary*, Practical Pharmacy. Note. The above order of study is recommended to those who can spend four Winter Sessions at their medical studies. In the case of those whose circumstances render it desirable that they should finish at the end of the third Winter Session, some of the optional classes, which are printed in italics, may be omitted, and the others spread over the three Winter Sessions, Surgery being taken in the Second Winter—*Glasgow*]. It is strongly recommended to students to avail themselves of any opportunities which they may possess of attending lectures on Ophthalmic and Mental Diseases; also on Botany, Zoology, Comparative Anatomy, and the use of the Microscope, in

\* In consequence of the proceedings of the General Medical Council in May 1862, this regulation will not take effect until further notice. Candidates are at present admitted to examination after four Winter Sessions or three Winter and two Summer Sessions attendance at a recognised Medical School.

† The two courses must not be simultaneous.

‡ In those Schools of England and Ireland in which two separate courses of lectures are delivered at separate hours, one on Anatomy, the other on Anatomy and Physiology, the former of these courses will be received as one of the two courses of Anatomy required by the [College—*Edinburgh*] [Faculty—*Glasgow*], and the other as the course of Physiology.

§ Two courses of Clinical Medicine of three months each, if not simultaneous, will be held equivalent to one course of six months. They must be attended during the period of attendance at the hospital where they are delivered. The same rules apply to Clinical Surgery.

\* The Glasgow Eye Infirmary and the Dispensary of the Glasgow Royal Infirmary are recognised by the Faculty of Public Dispensaries.

† By a regulation of the Privy Council, of date 1st December 1859, no one can be appointed as a Contractor for Vaccination under the English Poor-Law, who does not produce a certificate of proficiency in Vaccination from a person authorised by the Privy Council to grant the same. Dr. Husband, F.R.C.S., Edinburgh, of the Royal Public Dispensary, has been appointed by the Privy Council as Certifier in Edinburgh.



addition to the courses of lectures which are absolutely required.

IV. REGISTRATION. A book shall be kept in the hall of the [College—*Edinburgh*] [Faculty—*Glasgow*] for the registration of all medical Students who may apply. In this book all [Edinburgh] [Glasgow] students who desire to possess the diploma of the [College—*Edinburgh*] [Faculty—*Glasgow*] must be registered, whether they attend professors in the University or other qualified teachers. No student beginning professional study after September 1861, can be registered who has not passed the preliminary examination in general education [prescribed in V—*Edinburgh*] [of the Faculty of Physicians and Surgeons—*Glasgow*] or one of the equivalent examinations, of which a list will be found in the Appendix.\* [The registration shall be conducted by the conservator of the museum, or by a substitute, for whom he shall be responsible. Each student shall pay annually, on his first registration for the year, the sum of five shillings, and shall be provided with a ticket of admission to the museum, and a certificate of registration duly attested by the registrar—*Edinburgh*]. The register shall be closed within fifteen days after the commencement of each session or term. When a student is prevented by sickness, or any other unavoidable cause, from complying with the above regulations, he shall, as soon as the case admits, present a statement of the circumstances, with proper evidence, to the registrar [of the Faculty—*Glasgow*] to be laid by him before the [College—*Edinburgh*] [Council of the Faculty—*Glasgow*]; and if the application be sustained, the individual so applying shall be enrolled in the usual manner.

V. PRELIMINARY EXAMINATION IN GENERAL EDUCATION. Candidates commencing their professional studies after October 1st, 1861, must satisfy the examiners in general education that they have a competent knowledge of the following branches of study:—1. English: Composition, and Writing to Dictation. 2. Latin. 3. Arithmetic, to Vulgar and Decimal Fractions, inclusive. 4. and 5. Any two of the following, at the option of the candidate: (1.) Algebra. (2.) Geometry: Euclid, Books I, II, and III. (3.) Natural Philosophy. (4.) Greek. (5.) French. (6.) German. (7.) Botany. (8.) Zoology. Candidates are requested, on giving in their names for the examination, to mention which two of the optional subjects they have selected. The [College, *Edinburgh*] [Faculty, *Glasgow*] will, from time to time, fix on books as guides for preparation for examination in the preliminary branches; and intending candidates will be furnished with lists of these on application [at their Hall, *Glasgow*]. Testimonials of proficiency granted by certain educational bodies, shall be accepted as sufficient evidence of general education, and shall exempt from [the preliminary *Edinburgh*] [further, *Glasgow*] examination. Of these a list will be found in the Appendix. After September 1861, all candidates for the diploma of the [College, *Edinburgh*] [Faculty, *Glasgow*] must pass the examination in general education before they commence their professional studies. The time of commencing professional study is understood to be the time of commencing study at a medical school.† The preliminary examinations shall take place at stated periods,‡ and shall be conducted [by the special board of examiners in arts, which is chosen from time to time by the college, in conjunction with the Royal College of Physicians, *Edinburgh*] [by a special board of examiners in literature and science to

be chosen from time to time by the faculty, associate with assessors nominated by the faculty, *Glasgow*] [Candidates who commenced their professional studies before October 1st, 1861, may pass the preliminary examination in general education at any of the periods previous to the first professional examination. Candidates under this regulation, who have not passed a preliminary examination in general education, will be required to undergo that examination on the day before the first professional examination, and shall pay a fee of £1.—*Edinburgh*]. Students who intend to undergo the preliminary examination, shall give in their names, addresses, and places of birth to the officer [of the Faculty, *Glasgow*], not later than [three, *Edinburgh*] [two, *Glasgow*] days before the day of examination, and shall pay a fee of ten shillings, not to be returned in case of rejection.

VI. PROFESSIONAL EXAMINATIONS. Candidates for the diploma of the [college, *Edinburgh*] [Faculty, *Glasgow*] shall be subjected to two professional examinations to be conducted at separate sittings, partly in writing and partly orally.

*First Examination.* The first examination\* shall embrace Anatomy, Physiology, and Chemistry; and shall take place not sooner than the end of the second Winter Session. Opportunities for the first examination will be presented six times in each year.† [On each of these occasions the candidates shall assemble to write answers to the questions proposed, and the oral examinations will be conducted on the days immediately succeeding—*Edinburgh*]. Candidates who desire to pass the first professional examination must apply to the [Secretary—*Edinburgh*] [Registrar of the Faculty—*Glasgow*] on or before the Saturday preceding the day of examination,‡ and must produce tickets and certificates of attendance in regard to all those courses of study which have reference to the subjects of that examination. The candidate must also produce [evidence—*Edinburgh*] [a certificate—*Glasgow*] of having passed the preliminary examination. The sum of £4 must be paid to the [treasurer of the College—*Edinburgh*] [Registrar—*Glasgow*] for this examination, not later than [10 A.M.—*Edinburgh*] [11 A.M.—*Glasgow*] of the day preceding it. This sum will be considered as paid to the account of the entire fee of £10 payable for the diploma. In the case of a candidate being unsuccessful at this examination, £2 will be returned to him; the remaining £2 being retained to meet the expense of the examination. [Registered medical practitioners whose degree or license in medicine dates prior to October 1st, 1861, are exempt from the first professional examination. The examinations under this regulation may take place on the first and third Tuesdays of each month—*Edinburgh*.]

*SECOND EXAMINATION.* The second examination shall embrace Surgery and Surgical Anatomy; also, Medicine and Midwifery [Pathological Anatomy—*Glasgow*], Materia Medica [and Pharmacy—*Glasgow*], and Medical Jurisprudence; and shall not take place before the termination of the Winter Session of the last year of study. The second examination shall take place [six times yearly—*Edinburgh*], [in the Faculty Hall on the second Tuesday of each month—*Glasgow*].§ Applications for examination must be made to the [Inspector of the Students Course of Study—*Edinburgh*] [Registrar—*Glasgow*] not later than the Saturday previous to the day of the [first

\* In consequence of the proceedings of the General Medical Council in May 1862, this regulation will not take effect until further notice.

† In consequence of the proceedings of the General Medical Council in May 1862, the regulations contained in this section will not take effect until further notice. Candidates are, notwithstanding, recommended to pass the examination in General Education before commencing professional study.

‡ For days of examination, see Appendix.

\* The regulations of the Glasgow Faculty state that candidate who have passed the first professional examination of the Royal College of Physicians of Edinburgh, or of the Royal College of Surgeons of Edinburgh, will not be required to undergo a further first examination.

† For days of examination, see Appendix.

‡ Candidates at a distance are requested to send their certificates much earlier, so as to give sufficient time for the exchange of one or two explanatory letters; as much disappointment has been occasioned by the discovery of defects in their course of study when it was too late to rectify them by the production of documents.

§ For days of examination, see Appendix.



*Edinburgh*] examination. Every candidate must produce to the [Secretary—*Edinburgh*] [Registrar—*Glasgow*]:—1. Satisfactory evidence of having attained the age of twenty-one years; 2. The tickets and the certificates of his classes; 3. The certificate of his having passed the first professional examination; 4. tabular statement (for which a printed form will be furnished by the officer) exhibiting the full amount of his professional education, and distinguishing the classes, hospitals, and dispensaries, attended during each session of his studies. [If he have been an apprentice, he must also insert the name of his master, the date of his indenture, and the length of time for which he was bound to the College—*Edinburgh*.] This statement, accurately filled up, must be attested by his signature, [and will be preserved by the College as a record—*Edinburgh*.] If the candidate have been an apprentice to a Fellow of the College, he must also produce his discharged indenture—*Edinburgh*.] On the production of these documents [and after receiving the fees—*Glasgow*], [the Secretary—*Edinburgh*] [Registrar—*Glasgow*] will give the candidate a letter authorising the examiners to take him on for examination. [The remaining fee payable to the College (being £4), together with the receipt for the fee paid for the first professional examination, must be lodged not later than 10 A.M. of the day preceding the examination-day, in the hands of the treasurer, who will certify this upon the inspector's letter. The sum of £4 will be returned to unsuccessful candidates—*Edinburgh*.] [The fee payable for this examination (£6) must be lodged with the Registrar not later than 11 A.M. of the day preceding the examination-day. In case of a candidate being unsuccessful at the second examination, the fee lodged with the Registrar will be returned to him, with the exception of the sum of £2, which will be retained to meet the expense of the examination—*Glasgow*.] Unsuccessful candidates at either the first or second examination will be remitted to their studies for a period to be determined by the judgment of the examiners, but not in any case less than three months. Candidates, on showing sufficient reason for it, may be admitted to a special examination, on days other than those appointed above, on paying an extra fee of £4, which will not be returned in the event of their not being successful. In order to test more effectually the practical knowledge of candidates, recent dissections and anatomical specimens, surgical apparatus [and specimens of surgical pathology—*Edinburgh*], [chemical tests, the microscope, and pathological specimens—*Glasgow*], and articles of the materia medica, will be employed during the examinations; and every candidate will be required to write out formulæ of prescription. The examination may also consist, in part, of the actual examination of persons labouring under disease.

VII. FEES, SPECIAL REGULATIONS, ETC. For the diploma of the College of Surgeons of Edinburgh, £10. For a certificate of qualification to act as assistant-surgeon in the Navy, when no previous qualification has been received from the College, £5:5. For a certificate to an assistant-surgeon of the Royal Navy, £5:5. For a certificate to act as full surgeon, £5:5. [The sums stated above include all fees of every kind, and the officer is prohibited from receiving any. Note. The fee payable for the diploma by apprentices of those who are Fellows of the College prior to the charter of 1851 is £5.—*Edinburgh*.] [A candidate for the diploma of the Faculty, who may have commenced his professional studies before October 1860, shall have it in his option to undergo one examination only, embracing the whole objects of the curriculum; for which opportunities will be afforded on the second Tuesday of each month. A candidate for the diploma of the Faculty, who may have been in practice under another qualification previous to the passing of the Medical Act, shall be exempted from examination in the preliminary and elementary branches

of the curriculum. A Member or Licentiate of any of the Royal Colleges of Surgeons of Great Britain and Ireland, practising in Scotland, upon the production of his diploma or license, together with satisfactory evidence of his moral character, and a recommendation by twelve qualified medical practitioners to whom he is well known, may be admitted an *ad eundem* Licentiate of the Faculty upon payment of the ordinary fee for the diploma (£10).—*Glasgow*.]

VIII. REGULATIONS TO BE OBSERVED BY LECTURERS IN EDINBURGH. Every lecturer at this school of medicine shall ascertain, at least twenty-five times in a six months course, and twelve times in a three months course, the actual attendance given by his pupils. He shall do this by calling the name of each pupil at least once a week, and entering in a regular roll-book the presence or absence of each individual; the students, of course, to be kept in ignorance of the particular days on which this is to be done. The said roll-book shall be kept according to a form prescribed by the College; shall also be carefully preserved: and shall be at all times accessible to the inspector of the course of study, and to the Treasurer of the College, on whom it shall be incumbent to examine the roll-book of each class at least once during every session, before the termination of the third weeks in April and July respectively. On granting certificates of attendance on their classes, the lecturers shall use the annexed form, filling up the blanks with words at length, and on no account employing figures:—“*Edinburgh*, I hereby certify that Mr. \_\_\_\_\_ attended my course of lectures commencing on \_\_\_\_\_ and terminating \_\_\_\_\_; that the roll of the class was called \_\_\_\_\_ times during the session; and that Mr. \_\_\_\_\_ was present on \_\_\_\_\_ of these occasions.” (Signed) ———. When a student's certificate of attendance bears that he has been more than five times absent in a six months course, or more than thrice in a three months course, when the roll of his class was called, the inspector shall intimate this at the foot of the student's letter to the examiners, specifying the branch or branches on which the attendance was defective, in order that he may be particularly examined upon them. But if, on the other hand, a student's certificate of attendance bears that he has been absent more than eight times in a six months course, or more than four times in a three months course, he shall not be admitted to examination until he has attended another course of lectures on every such department of study. When a student's absence has been occasioned by sickness or any other unavoidable cause, such cause shall be stated in the certificate of attendance granted by the lecturer; and the President and Council of the College shall decide whether the student shall or shall not be required to attend another course of such lectures before presenting himself for examination. The above regulations shall be imperative on every lecturer at this school of medicine whose lectures are recognised by the College; and it is hereby notified that, in the event of its being ascertained that any lecturer evades the faithful enforcement thereof, the College will not hesitate to withdraw its recognition of his course of lectures.

IX. ABSTRACT OF THE LAWS OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, IN REFERENCE TO THE FELLOWSHIP. No person shall be received as a candidate for the Fellowship who is not in possession of the diploma of the Royal College of Surgeons of Edinburgh, or of the Royal College of Surgeons of England, or of the Royal College of Surgeons of Ireland, or of the Faculty of Physicians and Surgeons of Glasgow. No person shall be admitted as a Fellow who is under twenty-five years of age. Every candidate for the Fellowship (with the exception of those entitled to enter under the old constitution of the College, and with a



right to its Widows' Fund\*) shall lodge with the President a petition for admission, and shall be recommended by two Fellows as proposer and seconder, of whom one at least shall be resident in Edinburgh. Candidates for the Fellowship (not embraced under the preceding exception) shall pay £25 to the College funds, including all fees. The money shall be payable to the Treasurer immediately after the presentation of the petition to the College. The billets calling the meeting at which the petition is to be presented shall intimate the name and surgical qualification of the candidate, his professional appointments if any, and the names of his proposer and seconder. The petition shall be considered at a subsequent meeting, to be held not earlier than a month after the first; and, in the meantime, the petition, with the names of the proposer and the seconder, shall be hung up in the library; and the billets calling the second meeting shall contain an intimation in the same form as those of the first. At the meeting for considering the petition of the candidate, the votes shall be given by ballot. Three-fourths of the votes are required to entitle the candidate to be admitted; and the number of those voting shall not be less than twenty. The candidate shall be informed of the result of the ballot; but, before taking his seat as a Fellow, he shall make a declaration to the following effect, and shall subscribe the same in the Sederunt-book:—"I hereby promise faithfully to maintain and defend all the rights, liberties, and privileges of the Royal College of Surgeons of Edinburgh, and to promote the interest thereof to the utmost of my power. I also promise faithfully to obey all the laws of the said Royal College, made and to be made. Candidates, who do not find it convenient to repair to Edinburgh, may be permitted, by a vote of the College, to be enrolled as Fellows in absence, if they transmit letters of obligation to conform to No. 8, before taking their seats. Every Fellow, on his admission, shall receive a diploma with the seal of the College appended. Every Fellow is entitled to attend the meetings of the College, and to take part in the proceedings and in the election of office-bearers. No Fellow of the College shall keep an open shop for the sale of drugs or other merchandise. No Fellow of the College shall allow his name to be connected with advertisements or publications of an indelicate or immoral nature. No Fellow of the College shall practise or profess to practise, by the use of, or according to, any secret remedy or method of treatment; or shall allow his name to be connected with advertisements for the sale of any secret remedy, or for practice by the use of any secret remedy or method of treatment; or shall connect himself in partnership or otherwise, or continue in connexion with, any person practising by means of, or advertising the sale of, any secret remedy. No Fellow shall be guilty of any deception or other immorality in the practice of his profession, or shall in any other way conduct himself inconsistently with the honour and decorum which become his position as a Fellow of the College.

APPENDIX. The following will be the periods of examination for the diploma of the Royal College of Surgeons of Edinburgh and of the Faculty of Physicians and Surgeons of Glasgow for the year 1862-3:

I. *Preliminary Examinations in General Education.* *Edinburgh*: November 1st, 1862; November 15th, 1862; May 2nd, 1863; August 1st, 1863. *Glasgow*: November 8th, 1862; November 15th, 1862; May 2nd, 1863; July 25th, 1863.

II. *First Professional Examination.* *Edinburgh*: October 28th, 1862; January 27th, 1863; April 7th, 1863; May 5th, 1863; July 14th, 1863; July 28th, 1863; October 27th, 1863. *Glasgow*: November 5th, 1862; Febru-

ary 4th, 1863; April 5th, 1863; May 6th, 1863; July 15th, 1863; August 5th, 1863.

III. *The Second Professional Examinations* will take place [immediately after the conclusion of each of the first professional examinations—*Edinburgh*] [on the second Tuesday of each month—*Glasgow*].

## UNIVERSITY OF DUBLIN.

### MATRICULATION.

ALL students in Medicine and Surgery of the University of Dublin must be matriculated by the senior lecturer of Trinity College, for which a fee of five shillings is payable; but no such student shall be obliged to have his name on the College books, or to attend any of the academic duties of the University, unconnected with the School of Medicine and Surgery, unless he desire to obtain a licence or degree in Medicine, or a licence or degree in Surgery.—No student can be admitted to the winter course after November 25th.

### DEGREES AND LICENCES IN MEDICINE AND SURGERY.

The degrees are:—1. Bachelor of Medicine; 2. Doctor of Medicine; 3. Master in Surgery.

BACHELOR IN MEDICINE. A candidate for the degree of Bachelor in Medicine must be a graduate in Arts, and may obtain the degree of Bachelor in Medicine at the same Commencement as that at which he receives his degree of B.A., or at any subsequent Commencement provided the requisite medical education shall have been completed.—The medical education of a Bachelor in Medicine is of four years duration, and comprises attendance on the following courses of lectures, of six months duration, or longer: Anatomy and Physiology; Practical Anatomy, with Dissections; Surgery; Chemistry; Materia Medica and Pharmacy; Institutes of Medicine and Pathology; Practice of Medicine; Midwifery; attendance on Sir Patrick Dun's Hospital during nine months with three consecutive courses of clinical lectures, each of three months duration; nine months attendance on some General Hospital in Dublin, approved by the Board, in which clinical instruction in Medicine and Surgery is delivered; and the following courses of three months duration:—Botany; Practical Chemistry; Medical Jurisprudence.—Any of the above named courses may be attended in any Medical School in Dublin, recognised by the Provost and senior Fellows (and three of them, at the discretion of the candidate, may be attended in the University of Edinburgh), provided the candidate have kept an *Annus Medicus* in the School of Physic.—The total amount of fees for the degree of M.B. is £10.

DOCTOR IN MEDICINE. A Doctor in Medicine must be M.B. of at least three years standing, or have been qualified to take the degree of M.B. for three years, and must perform exercises for the degree before the Regius Professor of Physic, in accordance with the rules and statutes of the University.—Total amount of fees for the degree, £12.

MASTER IN SURGERY. The degree of Master in Surgery can only be obtained by students who are Bachelor of Arts, and who have completed the professional curriculum and passed the examinations required.—The curriculum is the same as that for the Licentiate in Surgery, with the addition of one session of nine months attendance on an hospital having at least twenty beds for cases of fever. A special certificate for such attendance will be required.—In addition to the subjects of examination required for the Licentiate, candidates for the degree of Master in Surgery will be examined specially in the following subjects:—Comparative Anatomy; Medical and Surgical Pathology; Animal Chemistry; Ophthalmic Surgery.—Total amount of fees for the degree of Ch.M. is £10.

\* The laws relating to the admission of this class of candidates, who are few in number, are purposely omitted.



## QUEEN'S UNIVERSITY IN IRELAND.

### DEGREE OF M.D.

Each candidate for the degree of Doctor in Medicine required—1. To have passed in one of the colleges of Queen's University (Cork, Belfast, or Galway) the examination for matriculation in arts, and to have been admitted a matriculated student in the faculty of medicine. 2. To have attended in one of the Queen's Colleges, lectures on one modern continental language for six months, and lectures on Natural Philosophy for six months. 3. To have also attended, in some one of the Queen's Colleges, at least three of the courses of lectures marked with an asterisk. For the remainder of the courses, authenticated certificates will be received from the professors or lecturers in universities, colleges, schools, recognised by the senate of the Queen's University in Ireland. 4. To pass two university examinations—the previous and the degree examinations.—The curriculum shall extend over at least four years, and shall be divided into periods of at least two years each.—Candidates are recommended to pass the matriculation examination prior to entering on the second period.—It is recommended that the first period shall comprise attendance on the following courses of medical lectures: \*Chemistry; \*Botany, with Herborisations for practical study; \*Anatomy and Physiology; \*Practical Anatomy; \*Materia Medica and Pharmacy. And that the second period shall comprise attendance on the following courses of medical lectures:—Anatomy and Physiology (second course); Practical Anatomy (second course); \*Theory and Practice of Surgery; \*Midwifery; Theory and Practice of Medicine; \*Medical Jurisprudence.—In addition to the above courses of lectures, candidates shall have attended, during either the first or second period—a Modern Continental Language, and Experimental Physics (in one of the colleges of the University). Also, during the first period—Practical Chemistry (in a recognised laboratory); Medico-Chirurgical Hospital (recognised by the senate), containing at least sixty beds; together with the Clinical lectures therein delivered, at least two each week—six months. And during the second period—Practical Midwifery, at a recognised midwifery hospital, with the Clinical lectures therein delivered, for a period of three months, in a hospital containing not less than thirty beds; or six months in an hospital containing not less than fifteen beds; Medico-Chirurgical Hospital (recognised by the senate) containing at least sixty beds; together with the clinical lectures therein delivered—eighteen months. Medical examinations are held in June, and in September and October.—The June examinations are pass examinations, and commence on the Tuesday following the second Saturday in June.—The honour examinations commence on the last Tuesday in September, and are followed by pass examinations.—Each candidate for examination in June must forward to the secretary, on or before the first of June, notice of his intention to offer himself as a candidate, along with his certificates; and each candidate for examination in September or October must forward similar notice, along with his certificates, on or before the first of September.

PREVIOUS EXAMINATION IN MEDICINE. The previous examination may be passed either in June or September.—It is competent for students to present themselves for the previous examination at the termination of the first period of the curriculum, or at any subsequent period.—Before being admitted to examination, each candidate must produce satisfactory evidence of having completed the course recommended for study during the first period of the curriculum.—The previous examination comprises the subjects recommended for study during the first period of the curriculum, along with which any candidate may present himself for examination in ex-

perimental physics and modern languages, if he have already attended in one of the Queen's Colleges the prescribed courses on these subjects.—The examination will be conducted principally by printed papers, to which written answers shall be given, but the examiners are at liberty to add such *viva voce* examination, and to call for such demonstrations and experiments as they may deem necessary.—A prize of Ten Pounds will be awarded to the best answerer at a more extended examination in the same subjects, if he be recommended by the examiners as possessed of sufficient absolute merit. This examination is held in September.—The examination held in June is a pass examination, and will commence on Tuesday, the 17th of June.

DEGREE EXAMINATION IN MEDICINE. Examinations for the degree of M.D. will be held in June and September.—The fee for the degree of M.D. is Five Pounds.—Each candidate must be recommended by the president of his college, and produce certificates to the following effect:—1. A certificate from the secretary of the Queen's University, that he has passed the previous examination, unless the candidate present himself for both examinations simultaneously. 2. From the council of his college, that he has passed a full examination in the subjects of study prescribed in the course of matriculation for arts, and has been admitted a matriculated student of the College in the Faculty of Medicine. 3. That he has attended in the colleges of the Queen's University three of the courses marked with an asterisk, lectures on one modern language, and lectures on experimental physics. 4. Certificates that he has completed all other prescribed courses.—The degree examination comprises the subjects recommended for study during the second period of medical education, along with experimental physics and one modern language, unless an examination in these subjects have been already passed at the previous medical examination.—The examinations will be conducted principally by printed papers, to which written answers shall be given; but the examiners are at liberty to add such *viva voce* examination, and to call for such demonstrations and experiments as they may deem necessary.

Candidates who graduate with honours will be arranged in three classes. The names in each class will be placed alphabetically.—Candidates who take a first class will receive a medal and prize.—Candidates who take a second class will receive a prize.—Candidates who take a third class will receive a certificate of honour.—The examination for the degree with honours will commence on the last Tuesday in September, and will be followed by the examination of those candidates who seek to graduate without honours.—The examination held in June is a pass examination, and will commence on Tuesday, the 17th of June.

REGULATION AS TO THE RECEPTION OF CERTIFICATES FROM MEDICAL LECTURERS AND HOSPITALS. 1. Colleges or schools seeking recognition from the Queen's University, are requested to send in the names and qualifications of the several lecturers, with such particulars as the senate may require. And in the event of the lecturers being changed, a fresh recognition must be sought.—2. All lecturers and clinical lecturers must transmit to the secretary on every 25th of November and 1st of May, or as often as required, a return, filled up according to a form transmitted, of the students in attendance upon such lectures or hospital practice. The certificates of lecturers not complying with this regulation will not be recognised. Students who intend to present themselves for examination for medical degrees in the Queen's University, should ascertain that their names are returned for any medical lectures they may attend, lest in consequence of such returns not having been supplied, their qualifications should be deemed insufficient when they so presented themselves; and lecturers who are willing to make the required returns, and



who have not received the necessary forms through the registrars of their respective institutions, should cause application to be made for them.

## KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

### LICENTIATES AND DOCTORATE IN MEDICINE.

CANDIDATES for the Licentiate and Doctorate in Medicine are required to make application to the College for permission to be examined according to the form supplied by the Registrar.—Candidates are required to deposit with the Registrar a certificate of having lodged the admission fee in the Bank of Ireland, to the credit of the College Fund.—Candidates are required to give proof of their having attained the age of twenty-one years; of having been engaged during a period of four years in the study of medicine, at a School or Schools recognised by the College; and shall also produce evidence of having studied the following subjects, viz.:—Anatomy; Physiology; Practical Anatomy; Chemistry; Practical Chemistry; Materia Medica and Botany; Medical Jurisprudence; Practice of Medicine and Pathology; Surgery; Midwifery; and of having attended Medico-Chirurgical Hospital, in which regular courses of clinical lectures are delivered, together with clinical instruction, for twenty-seven months, or such hospital for eighteen months with nine months attendance on a Medical Hospital, and similar courses of clinical lectures and clinical instruction; the attendance in each case being for not more than nine months in any year,—namely, for six winter and three summer months,—and the attendance on a Medico-Chirurgical Hospital and Medical Hospital not being taken out in the same year, and of having attended Practical Midwifery for six months.

Candidates who are not personally known to any Fellow of the College, are required to transmit testimonials of character from registered physicians or surgeons; testimonials from physicians or surgeons of public Hospitals or Infirmarys being preferred.

Students are recommended to divide their course of study into two periods, of two years each; the first to comprise Anatomy and Physiology, Surgery, Chemistry, Botany, and Hospital attendance; the second to comprise Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery, and Hospital attendance.

The examination is divided into two parts:—First part—Anatomy, Physiology, Botany, and Chemistry. Second part—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.—Students may be examined in the subjects of the first part at the termination of the first period of study; or in all the subjects of their education, on the completion of their medical studies.

Candidates are required to have passed an examination in the following subjects of preliminary education before the Board of Examiners of this College, previous to or within the first two years of their professional studies; or to have passed, within the period specified, an examination in general education held by some of the qualifying bodies, or by some one of the National Education Bodies, approved by the College. *English*—Composition. *Modern Languages*—One French or German Author, at the option of the student. *Greek*—Homer's *Iliad*, first book; or Xenophon's *Anabasis*, first book; or Walker's *Lucian*, first twelve dialogues; at the option of the student. *Latin*—Virgil's *Aeneid*, first and second books; or Salust; or first two books of *Cæsar, De Bello Gallico*; at the option of the student. *Mathematics*—Euclid, first and second books; Arithmetic, to the end of Decimal Fractions.

Students in arts of one year's standing, of any University in the United Kingdom requiring examinations in the first year; graduates or licentiates in medicine or

surgery of any University or College in Great Britain or Ireland, will be exempted from the preliminary examination. (The above regulations respecting preliminary examination will not apply to candidates who have commenced their professional education previously to the 1<sup>st</sup> January, 1861.)

Candidates qualified as follows are required to undergo the second part of the professional examination only, viz.:—1. Graduates in Medicine of a University in the United Kingdom, or of any foreign University approved by the College. 2. Fellows, members, or licentiates of the Royal Colleges of Physicians of London or Edinburgh who have been admitted upon examination. 3. Graduate or licentiates in surgery.

If the President and Fellows be not satisfied with the answering of a candidate, they may admit him to re-examination after a lapse of not less than two months.—The examinations are open to all Fellows and licentiates of the College.

Every candidate before being admitted as a licentiate of the College, is required to subscribe the following declaration, viz.:—"I do hereby solemnly and sincerely promise that I will observe the statutes and bye-laws of this College, and to my power endeavour that the honour of the College be preserved entire; and in all things that belong to the honour or profit thereof, I shall be ready to give my advice and assistance. I hereby authorise the President and Fellows of the King and Queen's College of Physicians in Ireland to erase my name from the list of licentiates, and I consent to surrender the diploma received from the College, if I shall, after having obtained the licence of said College, either compound or dispense medicines for sale, or engage in any trade in any part of the United Kingdom. I engage not to endeavour to obtain practice, or to attract public notice, by any unworthy means: I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connection with any secret remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a Licentiate or Fellow of the College, I thereby render myself liable, and shall submit to censure of the College, or to expulsion and surrendering of the diploma, whichever the President and Fellows of the College shall think proper to inflict."

If the applicant be a member of an Apothecaries' Company, he must surrender his certificate as such, previously to examination; and, if admitted, must not be registered as an apothecary in any part of the United Kingdom.

The President admits to the licentiate of the College in the following form:—"By virtue of the authority vested in me as President, I hereby admit you a Licentiate and Doctor of Medicine of the King and Queen's College of Physicians in Ireland."

The following shall be the form of the diploma granted to every person examined and approved by the College:—"We, the President and Fellows of the King and Queen's College of Physicians in Ireland, having duly and deliberately examined \_\_\_\_\_ in the principles and practice of medicine, and in the accessory sciences, and having found him well versed therein, do by these presents, grant him a licence to practise in the faculty of physic, and do certify that he has obtained, and is hereby entitled to the title of Doctor of Medicine and the qualification of Licentiate of said College. In testimony whereof, we hereunto subscribe our names and affix our common seal, at the College Hall, in Dublin, this \_\_\_\_\_ day of \_\_\_\_\_ 186, (signed by the President, the four Censors, and four Fellows.)"

Members of the College who may desire to obtain the license in midwifery will be required to undergo a special examination, and, if approved, will receive such license,



shall be distinguished as practitioners in midwifery he authorised lists of the College.  
andidates for the license in midwifery, who are not nbers of the College, will be admitted to examination he following qualifications:—The degree or licence in licine or surgery from any University or College of sicians or Surgeons in the United Kingdom, together a certificate of having attended a six months course lectures on midwifery, with the attendance for six aths at a recognised Lying-in Hospital, or of having ended Practical Midwifery for six months.

FEEs FOR LICENSE AND EXAMINATIONS.  
The fee for the license is £15: 15; which may be ded as follows, viz. :—For examination at the termina of the first period of study, £5: 5; for final examina for the license, £10: 10; for the midwifery diploma, 3; for the preliminary examination, 5s.—The admis fee, with the exception of two guineas deducted to et the expense of examination, will be returned to any didate who may be rejected.

Want of space compels us to postpone the Regu ons of the Royal College of Surgeons of Ireland and he Apothecaries' Hall of Ireland to next number.]

Medical News.

APOTHECARIES' HALL. On Sept. 18th, the following entiates were admitted:—  
Foster, Franeis Morris, Kingston-upon-Hull  
Meadows, Robert, King's College  
Morris, Ellis Jones, Holyhead  
Rayner, William, Uxbridge  
Renshaw, Charles Jeremiah, Altrincham  
Rhodes, Charles, Kensington  
Temple, Thomas Burnett, Stockton-on-Tees  
At the same Court, the following passed the first mination :—  
James, Joshua, Bristol  
Wigg, T. Carter, Charing Cross Hospital  
Yarrow, George Eugene, St. Bartholomew's Hospital

APPOINTMENTS.

MY.  
KINSON, Staff-Assistant-Surgeon R., to be Assistant-Surgeon 45th ool, vice Marshall.  
DWIN, Staff-Assistant-Surgeon C. H. Y., to be Assistant-Surgeon 8th Foot, vice J. H. Lewis.  
YSTED, Staff-Assistant-Surgeon I., to be Assistant-Surgeon 8th oot, vice W. H. Yates.

To be Staff-Assistant-Surgeons :—  
wis, Assistant-Surgeon J. H., 38th Foot.  
res, Assistant-Surgeon W. H., 8th Foot.  
DIAN ARMY.  
RK-PATRICK, Surg. J., M.D., Madras Army, to be Surgeon-Major.  
LLIAMSON, Assist.-Surgeon W., Madras Army, to be Surgeon.

ROYAL NAVY.  
NN, Edwin, Esq., Assistant-Surgeon, to the *Cameleon*.  
BLE, John, Esq., Assistant-Surgeon, to the *Phæbe*.  
ARDS, John B., Esq., Surgeon, to the *Galatea*.  
NISTREET, Henry D., Esq., Acting Assist.-Surg., to the *Phæbe*.

UNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—  
KYNs, A., M.D., to be Surgeon 1st London R.V. Brigade.  
LTEEL, C., Esq., to be Assistant-Surgeon 16th Devonshire R.V.  
PATRICK, W. H., M.B., to be Assistant-Surgeon 2nd Lancashire Light Horse Volunteer Corps.  
SES, P. W., M.D., to be Assistant-Surgeon 1st Lancashire R.V.

To be Honorary Assistant-Surgeons :—  
VIDSON, L. G., Esq., 1st Devonshire A.V.  
LME, H., Esq., 13th Lancashire A.V.  
DER, J., Esq., 7th Shropshire R.V.

DEATHS.

WIN, Jeken, Esq., Surgeon, at 20, Broad Street Buildings, aged 1, on September 23.  
FART. On May 29th, on board the *Golden Fleece*, from Calcutta, aged 25, Madeline Julia, wife of Joseph Ewart, M.D., Bengal Medical Service.  
MR. On September 12th, at Windsor Terrace, Maida Hill, Louisa, wife of J. Stewart Lamb, M.D.

STRONG, Septimus, Esq., Surgeon, at Upper Tooting, aged 25, on September 19.

SOCIAL SCIENCE IN BRUSSELS. The International As sociation for the Promotion of Social Science held its first sitting in Brussels on Tuesday. It was presided over by Mr. Fontainas, burgomaster of the city. A great number of distinguished persons from all parts of Europe were present, and the Duke of Brabant manifested his interest in the objects of the association by taking his place in the meeting. The President opened the proceed ings by delivering a short address of welcome to "the statesmen, savans, artists, and poets," who had come from distant parts to bear their share in the common work. "Begin then, gentlemen," he said; "nothing here will restrain the free manifestation of your thought. Free men on a free soil, have no care for aught except your conscience and the truth; these alone will protect the dignity and propriety of the discussions about to com mence." This sentence of the address was greeted with loud plaudits. M. August Couvreur then read a lengthy exposition of the origin, aims, and means of the associa tion, showing that the first was due to English example, and that liberty is the instrument with which it is hoped to achieve progress.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.— St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.  
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.— London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.  
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.— King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London, 8 P.M.: Papers by Dr. Braxton Hicks, Dr. Tilbury Fox, Dr. Bell, Dr. Tanner, and Dr. Richards.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—SEPTEMBER 20, 1862.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week.....		{ Boys .. 872 }	1760 1185
		{ Girls.. 888 }	
Average of corresponding weeks 1852-61 .....		1833	1131
Barometer:			
Highest (Th.) 30.234; lowest (Sun.) 29.660; mean, 30.045.			
Thermometer:			
Highest in sun—extremes (Fri.) 119 degs.; (Wed.) 87 degs.			
In shade—highest (Mon.) 73.8 degrees; lowest (Th.) 43.6 degs.			
Mean—58.6 degrees; difference from mean of 43 yrs.+2.3 degs.			
Range—during week, 30.2 degrees; mean daily, 18.9 degrees.			
Mean humidity of air (saturation=100), 78.			
Mean direction of wind, N.E.—Rain in inches, 0.06.			

TO CORRESPONDENTS.

DR. M'INTYRE will see, if he refers to the numbers of the JOURNAL published at the time when medical and scientific societies meet, that his suggestion has been anticipated long ago. Nevertheless, we thank him for it.

COMMUNICATIONS have been received from:—Dr. THOMAS INMAN; Mr. JONATHAN HUTCHINSON; Dr. RANKING; Dr. WILLIAM ROBERTS; Dr. N. PARKER; Dr. A. T. BRETT; LECTURERS AT ST. MARY'S HOSPITAL; LECTURERS AT THE CHARING CROSS HOSPITAL; Mr. P. BELCHER; Dr. KIDD; M.D.; Dr. T. OGIER WARD; Mr. C. B. H. SOAME; Dr. STYRAP; and Mr. RENSHAW.



**Aërated Lithia Water. —**

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.  
BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists,  
47, Piccadilly.

**The Social Science Review.**

September 27th, 1862.—Price 3d.

CONTENTS:—London Medical Schools.—Cabmen's Grievances and Free Trade.—The Revised Regulations of the Science and Department.—Solitary Confinement and its Results.—The Value of Orotava.—Cannibal Vegetables.—War and Insanity.—Called to Bar.—Brussels Congress.—Statistics of Suicide in Bavaria.—Day.

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(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital, 16, George Street, Hanover Square, Oct. 14th, 1861.

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# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### IS ALCOHOL FOOD?

By THOMAS INMAN, M.D., Liverpool.

BEING desirous of saving your time, I will not read the whole of the essay I had prepared for this occasion, but epitomise it, and reduce it to its smallest limits.

Let us take Bayley's definition of the word food, and consider it to mean sustenance—victuals; and let us include under the term alcohol all those liquors in which this spirit forms the essential part. Our task will be to inquire whether these are sustenance or victuals; and we must add Bayley's definition of victuals, as provisions, food, things necessary for life, as meat, drink, etc. We must not quibble on the words, *necessary for life*; we allow that persons can live without drinking beer; they can equally do so without eating beef; yet meat is food nevertheless.

It is, however, a question whether alcohol be not really a necessary of life, when we consider the means nature has employed to form it in every mammal. Physiology tells us that starchy and saccharine materials are largely nutritious. Nature has provided in the saliva a material which converts starch into sugar. In all animals, whatever be their diet, the liver forms a glucose material, convertible into sugar as soon as it comes in contact with the air. The venous blood, therefore, which passes into the lungs, contains a fermentible material. Chemistry tells us that a saccharine solution exposed to warm oxygen, such as is received by respiration, produces alcohol with the extrication of carbonic acid. It tells us that a considerable quantity of carbonic acid is formed in the blood and exhaled by the skin and lungs. It has in vain hitherto endeavoured to explain the source of the whole of this carbonic acid, for it has as yet ignored the fact that the lungs, amongst their other functions, may be the fermenting vats of the animal economy.\*

It is true, that as yet alcohol has not been demonstrated to exist in the arterial blood of animals; but it has not been looked for. The liver contained glucose long ere Bernard and Pavy found it out.

Observation leads us to consider that the above deduction is probable; for we find agriculturists affirming that malt feeds and fattens animals better than barley. The nutritiveness of sugar has long been known. The graminivorous animals, whose blood necessarily is richer in fermentible material than the carnivora, are, as a rule, far fatter than the latter; and we know no animal to whom diluted alcohol is a poison. I have seen even flies drunk with champagne, and staggering on their six legs, as a drunkard does on two.

A chemical analysis of farinaceous and saccharine foods shows us that air and water alone are necessary to convert these into alcohol and carbonic acid. There is, therefore, no essential atomic difference between a sweet cake, and brandy and soda water; nor is there any *prima facie* reason to believe that the constitution cannot assimilate one as readily as the other. Nay, experience in

medicine has even demonstrated that brandy and soda water are often retained on the stomach, and seem to support life, when no saccharine or farinaceous food can be borne. This fact is very conspicuous in cases of fever, hæmorrhage, and of infantile dyspepsia. We are surprised that in this age of inquiry the importance of these facts has been ignored.

We will now compare the effects produced on the body by ordinary food and by alcohol.

First, there is the cessation of hunger, then a feeling of comfort, enjoyment, repose, and a tendency to sleep; then follows a consciousness of our having more blood in our body, and of our veins being fuller; the pulse is usually stronger, firmer, and faster; there is greater warmth of surface; a greater capacity for labour; and, unless a large quantity of water has been taken with the meal, there is thirst; after a time comes a renewed craving for a repetition of food, and tea is longed for, often with intense desire; and so the day wags on. We want a breakfast, and after it a dinner, and after it a tea. The baby at the mother's breast feeds to repletion, and is content, yet soon cries bitterly for a fresh supply; yet no one calls milk a poison. But if, when the baby becomes a man, he drinks a glass of ale, finds himself satisfied for a time, but, subsequently, wants another, he is told that he is indulging in Satan's nectar, one draught of which entails the want of more. Thirst follows beef quite as much as beer.

After taking an adequate draught of ale, porter, and the like, a similar result follows: hunger is allayed; exhaustion relieved; the veins show an increased amount of blood; a genial glow evidences a more vigorous circulation; and the brain, which is an organ peculiarly sensitive to the quantity and quality of the blood circulating through it, shows by its increased power that the alcohol has entered the circulation and influenced it.

No difference whatever can be detected in the immediate physiological effects following a solid meal with water as a drink, and a corresponding amount of ale, except in the rapidity and transitoriness of the solid and liquid meal.

When we contrast the prejudicial effects of food and alcoholic drinks, we find that kings and caliphs—at least, one of each—have died from overgorging food, just as "nobodies" have done from drinking whiskey. Our own Henry the First died of a surfeit of lampreys; the caliph Soliman died of a guzzle after eating a basket of eggs and figs, with lots of marrow and sugar. A gentleman in Liverpool was in an apoplectic condition for two days, and given up by his medical attendants, from indulgence in strawberries and cream. He vomited and was cured.

Sir George Simpson, the then Governor of the British Canadian Fur Company, has written a very interesting account of a journey through Siberia. While there, he heard of some professional gormandisers; and in vol. ii, page 309, he tells us that he hired two, that he might see what they could do. He provided thirty-six pound avoirdupoise of boiled beef, and eighteen pounds of melted butter for each man, and he or his Scotch orderly stood by watching them for three hours, until the whole was consumed. No spirituous liquor was taken, but the result was a comatose lethargy for three or four days.

It is clear, therefore, that too much meat may have as prejudicial effect as too much ale. Nor does it seem to make much difference whether one has a debauch upon beef or beer, except that the effects of the former are most lasting. Too much meat with delicate children or patients, and even beef-tea with infants, will produce serious and often fatal convulsions; and thus prove quite as deleterious as too much gin.

The physical condition of those who indulge in an excess of common food varies in different individuals, and resembles closely that of those who indulge moderately in alcoholic drinks. There is no difference in the moral

\* The force of this consideration is augmented by the fact that fermentation is a heat-producing process, and that abstinence from food—which reduces the amount of fermentible material in the blood—is attended by diminution of heat.



condition of one who eschews all alcoholic drinks, and one who uses them in moderation.

It requires no Daniel to tell us that the fierce tiger, the ruthless lion, the brutal wolf, the pugnacious stag, the vindictive elephant, the gluttonous pig, the lazy sloth, the courageous bull, the grumbling camel, and the patient ox, do not owe their respective propensities to the use of beer. The crafty Indian, whose childish sport is torture; whose passport to manhood requires that he shall despise human feeling; whose atrocities have connected their name with fiendish brutality; the sensual Hindoos, to whom cruelty and vindictiveness are pastimes; the bloody Turk, the ruthless cannibal, the lying child, and the turbulent schoolboy, are all strict teetotallers. Away, then, with the idea that alcohol is the father of crime—the egg from which all vice and misery are hatched.

Indulgence in alcohol may temporarily reduce our self-control, and open the door to our passions, that we have previously kept locked. But love will do the same; and, we see that Providence has not castrated stags because they fight for their females.

On inquiry into the habits of those who forbear from alcohol, and those who indulge largely in it, we find this fact prominent: that the former eat very great quantities ere they are satisfied, and that the latter eat very sparingly. Yet, if both are free from disease, there is no essential difference between the two, as regards general condition. One of two deductions from this must follow. Either the first eats a great deal more than is necessary, or alcohol is equivalent to food. Which of these deductions is the nearest to truth, can readily be tested by prolonged observation of others and individual experiments.

Having been for many years accustomed to drink a definite quantity of ale at dinner, being in good health and a small eater, I resolved to mark the effect which would follow, if I substituted water for the use of ale at dinner. The first day I made the experiment, I noted that my usual supply of solids failed to take away the sense of hunger, but, as I had swallowed the same absolute quantity of material as I ordinarily did, I abstained from eating more, and rose unsatisfied, and the next meal was required two hours earlier than usual. The next day and the next, the same phenomena occurred with gradual increasing urgency, and, as I continued the trial, it was clear that I must become thinner in flesh, a gormandiser, or else return to my daily allowance of beer. This observation was followed by the converse. I diminished my ordinary allowance of solids and increased my quantum of beer, and I found that the appetite was satisfied as usual. After this, I carefully noted the amount eaten by the beer and water drinkers in my own family, and compared the physical condition of the two. Circumstances, which I need not detail, enabled me to note the results when the beer drinkers took to water, and the water drinkers to beer, and I found that the large eater ate less when he drank ale, and the ale drinker ate more when he took to water. Still further I was able to note, that when from any cause there was a loss of appetite in both, that the water drinker always suffered the soonest from debility, and was anxious to resume the beer, while he who took his beer wanted to increase his quantum.

But, it is said that ale takes away the appetite, and so is not good. Why, beef takes it away too—yet, who says that a second slice of the juicy “round” is to be prohibited because it will take away the want of *more*.

After this, I laid myself out to gain information from those who were total abstainers from necessity or choice, rather than from principle, and who, when they joined a friendly dinner party, did as their neighbours. The account given by all was: “We always eat less when we drink wine, for we do not feel to want our usual quantity,” in other words, wine satisfied the appetites as much as pudding did.

In none of the above experiments was there any apparent

diminution of the ordinary health and strength, except in that in which I confined myself to my usual supply of solids, and substituted water for beer.

The necessary deduction is, that the total abstainer does not habitually eat too much; that ale or wine replaces—is equivalent to—or nourishes the body in the same way as other food. And, as things which are equal to the same are equal to one another, it follows, that if a glass of ale is equal to a slice of mutton, and the latter is food, that ale must be so too.

One point of inquiry remained before the deduction was incontestible, viz.: was it possible for any one to live on any form of alcohol alone. As few individuals would like to try this personally, I was driven to seek such information as I could get from reliable sources. The result of those inquiries sufficed to show that there were individuals who had lived for prolonged periods, upon some form of alcohol alone; one getting fatter. But the editor of the *BRITISH MEDICAL JOURNAL* objected to the cases because the people had not been watched, their drink measured, and their bodies weighed—being influenced, apparently, by the notion that every tippler was given to eating on the sly—or that doctors living in the country were incapable of making such investigations as are necessary, before an unexpected statement is adopted as true.

His strictures brought to me two letters, corroborating my previous statements, to the following effect:—

A surgeon's widow, after describing sundry severe illnesses which she had undergone, including Asiatic cholera, and how she had suffered both before and after her last confinement, says: “After the period of the birth of my son, now a healthy lad of twelve years of age, I never seemed to regain any strength, my appetite failed entirely, but I had at the same time abundance of milk. *For many weeks I took nothing but brandy and water.*” An elderly surgeon, at Wavertree, wrote me to the following effect:—“I attended a young man with hypertrophy and patulous valves of the heart, from September 24, 1855, to April 26, 1860. For the last five years no animal food would remain on his stomach, and farinaceous he seldom would take. In the first two years, brandy was the principal nutriment he existed upon, as nothing else remained on his stomach. Subsequently he lived upon this same beverage. His allowance at first was six ounces of brandy, but it was gradually increased to a pint a day; he kept his flesh and good spirits nearly to the last. I should not have believed except proof positive had taught me. The bowels were seldom acted on—about once in two or three weeks, the motions being small and dark. During the last two years he was dropsical, and died at the age of 25.”

I had myself a patient in the Liverpool Royal Infirmary, who told me that, in consequence of severe salivation preventing his eating, he had lived for a fortnight upon beer alone; yet he looked liked other people, and said that he had lost no flesh.

To these I may add a case communicated to me by Mr. Nisbet of Egremont, one of the shrewdest practitioners I know. The individual was a man in the middle class of life, living with a wife. For seven months he had been unable to take food, and had subsisted entirely on spirit and water—the authority for the statement being the man himself and the wife; he was apparently in good health and good condition.\*

Having got thus far, it became necessary to ascertain whether when an individual was in a state of debility, irrespective of fever or other disease, alcohol had any real restorative power capable of comparison with the use of appropriate food to a famished man. The following gave

\* A case in which an old woman lived for two years on laudanum and brandy and water, has recently been given in the *JOURNAL*; and a parallel case to it will be found in *Foundation for New Theory*, page 383, where a woman lived for two years on gin, laudanum, and water.



ne the requisite facility:—I had under my notice two families in which the children were particularly delicate, and very small eaters; whenever they began to grow rapidly, their appetite failed entirely, and this was followed by symptoms of cerebral exhaustion, and in one instance by convulsions. Under such circumstances, I have myself administered such food as bread and milk, milk, custard, beef-tea, and arrow-root, and have had it omitted back again over my hand. The same have been tried as enemata without any definite result. After these things have been duly tried, in deference to maternal prejudices, recourse has been had to brandy and water, or other form of alcohol, and the effect has been immediate; the same results following as from a meal under ordinary circumstances; disordered secretions return to their healthy state, fretfulness disappears, the natural sleep is reestablished, the hot head cools, the spirits revive, the soft flesh becomes firm, and in a few days the natural appetite returns. Now, as this occurs repeatedly, and without any change of air or any other circumstance to account for the improvement, we are logically bound to accept the inference that the improvement is caused by the alcohol.

I have mentioned two other cases, on the authority of Mr. Nisbet, in my book on the *Theory and Practice of Medicine*. In the one, a child with marasmus subsisted for three months on sweet whiskey and water alone, and ultimately recovered. In the other, Scotch ale was the sole article of food, taken for a fortnight; the child at the end of that period recovering his appetite for other food.

There still remained the question whether the alcohol imbibed, passed out of the system unchanged, or became converted into various materials as other food is. To test this I looked about for some nursing mother, living solely upon one form or other of alcohol. One case I have mentioned above, the following is another.

I had myself a lady patient who was on two different occasions on the verge of *delirium tremens*, and I gained an intimate knowledge of her habits from personal observation, from the reports of her husband, of mutual friends, residing occasionally in the house with her, of her mother, of her sisters, and of her nurse. She was about 25 years of age, handsome, florid, and inclined to *embonpoint*, of very active habits, yet, withal, of delicate constitution, being soon knocked up. She had two sons in succession—the largest infants and children I ever saw, and apparently strong and sturdy. She was a devoted mother, and nursed them in every sense of the word. As they gradually increased in size and weight, she became daily more and more exhausted, her appetite entirely failed, and all food was loathed; she subsisted then wholly upon bitter ale and brandy and water, still keeping up her flesh, her good looks, her nursing, and her activity. This lasted about twelve months, at the end of which time the nervous system was thoroughly exhausted; yet, as in persons with scurvy, or purpura, there was no emaciation, nor was there absolute prostration of muscular power. Of course it may be alleged that solid food may have been surreptitiously taken; but this is an objection scarcely worth repelling, for where solid food of all kinds is loathed, detested, and shunned, far more than the most nauseous medicine would be, it is not very likely that it would be secretly sought for; and even if a bit of something were to be taken occasionally, the quantity must have fallen very far short of the amount necessary to keep up life and bulk without other assistance.

It follows, therefore, either that the children lived on beer and brandy, or that ale and cognac help to make milk.

To this line of inductive argument, it is opposed:—1. Alcohol is found in the breath unchanged, and what passes unchanged out of the body cannot be assimilated. 2. Alcohol is only a stimulant. 3. That it helps to conserve the tissues from decay. 4. The brilliant theory of our editor,

that it assists in the integration of tissue—hence increases the lymph, and consequently the amount of blood.

These arguments are absolutely worthless. 1. Water, the greatest necessary of life, passes out of the body unchanged, so does a portion of bread, oatmeal-porridge, and potatoe, cabbage and the like. 2. If alcohol were only stimulant, why not use turpentine, or cayenne, as a substitute? 3. If it conserve the tissues from decay, how is it that a glass of ale after a long walk should make one sweat, and a glass of whiskey or gin and water make us micturate? 4. If it disintegrate our tissue, as we know that food builds them up, it must follow that a glass of wine at dinner must neutralise the effect of beef, and the more liquor a man drinks the more he must eat.

The question before us is one of fact, not one of prejudice. As doctors, we ought to have no feelings; still less should we allow ourselves to be so far advocates, as resolutely to shut our eyes to one set of facts, because they do not tally with our preconceived notions.

We readily allow that men abuse alcohol to a great extent; but we must not therefore attempt to annihilate its existence. We should as soon think of making all men eunuchs, because of the vice shewn up in Sir Cresswell Cresswell's court.

But, lest we indulge ourselves too much in this strain, let us finish by a summary of the facts we have elicited.

1. Nature has provided in the salivary glands—the liver—and the lungs of every mammal, an apparatus for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place.

2. One form of alcohol or another is available for the support of life—and for restoration to health when no ordinary food is or can be digested.

3. Alcohol, after being taken, is incorporated with the blood, passes into the various tissues, and ultimately disappears—a small portion only passing away in the breath. We can say no more of bread, potatoes, or oatmeal porridge, a small portion of each of which passes out of the body with the fæces.

4. Alcohol, in the form of ale, porter, wine, etc., relieves hunger and quenches thirst simultaneously, and with a completeness that is not equalled by water, infusion of gentian, cayenne pepper, or by turpentine; *i.e.*, it does not act as water simply, or as a stimulant alone.

5. Wine, beer, etc., satisfy the appetite when taken alone, and act for the time like any solid food would do.

6. When alcohol is mingled with other food, a less amount of the latter suffices for the wants of the system than if water had been used as the drink.

7. The various forms in which alcohol is taken, have as marked and specific effects as have animal and vegetable articles of diet.

Individuals have subsisted wholly upon one or other of the various forms of alcohol in common use for periods of great length; and, as it is illogical to conclude that they must have lived on air, without food, or on flies like chameleons, the conclusion is irresistible.

What that conclusion is, we fearlessly leave every thinking man to decide.

DEATH OF A CENTENARIAN. Died, at the patriarchal age of 106, at Oxford, Mr. John Pratt, a native of Gredon-Underwood, near Bicester. Deceased, upwards of half a century ago, was for many years employed in the herbal department of Apothecaries' Hall, London, and was latterly well known in Oxford and many other parts of the country as a gatherer of herbs for medicinal purposes. He retained his faculties in an extraordinary manner. Shortly before his death he was seen enjoying his walks through the streets of Oxford.



# Original Communications.

## HOW TO PREVENT CHLOROFORM ACCIDENTS.

By CHARLES KIDD, M.D., M.R.C.S.Eng.

[Concluded from page 302.]

### INHALERS.

It is important to know that, during the interval between 1858 and 1862, nearly all the positions taken by me have been corroborated after this very full discussion, not only in Paris, in Germany, in Edinburgh, but in America and Australia. The study of the natural action of chloroform or ether, as observable in hospitals, or at the bedside in private practice, can scarcely lead astray. Coroners, or gifted instrument-makers, may persuade us that this, that, or the other form of inhaler, at so much each (discount off for ready money), may reform the entire study of chloroform administration, and without such infallible means, deaths must increase; I always use an inhaler myself—a very simple one; but in some departments of practice—midwifery, for instance, where chloroform has proved to be most safe of all—the latest details of cases and statistics (those from America, 1862) prove incontestibly the safety of a simple handkerchief. This is stated to show that we must look in some other direction for the cause of accidents, as they are, unfortunately, just as frequent with inhalers as without. In this memoir, read by the leading obstetric professor in America to the Academy of Medicine at New York, the superiority, and possibly the safety of chloroform, as compared to ether, was admitted, even in general practice. The true value of ether, I now believe, is as an anæsthetic in reserve; to be given alternately with chloroform, if the operation, such as ovariectomy, is very long, or the pulse fails. There was something additionally instructive in the fact that, after considerable experience of ether in midwifery (the favourite anæsthetic in America), the Academy gave an undivided preference to chloroform; more especially in cases of rigid os uteri, what we have elsewhere termed exhausting labour with agonising pain, instances of eclampsia and undilating perinæum most particularly of all; but in inversion, and exhausting labours in other patients, ether seemed slightly preferable. In one case of marked mitral regurgitation, the labour-pains “absolutely powerless,” it was thought that ether acted better than chloroform.

Doubts were expressed as to the advisableness of anæsthetics after or during the bleeding of placenta prævia; for an additional reason, probably correct, that where blood-vessels are emptied by such bleeding, absorption of the chloroform is very much increased. The chloroform then, as expressed by one speaker, “takes like a lightning flash”; so, at least, it occurred in some cases of convulsions with hæmorrhage, where chloroform was given immediately after venesection; the woman stopped breathing as if dead, though ultimately recovering very well.

One of the speakers had taken chloroform himself “thirty or forty times; had given it to his nearest friends and relatives; and at all ages, from the child of thirteen days up to the most advanced periods of life.” He had given it in extensive heart-disease, also with entire safety. He was rather inclined, however, to fear hæmorrhage and simple syncope than anything else. Of forceps cases, he cited sixty-nine, as only a small part of his practice, which succeeded unusually well with chloroform; and in a proportionate experience of convulsion and version patients, he expressed a belief in

chloroform as “the most precious agent” of modern practice.

Another speaker referred in similar terms to eighteen cases of forceps operations and fourteen of version\* case under chloroform; and he was “fully persuaded that no one should attempt them without having recourse to anæsthetics”; he did not approve of the latter, however, in craniotomy. He had not witnessed *post partum* hæmorrhage; and he believed labour, on the average, was shortened by a judicious exhibition of chloroform, and “muscular soreness following labour usually” disappeared. Very lamentable cases happen occasionally of entire inversion of the uterus, from forcible dragging of the funis, or from the patient suddenly getting out of bed. This accident may be even attended with most alarming symptoms of fever; nay, even with accelerated small pulse, exhaustion, etc. Yet here chloroform has been known to act like a charm in allowing the return of the displaced and partly strangulated uterus. All this agrees remarkably with my experience of chloroform in obstetrics.

### TWO FORMS OF ACCIDENT QUITE DISTINCT.

The number of males (nearly all healthy adults), it is remarkable, is exactly double that of females or children in accidents from anæsthetics; yet chloroform is very much used in cases of children and in midwifery; in them, however, almost without accident. All this has been evidently a work of some slowness to arrive at; as well as the fact that the operations have been almost all of a small or trivial kind, mostly without hæmorrhage, which latter, in large operations, seems to prevent fatal engorgement of the cavities of the heart, the essential point of departure of deaths from chloroform, as I think, after stoppage of the respiratory muscles.

These and some similar deductions, from comparison of groups of cases (the only safe method of medical logic), are, as yet, only imperfect, though now including the facts of about 200 deaths from anæsthetics. We set them up, however, as the deductions of statistics (must, as we think, always be) as “finger posts” at the crossroads of conflicting opinions. It may be that this immunity from accident in children and women depends on a healthier and more active reflex or spinal system.

We have, moreover, now two well ascertained dangers to be cautious of; cases of peculiar idiosyncrasy under chloroform, excess of chloroform, bad chloroform, or irritable larynx or glottis, which may induce apnoea (formerly termed asphyxia); and secondly, mental fright, injury of tendons, nervous exhaustion, hysteria, intermittent pulse, etc., which may produce, in some manner not well understood, a form of syncope.

In conclusion, a few words of advice may be not out of place, as to the necessity of a calm, well informed examination of the entire subject of anæsthetics. One writer (Vigouroux) holds very strongly that the heart is so excited by chloroform that its action stops; but Brown-Séquard and Schiff now give us the other half of this fact. The theory of “cardiac syncope,” as the immediate cause of death from chloroform, on induction from *post mortem* facts, is totally erroneous; as is also the induction from similar facts, as to the neglect of inhalers, fatty heart, etc.

At every step of the inquiry we have had the *post hoc* taken for the *propter hoc*. Deaths occur under chloroform, because the fact is not recognised that the respiration is more important than the pulse; that the chief desideratum is to have the respiration and pulse both good; that they are, in fact, the opposite swings of a pendulum in keeping the clockwork movements of the

\* Professor Martin of Jena (*Erriep's Notizen*), as the result of a thousand midwifery cases under chloroform in his experience, also agrees with these views across the Atlantic, more especially as to the value of chloroform in version cases. Dr. M'Clintock of Dublin is equally clear on the point.



stem in active motion, which they invariably do, notwithstanding the deepest unconsciousness in the other portions of the nervous system and brain proper. We have, in fine, two most important forms of accident to avoid, and which require different means of treatment. Apnoea (the old cardiac syncope) beginning in the lungs and larynx, due to preventable causes; and secondly, syncope, pure and simple, from idiosyncrasy, the pallid face and cavities of the heart empty; or, then, as Sir B. Brodie suggests, with red blood in the arterial or systemic side.

#### CHLOROFORM SICKNESS.

Mr. Paget, with his usual discriminative ability, referred, in a late address, to "one of the very few deductions from the unspeakable value of anæsthetics"; namely, chloroform sickness; as increasing the peril of the shock of an operation. It is an evil, he says, that deserves careful study; in all of which I agree with him. I would wish to say that I have recently discovered that if we get the patient quickly out of the chloroform it stops the sickness. This I do by the usual means and a little aromatic vinegar, and agitating briskly the respiratory muscles, and by fanning the patient's face and neck for about three minutes with a common lady's fan. In ovariectomy, hernia, cataract, etc., where vomiting is so ruinous, I find this succeeds most perfectly. Patients should be carefully watched, also, for at least four hours before an operation, as often, "to keep their courage up," as nurses and others tell them, they steal a march on the surgeon, and gorge themselves, as I have known hundreds of times, with a huge mass of food, and, perhaps, a bottle of porter. Yet it is noticed at the time, they have had no dinner by special order of the surgeon. I have little doubt the vomiting is due to irritation of the cardiac end of the stomach, aggravated as it is by the convulsed muscular irritation of the diaphragm in the second stage; and irritated, as elsewhere described, by regurgitated matters from the small intestine. Some of the cases of vomiting are attended by rigor and other signs of constitutional mischief from the knife. These are common without chloroform, and not due to it in any measure, the vomitings attend impending pyæmia, fever, etc.

Rigors, too, sometimes set in immediately after deep anæsthesia. It appeared to me as if the anæsthesia of an hour long kept the rigors in check. Again, in midwifery cases, passing the hand into the uterus in some patients, without chloroform, excites puerperal convulsions; but if this be performed under slight anæsthesia and some accoucheurs are absurdly timorous about chloroform), then chloroform gets the credit of any mischief, in the shape of vomiting or convulsions, that may arise, though it does not deserve it. The cardiac end of the stomach (not the pyloric) is, like the uterus, exquisitely sensitive to reflex spinal action. Even putting a finger into the gullet excites this. Champagne and creasote are the best remedies for "chloroform sickness", followed by an aperient to direct, as it were, the peristaltic action in another direction. Salts of barytes are also useful; perhaps more so than the usually praised cadmium.+

+ Three essays on chloroform have appeared this month in three several cyclopædias or systems of surgery: all three contradictory as to the necessity of watching the pulse, fatty heart, sickness and vomiting; and none of the facts, *quantum valeant*, just stated, are noticed; so I am anxious to draw attention to them. None of the writers have seen the masterly essay on chloroform by Lallemand, Perrin, and Duroy, which is about as satisfying as to be ignorant of Brown-Séquard in an essay on epilepsy. Indeed, a fourth American essay or standard manual on etherisation and chloroform, has just reached us from the war in that country, with a showy bibliography of all the books yet published on chloroform, and recommended to surgeons; this French work is left out, as also Snow's most admirable treatise. Under some circumstances, 'tis folly to be wise". These must be such.

C. K.

## Transactions of Branches.

### LANCASHIRE AND CHESHIRE BRANCH.

#### TWO CASES OF DOUBLE PARALYSIS OF THE PORTIO DURA AND PORTIO MOLLIS OF THE SEVENTH PAIR.

By WM. ROBERTS, M.D., Physician to the Manchester Royal Infirmary.

[Read June 25th, 1862.]

THE purpose of the present communication is to bring to the notice of the Branch, and to place on permanent record, the history of two examples of a very rare form of paralysis; likewise to offer some remarks in elucidation of the seat and nature of the disease in these cases; and lastly, to indicate very briefly their bearing on certain disputed points relating to the function of some of the nerves concerned.

The patients present the easily recognised signs of a double paralysis of the peripheral distribution of the portio dura and portio mollis. Both are stone-deaf; and there is complete palsy, with atrophy, of the muscles of the two sides of the face. In neither case are there any of those direct evidences of destructive disease of the temporal bone, which commonly attend unilateral paralysis of the two divisions of the seventh pair, from the ordinary causes of such a lesion: caries, suppuration, and malignant disease of the pars petrosa.

The first example fell under my notice about a month ago, in the person of a silk hatter named Alexander Miller. He is 47 years of age, a tall spare man of vigorous frame. His wife supplied me with the following particulars of his previous history. He has been a healthy man of somewhat intemperate habits. About a twelvemonth ago his health gave way, and he was reduced to a state of considerable weakness. One day about this time, he was seized with a sort of fit which only lasted a few minutes. Whether it was syncopal or apoplectic is impossible to make out; it left, however, no consequences behind.

A fortnight after this fit, the patient, on awaking in the morning, discovered that he was not able to move the right side of his face nor to close the right eye.

Eight days later, suddenly in the evening, the left side of the face became paralysed and the features, previously distorted and drawn to the left, resumed their symmetry. All motion of the face had now ceased. An important circumstance occurred between the two seizures. Four days before the second attack, the patient became conscious that he was totally deaf on both sides. He is positive that the deafness supervened in the interval between the two seizures of facial paralysis. It appears, on inquiry, that he was always hard of hearing on the right side, so that it is uncertain whether total deafness of that side preceded or accompanied the first paralytic seizure. From the date of these two attacks up to the present time, there has existed without change total deafness of both ears, and total paralysis of the muscles of facial expression. No other part of the body shared in the palsy, and feeling is perfect in the integuments of the face. The general health has greatly improved since the date of the attacks, and for many months now the patient has been free from bodily illness. He complains, however, of some cephalalgia and of a sense of weight and tightness over the forehead. The skin of the forehead and of the nose have a thickened congested appearance, and seem to have suffered repeated attacks of fugitive erysipelas. There has not been any running from either ear at any time.

To prevent useless repetition, it will be convenient to postpone the observations I have to make on the present state of the patient, until the antecedents of the second case have been related. The similarity between their



actual condition is so great that one description will apply, with only slight modifications, to both. The second case was exhibited by Mr. Thomas Windsor to a meeting of the Manchester Medical Society in October last, and I am indebted to his courtesy for permission to bring it before the notice of the Branch.

Thomas Finnigan is a labourer, 50 years of age. Twelve years ago he contracted a chancre, which went on to phagedenic ulceration, and has left to this day a deep and extensive scar on the glans penis. Six months after this event, he suddenly lost the power of the right side of the face; and six weeks later, the left side of the face became similarly affected. Two days after this latter occurrence, he became stone deaf. The deafness came on suddenly; to use his own expression, "in one hour".

He cannot tell whether he was deaf of the right ear during the six weeks that intervened between the seizure of the two sides of the face. It is, however, quite possible that loss of hearing may have taken place on one side without being perceived; and that the patient only became aware of his misfortune when the remaining ear shared the same fate. There was a purulent and fetid discharge from the left ear some ten years ago; it continued for about a month, and then ceased definitively without consequence, leaving the membrana tympani uninjured. No such discharge has ever flowed from the right ear. For the twelve years that have now elapsed since the paralytic seizures, no change has occurred except a gradual destruction of the teeth. There are now only five imperfect crowns remaining out of two complete dental arches, which the patient possessed twelve years ago. A number of decaying stumps exist in both jaws.

Both patients appear to have undergone a mild mercurial course, to have taken iodide of potassium, and to have been actively treated by counterirritants.

The appearance of the face in this affection is sufficiently characteristic to permit the nature of the lesion to be made out by mere inspection, at least in so far as the branches of the portio dura are concerned. Several portraits of double facial paralysis exist by Bell, Magendie, Christison, Dr. Gairdner, and M. Davaine. This last mentioned has collected together all the cases published before 1852, into an elaborate essay, which appeared in the *Gazette Médicale de Paris* for 1852.

The features are symmetrical but perfectly motionless. The strongest emotions may be passing in the mind, but not the least evidence of their occurrence is betrayed in the features. The patients may laugh, even loudly, but it will be, as it were, from behind a mask. A mournful immobility has replaced the mobile expressiveness of the natural countenance.

The forehead is perfectly smooth, incapable of being wrinkled from paralysis of the occipito-frontalis. Frowning is impossible from paralysis of the corrugator supercilii. The eyebrows hang heavily over the orbits, and this contributes materially to the conspicuous seriousness of the countenance. The eyes are staring and opened more than natural; incapable of being closed. The lower lids are considerably everted in the case of Finnigan, but only slightly so with Miller. The tears trickle over the cheeks on the slightest exposure to the external air.

During sleep, the eyes are covered with the lids in both these men. This arises less from contraction of the orbicularis, than from relaxation of the elevator of the upper lid. When the patients are asked to close the eyes, or when the reflex act is provoked by touching the eyelashes, the eyeballs turn up and a slight approximation of the lids ensues, apparently from the same cause.

The cheeks are flaccid and emaciated. In the case of Miller, the prominence of the uninjured masses of the temporal muscles, contrasting with the wasted hollows below the zygomatic arches, forms a striking feature in his facial expression. Finnigan does not present this appearance, because the loss of his teeth has, no doubt, brought

about some atrophy of the muscles of mastication from want of use.

The alæ nasi lie flat against the septum and are perfectly motionless in respiration. The thickened condition of the integuments of the nose prevents this from being a marked character in Miller's face.

The upper lip is greatly elongated, and the lower hangs helplessly everted, permitting fluids to dribble from the mouth. Both patients have adopted the habit of wearing a linen band which is drawn over the head and brought round under the lower lip. By this means, the labial commissure is kept closed. Miller can also keep the mouth closed by a suction effort; but when the lips have fallen apart, the aid of the fingers is required to bring them again into contact.

When the facial muscles are stimulated by galvanism they fail to respond to the strongest shocks. All appear to have become permanently and wholly atrophied. The muscles of mastication are uninjured, but, owing to the palsy of the muscles of the cheek the food collects between the dental arches and the cheeks, and it has to be dislodged by the fingers.

The articulation of words is so faulty, that both patients speak very indistinctly. The labials cannot be said to be pronounced at all. Finnigan, through the loss of his teeth, is also unable to pronounce the dentals. The linguals and gutturals are easy of utterance to both. The loss of the teeth has not been an unmixed evil to the pronunciation of Finnigan, for, by rapidly closing the dismantled jaws, he can flap the lips into momentary contact, and thus make a not unsuccessful attempt at the letter *p*. In this way he can pronounce "paper" moderately well. But where a sustained contact of the lips and teeth is required, as in pronouncing *v* and *f*, the articulation is most defective—"fifteen" is a word quite beyond his powers.

The tongue is protruded in direct line, and apparently as far out as natural. Finnigan can protrude his to the extent of an inch and a half. The organ is capable of active movement in every direction, and to the best of my judgment its motions are perfect in both patients. Both can turn up the tip as high as people usually can. I have made these observations, because in some cases deficiency in the movements of the tip of the tongue has been mentioned as caused by paralysis of the portio dura.

The soft palate appears sluggish in its movements in both individuals, and it responds very feebly to irritants applied to the uvula and the palatine arches. But all the movements *do* exist, and the uvula was seen to contract to its very base, and the arches were drawn upwards almost to the level of the bony palate.

Both patients can swallow well at the present moment; but Finnigan states that small morsels sometimes embarrass him, whereas large morsels and liquids go down easily. Miller states that when the attack first occurred, deglutition was only possible to him by inclining the head forcibly backwards, or by passing the morsel by the aid of the fingers into the back part of the mouth. This difficulty continued only for a few weeks.

Both patients testify that their articulation was much more imperfect at the *début* of the attack than at the present moment.

COMMENTS. There are three points of interest, at least, which stand out for consideration in the preceding histories:—

First: What is the exact seat of the primary lesion?

Secondly: What is its nature?

Thirdly: What is the bearing of these cases on certain points in dispute, relative to the functions of those minute branches which are connected with the portio dura in its trajet along the aqueduct of Fallopius?

In considering the first of these points—the seat of the lesion—we shall best open the way by determining where it is not. That it is not in the brain-substance, is proved



y the extension of the paralysis over *all* the branches of the seventh pair. It is impossible to conceive that a cerebral lesion so extensive as to embrace all the deep roots of the portio mollis and portio dura on the two sides, would not also involve some of the other contiguous nerves. In centric paralysis of the facial nerve, some of its branches always escape. In ordinary hemiplegia the muscles of the lips, alæ nasi, and cheek are paralysed, but the orbicularis palpebrarum is untouched. In centric paralysis likewise the reflex movements are preserved, and the nutrition of the muscles is thereby maintained; but in both these cases there is absence of reflex movements; and the atrophy of the muscles is so complete that the strongest galvanic currents fail to evoke the slightest quiver of their fibres.

Exudation and tumours at the apparent origin of the nerves from the medulla oblongata, have been known to cause facial paralysis; but in all the recorded examples of such a lesion, the neighbouring nerves, the fifth, sixth and glossopharyngeal, have been successively implicated as the morbid growth has increased. As the two parts of the seventh pair run in contact as far as the meatus internus, it is conceivable that a tumour of the dura mater growing on this line might compress their filaments; but it is not conceivable that two such tumours could exist in exactly the same line on opposite sides, and that their growth should have been so precisely ordained as not to exercise a pressure on some of the surrounding brain-substance, and so produce symptoms not referrible to either division of the seventh pair. In one of the cases the disease has existed for more than twelve years, and in the other for nearly one year, and yet no general cerebral symptoms have been observed. We may then conclude with certainty, that the primary lesion is not within the cranial cavity.

With equal certainty may we conclude that the mischief is not situated outside the stylo-mastoid foramen; for the simultaneous implication of the portio mollis indicates that the causal lesion must be located at some spot where the two portions are in contact, or at least contiguous to each other, and where a single cause can operate on both trunks at the same time. These exclusions lead us of necessity to fix upon the petrous portion of the temporal bone, where the two divisions of the seventh pair are in close proximity, as the only possible seat of the causal lesion in these two cases. But not only is the pars petrosa indicated with perfect certainty as the seat of the primary disease, but even the exact spot may, I believe, be pointed out almost with as much certainty.

The two divisions of the seventh pair run in close contact to the bottom of the meatus auditorius internus; there they separate. The portio dura enters the aqueduct of Fallopius, and makes its exit by the stylo-mastoid foramen. The auditory nerve passes by two divisions into the internal ear. Confined within the narrow space of this canal of only two lines (*meatus auditorius internus*), it must exist, as I believe, at least chiefly, the determining cause of the calamitous deprivation which afflicts these poor men.

It is, of course, not meant to deny that extensive injury or disease of the petrous portion of the temporal bones, involving the internal ear, and the Fallopian aqueducts in whole or in part, may determine the occurrence of deafness and double facial paralysis; but such cases, according to the present records of medicine, have never been known to be unaccompanied with direct evidence of disease of the petrous portion. A case is related by Gama, (quoted by Davaine) where a soldier received an injury in battle, which produced deafness and double facial paralysis. Another case is mentioned by Romberg, where a similar result followed violent compression of the head between two beams. In both cases, however, blood, and afterwards pus, flowed from the external meatus auditorius.

Abscess, scrofulous disease, malignant growths, and

caries, have been known to involve the petrous portion in extensive destruction, with loss of hearing and paralysis of the face on one side; but in all of them there has been external evidence of disease of the bone. Pus, blood, and pieces of bone have come away by the external auditory passage; or the morbid growth has shown itself externally between the mastoid process and the angle of the jaw. It is noteworthy that none of the recorded cases of deafness and facial paralysis from destructive disease of the temporal bone involved the two sides. They were always unilateral.

In the cases now before us, there has been no direct evidence of disease of the temporal bone. There has been no swelling of the parts around, and no discharge of pus or blood from the external meatus (except for a short period from the left ear of Finnigan.) Mr. J. McKeand, who has had extensive experience in the physical examination of the ears of deaf persons, kindly undertook to examine the ears of these two men. Mr. McKeand found the membrana tympani normal in the left ear of Finnigan; in the right it was concave on each side of the malleus; and the manubrium was prominent. In Miller's case both membranæ tympani were normal; but the lining membrane of the meatus and canal was hypertrophied.

We may conclude, therefore, confidently, that the pars petrosa is not the seat of destructive disease, and that the mischief is confined to the locality indicated, namely, the internal meatus auditorius, and perhaps, the lining membrane of the Fallopian aqueduct.

Let us now address ourselves to the second query. What is the nature of the lesion thus confined in position?

The bilateral symmetry of the affection forces us at once to recognise some diathetic or constitutional bias, under the domination of which the morbid state has been brought about. The cancerous, scrofulous, and tubercular diatheses are clearly excluded by the absence of tumour, caries, and suppuration—of gout there is no sign. The remaining best recognised constitutional states are rheumatism and syphilis, and these are precisely those which exhibit more markedly than any others a strong tendency to a bilateral symmetry in their external manifestations. And further, these are the diatheses which produce those less severe and less destructive changes in the affected tissues, and which menace least the existence of the individual.

Both syphilis and rheumatism are prone to affect the fibrous tissues, and especially the fibrous investment of bone—producing thickening of the membrane, exudation of lymph between it and the bone, or the enlargement of the bone itself, by the deposit of new osseous matter on its surface. It is some such change that has probably taken place in the internal auditory meatus in these cases, whereby the nervous trunks have been compressed, and paralysis of their peripheral distribution has been determined. Among the dissections of the ears of deaf persons, published by Mr. Toynbee (*Museum*, p. 82), is the following entry under No. 792. "An exostosis surrounding and diminishing the size of the meatus internus." Such a condition as that would exactly account for the phenomena of this form of paralysis.

When the previous history of the two patients is inquired into, we find in the second case that the deafness and paralysis came on six months after a phagedenic ulceration, of venereal origin, of which the patient still bears the mark. In the first case, the evidence of syphilis is almost *nil*; but the man was intemperate and given to passing his nights from home in debauch; and it is singular that his wife is convinced that her husband had contracted a venereal disease, for which he was secretly taking medicine, shortly before the occurrence of the facial palsy.

I know of only one other case where the paralysis had exactly the extension it presented in these two individuals.



It is recorded by Dr. Todd in his volume of *Clinical Lectures on Nervous Diseases*. In that case there was destruction of the internal ear on one side, but no direct sign of disease in the opposite temporal bone. The deafness and facial palsy had existed for thirteen years, and had come on apparently as a metastasis of rheumatic disease of the part. This patient had also lost his teeth in great part.

The physiological bearing of the facts brought out in these two cases is not so important and decisive as might have been expected. The perfect motility of the tip of the tongue goes against the opinion of Davaine, that the chorda tympani supplies the muscular fibres at the tip of the tongue. The absence of total paralysis of the soft palate shows either that the muscles of that part have some additional motor sources besides the great superficial petrosal nerve, as Bidder conceived; or that the branches of the glosso-pharyngeal have been able in some degree to supplement the function of the portio dura. The late Dr. Todd seemed to be of opinion that the distribution of the portio dura and of the glosso-pharyngeal to the palatal muscles was liable to variation in different individuals. He regarded implication of the velum palati in unilateral facial paralysis as only an exceptional phenomenon. Generally, according to him, the palate escaped altogether. In the man Miller, it appeared as if the palate had been very seriously affected at the first, but that in a few weeks it so far recovered its contractility as to be able to perform its part in deglutition without embarrassment.

In several of the cases collected by Davaine, there was a nasal twang imparted to the voice by the paralysis of the palate. In our cases, this symptom is present slightly in Miller, and absent altogether in Finnigan. The voice is a harsh discordant monotone in the first case; but Miller's wife tells me that her husband never had any conception of music; the gamut is, therefore, probably a myth to him. In my second case, the voice is capable of modulation in the usual way; and the patient can even make a very creditable attempt at singing a song, considering that he has been as deaf as a post for nearly twelve years.

In neither case is there any dryness of the mouth observed; so that, so far as the evidence of these cases is concerned, it does not support the view of Arnold, that the chorda tympani supplies branches to the Whartonian duct, and that paralysis of it interferes with the discharge of saliva into the mouth. It likewise offers no support to the view of Longet, that the Stenonian duct is supplied by branches of the facial nerve.

I have mentioned, as a notable circumstance, that Finnigan has lost nearly all his teeth since the occurrence of the paralysis. The same had taken place in the case recorded by Dr. Todd. In my first case (Miller), one tooth has been lost since the paralysis occurred; but several of the other teeth are decayed and almost black. What the meaning of this circumstance is, or if it have any meaning, I do not know.

### EAST ANGLIAN BRANCH.

ON CRURAL PHLEBITIS, UNCONNECTED WITH PREGNANCY OR THE PARTURIENT STATE.

By W. H. RANKING, M.D. Cantab., F.R.C.P.L.

[Read June 27th, 1862.]

THE occurrence of the disease to which, among others, the term "crural phlebitis" has been given, is so well known as a sequence of labour, and as one of the embarrassing associations of the puerperal state, that I should not have ventured to occupy your time, had the case which forms the basis of these observations found its origin in that more ordinary and familiar cause. But instances in which all the local manifestations of

"white leg" occur totally unconnected with pregnancy and parturition are so comparatively rare, that the case in question has appeared to me a fit one for our consideration at the present meeting.

The subject of this case was a housemaid in a large and healthily situated country-house, and had been in every respect in perfect health, until the beginning of last April, when she got thoroughly drenched with rain during menstruation, and remained five hours in her wet clothes. The next morning the catamenial discharge had entirely ceased, and she had a severe aching pain in her right groin, extending downwards nearly to the toes. This pain, in about thirty hours, was followed by swelling of the affected leg to such an extent as to confine her to her bed. After some medical treatment, the nature of which I have not ascertained, she was admitted on April 27th, as an in-patient of the Norfolk and Norwich Hospital.

At this time, she was about twenty years of age, very pallid and chlorotic in aspect, and labouring under considerable exhaustion. When first seen she was lying supine in bed, and unable to turn on either side from the great increase of pain in so doing. Her countenance was expressive of intense suffering; but there was no febrile disturbance. On the contrary, the pulse was feeble, and under 90.

On examining the chief source of her complaint, her right leg, the entire limb from the groin to the instep was found to be swollen to twice its natural size, the skin being tense and of a glistening white, giving to the touch a sensation precisely similar to that of ordinary phlegmasia dolens. There was no œdema, properly so called, excepting over the instep; but the cellular tissue had what may be termed a "brawny" feel, and did not take any perceptible indentation on pressure. The whole track of the femoral vein was "cordy" and tender to the touch; but in the inguinal region pressure was scarcely tolerated.

The resemblance of this condition to puerperal swelled leg was so marked, as to induce me at once to question her as to having been recently confined, or having aborted. She gave a history, however, completely negative either of a foregone pregnancy, or of even sexual immorality; and stated that she had menstruated regularly up to the time of her attack. Her statement was quite borne out by the appearance of the breasts. Her general symptoms were excessive anæmia, with loss of strength and appetite; but there was no evidence of any internal organic disease. That very suggestive symptom, however, the jugular blood-murmur, was present.

Viewing this case, then, as in its pathological character identical with the crural phlebitis of the puerperal state, a line of treatment was followed adapted to that explanation of the symptoms. Although there was extreme tenderness over the femoral vein, especially in the inguinal region, her completely anæmic condition, together with the assumption that exudation had already taken place, forbade the use of local depletion, which I believe to be of preeminent utility if used in the very onset of crural phlebitis in the puerperal state. I was content, in this case, to have the entire thigh rubbed diligently night and morning with the linimentum hydrargyri camphoratum, keeping the entire limb at the same time enveloped in cotton wool. The bowels were kept freely open; and five grains of carbonate of ammonia, with one drachm of citrate of potass, given several times in the day.

The improvement in the condition of the leg under this treatment was conspicuous at the end of a week, the limb being less painful, and perceptibly diminished in size. Citrate of iron was now added to the mixture, and was continued with progressive benefit until May 8th; when she called my attention to her left leg, which I then for the first time learned had been painful for



er days, and which now had acquired a size far beyond that of the other leg on her admission, resembling more a shapeless leg of an elephant than that of a human leg. The thigh was indeed monstrous in size, and the integuments appeared distended to the last degree, the same time white and brawny to the touch. The same treatment was applied to the fresh attack, and in about three days in this leg also rapid amendment took place; so that on June 7th, I find the report to be that the "thigh is flaccid and nearly of the normal size, the ankle and instep only being slightly oedematous. Both thighs had at this time a curious appearance, presenting numerous lineæ albugineæ, such as are seen in the abdomen of multiparous women.

The present condition (June) of the patient is at this time all that can be desired. By the additional aid of leeches, both limbs are of their natural size; the pallid countenance is replaced by the florid lips and cheeks of a healthy blooded subject; and she walks about freely the whole day without pain or swelling of the limb.

Little need be said of the treatment of these cases, whether puerperal or non-puerperal; but too much stress must not be laid on the importance of attending to the earliest complaint of inguinal pain, especially in puerperal cases; for if it be discovered early, there is nothing so likely to arrest its course as free leeching; but to be of service this measure must be adopted, before sufficient time has elapsed for obstruction of the vein to take place. When that is the case, and when, as in the present instance when first presented to my notice, the whole thigh and leg has become infiltrated, local abstraction of blood is obviously useless. Lymph has been effused, and depletion will not remove it. Under such circumstances, the treatment adopted in the case reported appears to be the most rapidly successful; viz., the use of a mercurial liniment, with a careful maintenance of the warmth of the limb. Some advantage is also to be derived, on hydrostatic principles, by keeping the limb on an inclined plane; the upward venous circulation being thereby greatly facilitated.

As I said at the commencement of this paper, I offer an apology for bringing this case before you; for although non-puerperal crural phlebitis has long been known, there are but few cases on record. The subject is noted at the greatest length by Dr. Lee in the *Encyclopædia of Practical Medicine*, in the article Phlegmasia lèns; but it is alluded to by Dr. Ramsbotham and other obstetric writers. In the cases mentioned by these writers, the venous inflammation appears to have commenced, as in the puerperal condition, in the uterine veins; as, in all these cases there was, as in the present case, antecedent suppression of the menses, doubtless accompanied by great uterine congestion; or there existed malignant disease of the uterus itself.

The disease has also been seen in the male subject, as a consequence of dysentery, hæmorrhoids, or cancer of the rectum; the hæmorrhoidal veins in these cases being the primary seat of the phlebotic inflammation. It has been also known to be one of the final symptoms of exhausting maladies of long duration, as phthisis; in these cases arising probably from simple coagulation of the blood, due to feeble circulation and the proportionate overabundance of fibrine which has existed in such instances. Of this coincidence, I have met with several cases.

Of the pathological conditions which gave rise to crural phlebitis, we are now well advised; numerous *post mortem* examinations, especially in puerperal cases, revealing inflammatory deposits in the several venous coats, causing the thickening as ultimately diminishes the calibre of the vessel to a size incompatible with the normal return of the venous blood. Hence arise congestion of the capillary veins and cellular exudations, which induce the enormous distension of the limb. The reabsorption of these deposits and the restoration of a free current in

the femoral vein, is the point to be aimed at in the treatment; and to what extent it may be accomplished is well illustrated in the case recorded.

## Reviews and Notices.

CLINICAL MEDICINE. OBSERVATIONS RECORDED AT THE BEDSIDE; WITH COMMENTARIES. By W. T. GAIRDNER, M.D., Physician to the Royal Infirmary of Edinburgh, and Lecturer on the Practice of Medicine. Pp. 741. Edinburgh: 1862.

SINCE this book has been published, its author, who has for several years been known as an able and zealous teacher of medicine, especially in its clinical department, in Edinburgh, has been appointed to an honourable and responsible post in the University of Glasgow; and, from his past career, we are confident that the chair of practice of medicine which he now fills will gain in reputation from his occupancy of it. The volume before us, which in great part consists of a collection of various contributions made by Dr. GAIRDNER to the medical periodicals, gives good promise of what may be expected from him.

The contents of the volume are, as might be expected in a work of the kind, very varied. There are twenty chapters, viz.: I. Retrospect of Cases treated during the Session 1855-56; II. Remarks on the Treatment of Pneumonia, and especially on the Treatment of Blood-letting; III. Five Years Hospital Experience of Pneumonia; IV. On the Use of Alcoholic Stimulants in Hospital Medical Practice; V. The Duty of the Physician with respect to Alcoholic Stimulants; VI. Influenza; VII. Distinctions of Typhus and Enteric (Typhoid) Fever; VIII. Remarks on the History of Epidemic Fever in Edinburgh; IX. On the Local Distribution of Enteric Fever and of Typhus in Edinburgh; X. Scarlatina and Enteric Fever—Prognosis and Treatment; XI. Cholera; XII. Syphilis; XIII. Hysteria, Delirium Tremens, and Dipsomania; XIV. Pleuritic Effusion; XV. Pneumothorax; XVI. Miscellaneous Cases of Pulmonary Disease—Remarks, chiefly on Physical Diagnosis; XVII. Aneurism; XVIII. Cardiac Murmurs; XIX. Retrospect of Two Hundred Cases under Treatment during the Winter Session 1859-60; XX. On the Study of Clinical Medicine—a Lecture. There is also an Appendix, containing mostly the sequels of cases of which the history has been recorded in the body of the work.

Several of the chapters contain the expression of Dr. Gairdner's opinion on certain subjects which have during some years formed the material of much debate in the medical world; viz., the change of type of disease, and the use of alcoholic stimulants.

As to the controversy on the change of type theory, which in the lifetime of Professor Alison was so warmly carried on in Edinburgh, Dr. Gairdner finds that both sides were, in fact, to a certain degree right; *i. e.*, that the number of cases requiring antiphlogistic remedies had, as Dr. Alison and almost all the older practitioners asserted, been remarkably diminishing; but that, at the same time, blood-letting was less used, because it was found to have been too extravagantly employed. Taking this ground as to the past, Dr. Gairdner describes what he has observed, and gives the conclusions at which he has arrived. In the chapter on Five Years Experience



of Pneumonia, he records having had only ten cases of death from pneumonia in the whole five years, out of an aggregate of from sixty to a hundred cases—the larger number giving “a rather vague estimate of all kinds and varieties of disease in which serious symptoms went along with the evidences of pulmonary condensation”; and the smaller, cases of undoubted pneumonia. Now this low mortality, Dr. Gairdner argues, could not have been altogether from improvements in treatment; because the change occurred alike under different physicians, following different plans; because many of the cases were admitted when treatment could do little; and because, in the epidemics of 1846-48, he had seen many cases of inflammatory disease which would have yielded to no treatment, and which, indeed, gave very little opportunity for treatment. He hence believes that inflammatory diseases, like fevers, are subject to increase and diminution in frequency and severity.

“I have no doubt whatever, that during the last twelve or thirteen years a very great diminution has taken place in the intensity, as well as the frequency of inflammations generally—a change corresponding in all respects with that which I have elsewhere noticed as having occurred in regard to typhus fever.” (P. 43.)

Dr. Gairdner speaks of the causes influencing the severity and frequency of inflammatory diseases as unknown and epidemic; but lower down on the same page he throws out a suggestion

“That the acute inflammations are quite as much, or very nearly as much, within the domain of the sanitary reformer as the more obviously epidemic fevers.”

He believes, also, that the frequency of chronic organic disease has diminished under improved sanitary conditions. The belief, however, as regards inflammatory diseases is, as Dr. Gairdner admits, “unwarranted by precise facts”; and it may be some time before there will be an opportunity of determining the question. The grand test of course will be this: Given a continuance of equally good hygienic conditions, will pneumonia, *e.g.*, become markedly more frequent and fatal in spite of these conditions?

The principle which Dr. Gairdner follows in the treatment of pneumonia is to treat the patient rather than the disease. Hence, we find him, according to the circumstances of the case, using antimony, opium, stimulants, nutritious food, leeches, various local applications, etc. Bloodletting he rarely employs; his cases have seldom justified its use; and although he has not lost faith in its efficacy, he believes that a bad use may be made of it in incautious hands.

The mention of the use of stimulants in pneumonia leads us at once to inquire what Dr. Gairdner has to say in his chapters on Alcohol, as to the medicinal use of this agent. The following quotation will give very closely his opinion in the matter:—

“I have been throughout guided in the use of alcoholic stimulants by the conviction that they are *stimulants* and *tonics*—*i.e.*, medicines—and not food, properly so called. The maintaining of the opposite views by so high an authority as the late Dr. Todd, and the practice founded on it of giving these stimulants, as a general rule, at an early period of all acute diseases, and in very frequently repeated doses all through the day and night, I cannot but regard as a grave error, leading to the probability, almost the certainty, of an injurious excess in their use. My own habitual practice has been to give

stimulants, if at all, only in very moderate quantities along with the food, and, in general, as an aid to digestion of food—the only exceptions being in the case of persons largely and habitually dependant upon stimulants from old and formed habits, and in a comparatively small number of acute cases for a very few days, sometimes only a few hours, to help the system over a dangerous crisis, or to cooperate with other powerful remedies, such as antimonials in pulmonary inflammation. I feel quite assured that there have been such facts in my experience of alcoholic stimulants as are mentioned in Dr. Todd's last volume (*Clinical Lectures on Certain Acute Diseases*. London: 1860.)—brandy, at the rate of six drachms every hour, given to a girl of 17 years of age, in rheumatic inflammation (case of Jane Cook, LXIV); or, in another case (Sarah Butcher, LXXI, age and habits not stated), a pint of brandy for a month together, in pyæmic inflammation. Such facts are, I cannot help thinking, the indications of a great excess, if not of an entirely wrong direction, in the use of these powerful remedies; which, to be powerful for good and not for evil, must be maintained strictly within the limits of their medicinal action, and given, not *as being food* in themselves, rather as *adjuvants to food*—*i.e.*, as aids to the gastric digestion, and stimulants of the nervous system and circulation. I quite agree, however, with Dr. Todd in thinking that when stimulants really act beneficially in acute disease, they diminish the frequency of the paroxysms and restrain the tendency to delirium, while improve the appetite and producing an amendment in all general symptoms. On the other hand, I cannot demur to his inference that delirium and other symptoms, even if increased under small doses, are to be kept down by giving much larger quantities. To guard against flushing of the face and increased feverishness, for example, as not a contraindication, but a reason for increased administration (Lecture VIII, p. 269), is opposed entirely to the practice I have followed; for, under such circumstances, or even when stimulants have not been obviously followed by reasonably good effects after cautious trial of small quantities, I have nearly always abandoned them at once as being unsuitable remedies at least for the time; and, accordingly, it has never occurred to me to have to ‘sluice the head well with cold water,’ or to use any of the other means recommended in Dr. Todd's fourteenth lecture, in order to ‘extinguish ‘the coma of alcohol’ from ‘the coma of disease’ in cases of accidental overstimulation.” (Pp. 64-65.)

In the next paragraph, Dr. Gairdner condemns the treatment according to Dr. Todd's plan even more severely, as having been in certain cases, “the opposite of useful in the saving of life,” and as having been, in Dr. Todd's own hands, “less successful than that of many practitioners who are less liberal in the use of alcoholic stimulants.”

Dr. Gairdner is then an advocate for the use of alcohol in medicine, but at the same time he endeavours, on economical and moral grounds, to keep its supply as low as is consistent with the comfort and welfare of the sick. Nevertheless, on going over the records of the use of alcoholic stimulants in his primary practice for five years, he finds that “there has been a steady increase”; and, what is to him still more remarkable, that the increase has been greater in the women's wards.

As to the form in which alcohol should be given, Dr. Gairdner exercises a caution founded on moral argument. Fearing that habits of indulgence in spirituous liquors may be implanted by allowing to patients the use of drinks within the ordinary resources of their class, he, whenever possible, prefers



e more expensive luxury, wine, even at the risk of enlarging the infirmary with heavy expense in cases where spirits would possibly have answered all purposes. The stronger spirits, he says, "have never been given under his orders without what was considered to be an urgent necessity, founded either on the previous habits of the patient, or the extreme character of the symptoms." Table-beer he would prefer to both wine and whisky in convalescence, and in most chronic diseases, if it were not that the stomach seldom relish it as a substitute. Nevertheless, considerable quantities of beer are used in the infirmary.

Passing over many chapters containing much instructive practical matter, we pause for a moment before concluding, to notice Dr. Gairdner's views on the method of taking records of cases in hospital. He differs from most clinical instructors in that he does not depute the examination of newly admitted patients to clinical clerks or house-physicians, but himself ascertains the history of the case and dictates it to his subordinates. His objections to the ordinary plan are, that it leads to a waste of time, and to a sort of conversation and to habits of thought and action unfitted for the sick room; that he has found the records to be too often unfaithful; and that it is inconsistent with the primary relation of physician and patient. At the same time, he expresses his intention of giving the pupils every opportunity of examining for themselves.

We must now take our leave of Dr. Gairdner, thanking him for his valuable contribution, and wishing him success and honour in his new office.

ITALIAN SAVANTS. The Italian *savants* assembled at Vienna have selected Rome as the city in which they will hold their next congress. Nearly all the voting tickets when drawn from the balloting urn bore the words "Rome or the capital." Most enthusiastic applause followed, and shouts were raised of "Viva Emmanuele."

THE OPHTHALMOSCOPE. The following is from the *Morning Star*:—*Remarkable instance of recovery of sight.* In that tiny looking-glass, the ophthalmoscope, the medical profession possess a precious agent in the cure of diseases of the eye. Ten years ago, before this invention enabled the surgeon to see into the whole of the interior of the eye, and thus to become visually acquainted with every feature of the disease, the methods of treatment of the subtle and manifold forms of eye diseases were necessarily most imperfect. We will give a recent instance of the great benefit which the ophthalmoscope is capable of conferring. A few days ago an aged woman brought her grandchild to the London Ophthalmic Hospital for some affection of the eyes. The child was attended to and the woman about to depart with it, when she said she supposed the gentlemen could not do anything for *her* eyes. He said that when about two years of age a fork had been run into her left eye, that cataract had followed the injury, and she became blind in that eye. A country surgeon had operated on her for cataract, but the sight of the eye never returned. Mr. Wordsworth examined the eye by means of the ophthalmoscope, and discovered a little membrane obscuring the retina had not been removed at the original operation, and that its presence had caused the blindness. The old lady now submitted to have this obstruction removed, and she regained the precious sight of which she had been deprived for nearly seventy years. The restoration of vision was most opportune, for, with advancing years, a cataract was forming in the right eye, which would have totally deprived her of sight in a month or two.

THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walsh, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, OCTOBER 4TH, 1862.

### HOW DOES ALCOHOL ACT ON MAN'S BODY?

IN the number of the *British and Foreign Medico-Chirurgical Review* for July 1861, may be found an article on alcohol. This article is from the pen of an authority—Dr. Chambers. It therefore demands careful consideration at the hands of all those who are interested in the alcoholic question—*i. e.*, of every one of us. We have only lately read this paper, and are glad to find that in many particulars Dr. Chambers indirectly confirms the conclusions upheld in this JOURNAL on the subject; at least, he does so according to our reading. In the first place, he boldly calls alcohol "a drug", and speaks of it as of an article of *materia medica*. He also distinctly refuses to regard it as an aliment. "It is clear that we must cease to regard alcohol as in any sense an aliment, inasmuch as it goes out as it went in, and does not, as far as we know, leave any of its substance behind it." Dr. Chambers, in fact, fully adopts the conclusions of Messrs. Lallemand and Co., which have so often been brought under our notice of late. He does not, however, approve of the particular quality usually ascribed to alcohol, that it is "a stimulator of the nervous system", if by the term be meant "something which spurs on an animal operated upon to a more vigorous performance of its duties". He doubts whether such is ever the effect of alcohol even in the most moderate doses. His view is, that "the primary action of the *drug* is anæsthetic—a diminution of vitality in the nervous system". He differs in this vastly from a clever correspondent of ours, who sees the alcoholic flame feeding and fanning into life all the greatest works of genius.

"The exhilaration of mind", writes Dr. Chambers, "is also an anæsthetic phenomenon. It is nothing more than a blunting of the sensations to the little half-felt corporeal pains and the thousand petty cares and ambitions of daily life. The intellect is said to flash forth brighter with wine; but analyse coolly the wit of a convivial party, and you will find it generally as poor as the beautiful poetry you seem to make in dreams. The exceptions in proof of the rule are cases common enough in literary life, where 'the corruptible body presseth down the soul, and the earthly tabernacle weigheth down



the mind that museth on many things'. The nervous system of a Johnson or a Hood requires to be freed from the hourly burden of pain before it can emit its coruscations."

Dr. Chambers, then, regards alcohol as an anæsthetic in action, and as always "exhibiting an arrest of vitality". "Probably neither the highest manifestations of bodily vigour nor the most precious productions of the intellect are elicited by such agency. Yet", he adds, "would the public weal suffer most irreparable loss if it were not in common use."

Let us now see how Dr. Chambers argues out its useful properties. He does so, we may say at once, by the adoption, as a proven fact, of what he himself seems to show to be still an hypothesis; viz., that alcohol arrests the metamorphosis of the tissues. Civilised man, he argues, is ever in an unhealthy state. Toil, and mental even more than corporeal toil, increases the destructive metamorphoses more rapidly than the digestion can keep up with in the way of supply. The wearied man's appetite fails; his gastric juice ceases to follow; and thus, like a spendthrift, by overtaxing his powers, he goes on living above his income—in fact, on the destruction of his capital. At such a moment of dejective distress, he instinctively stretches forth his hand to the bottle. He swallows his drug; and, by that happy draught, arrests the over-rapid, using-up metamorphoses. And thus it is, he says, that for *perfectly healthy persons* alcohol is useful only when food falls short, or when extraordinary demands are made upon them, such as their ordinary stomachs cannot respond to. What have we said more than this? Dr. Chambers certainly, if any one, ought to know something about "the stomach and its difficulties"; and he tells us that those happy few of us "who can digest and convert into nutriment sufficient food to supply the calls which the social life of advanced civilisation makes upon the body, are a decided minority." Alcoholic drinks, "rightly employed, do not indeed enable the world to get more work out of its population, but they enable it to be got with less injury to the individual than would accrue were they not used." Now this last proposition, which is magistral in its force, if true, we would venture to suggest, contains within it a self-evident contradiction. If a man's vital powers be represented by the amount of work which can be got out of him, and if as much work can be got out of him without as with the use of alcohol, wherein lies the gain accruing from the use of alcohol?

Dr. Chambers's theory of the uses of alcohol, as we have seen, rests entirely upon the hypothesis of its destruction-metamorphosis-arresting power; and this hypothesis is derived from Boecker and Hammond's experiments. But are these experiments to be received as final and absolutely conclusive? In this very article, Dr. Chambers himself suggests a grave doubt on this point.

"We hope in a future number", he tells us, "to lay before our readers a series of experiments showing that on the continuance for a considerable period of alcohol its arrestive power ceases, the body becomes habituated to it, and excretes as much or even more than before its use."\*

If this be true, then, after a certain period of its use, the tissue-destruction-arresting power of alcohol ceases; and, consequently, the virtues assumed by Dr. Chambers as being the special virtues of alcohol are no longer ascribable to it; nay, the alcohol actually increases the wear and tear of the body. People who take alcoholic drinks, we know, take them regularly and continuously; and therefore we may fairly suppose that they all have arrived at the condition observed in his cases (referred to), in which the alcohol ceases to be a buffer to the wear and tear of tissues. Evidently, therefore, this wear-and-tear-arresting theory is unsatisfactory; and science will be required to furnish us with another, leaving us in the meantime in utter darkness. Considered apart from experiment, indeed, this theory of the arresting power of alcohol over the progress of the destructive metamorphoses has always appeared to us a very lame and incomprehensible one. The metamorphoses here spoken of are a part of animal life. To arrest these metamorphoses is to interfere with the vital processes—i. e., with life. Work, mental and bodily, is intimately associated with these metamorphoses of the tissues; every muscular effort and every mental effort is the product of such changes. If, then, we arrest the metamorphoses, we arrest the manifestations, mental or bodily, with which they are necessarily associated.

Wherein, then, lies that immense service performed by alcohol, of which Dr. Chamber speaks? His own answer is, we think, a direct contradiction to his argument. We do not get more work out of the people by its use. If the opposite hypothesis had been shown—viz., that alcohol assisted the digestion, enabled the stomach to elaborate *extra* nutrient materials, and *increased* the metamorphoses, as well as the supply of elaborated food—then we could readily understand that something might be said in favour of its use (in this way).

For such reasons, then, we think, it may be fairly assumed that this theory of the use of alcohol, adopted by Messrs. Lallemand and Co., and by Dr. Chambers, cannot yet be accepted. Dr. Chambers clearly admits that a healthy man, at ordinary and reasonable work, who is well supplied with food, does not need the drug, as he calls it; but then he adds, that a healthy man (like a sound horse, we suppose) is an unknown article. In thus apportioning the use of alcohol to the weakened members of civilisation, he in fact serves it out as a ration to the majority of its members. Alcohol puts strength into the enfeebled members of society. A lame cab-horse, or

\* Italics are ours.



a dyspeptic wolf, or a mangy dog, soon get their quietus; but the enfeebled body of humanity may creep up to immortality by the aid of this blessed spirit of wine! "Wilberforce and Orange William, though they tremble at a breeze, survive to be blessings in their old age to their country."

But even if it be a positive fact that the imbibition of alcohol lessens the secretion of nitrogenous and carbonaceous matters—of carbonic acid and of urica, for instance—and so diminishes wear and tear, how can force or strength be thereby added to the body? By the hypothesis, what is gained through the action of the alcohol is a temporary stagnation of the vital processes. Now, we might just as well pretend that a locomotive can do its work when the consumption of its fuel is arrested, as that a man can work on with mind or muscles when the consumption of his muscular or cerebral elements is arrested—*i. e.*, their vital transformations. There is clearly some screw loose in this argument about the wear and tear saved by alcohol. When scientific terms for explanation of a fact fail, men resort to poetical imagery by way of communicating their thoughts; and they do so here. According to this theory, alcohol acts like the grease of a cart-wheel. Itself unchanged, it intervenes and arrests wear and tear. But the simile fails in this essential particular, that in man the moving power of action, mental or bodily, lies in the very fact of the wear and tear. No wear and tear, no action of mind or body.

Such, then, is the unsatisfactory conclusion to which we are brought by the latest and best accredited writers on alcohol. Dr. Chambers declares alcohol a drug, and no aliment; though, *en passant*, we may remark that he once twitted us for drawing such useless distinctions. He admits that it passes out as it passed into the body, still alcohol, unconverted. His theory of its use is the wear and tear one; that it eases our woes on its passage through humanity's body by blunting sensation, and, like a guardian spirit, arrests its destructive metamorphoses.

This theory, we have endeavoured to show, is untenable, incomprehensible, and wanting in proof; and so we are at last once again driven back to the unanswerable (?) argument in favour of the value of alcohol—a world's experience. Strange, indeed, is it, that with all these thousands of years of practical experience, and with all the cunning devices of modern science working chemically and physiologically and pathologically, we are not able to adduce the smallest item of scientific proof of the nature of the alimentary—the *invaluable*—services which alcohol is said to render to humanity! Of the uses of beef and mutton, and bread and cabbage, and of *every other article of man's diet*, we can give a satisfactory account; but of this article alcohol's use science can tell us nothing!

## THE WEEK.

WE apprehend that the notorious female poisoner, who was a few days ago sentenced to death for murder, has employed an agent for the perpetration of her crimes, hitherto unknown in the history of *causes célèbres*; viz., colchicum. As we may easily suppose, *post mortem* analysis yields no sign indicative of the nature of such a poisonous agent in the body; but happily the violence of the symptoms produced by a poisonous dose of colchicum, and such like irritants, are so well marked, and present themselves so nearly in connexion with their administration, as to leave good and sufficient evidence of their administration. Every one has, no doubt, read the case to which we allude; and we merely now speak of it as an illustration, to show how necessary it is that the profession should always bear in mind, in cases which present anomalous symptoms, the possibility of the administration of poisonous substances by the attendants on the sick. Naturally enough, the very last thing which would occur to a medical man would be the possibility of such a diabolical interference between him and his patient. We seem to have a settled idea, that secret poisonings are matters of the extremest rarity in these times and in this country. We can hardly bring our minds to the belief that in this enlightened age, and in these advanced days of chemistry, crimes of this nature can be practised with a good chance of impunity to their authors. We look upon them rather as historical events of the past. Enough, however, has transpired at the trial of which we are speaking to shake our confidence, and to warn us, at all events, to keep ourselves alive to the possibility of monster-poisoners in the present day. Dr. Taylor remarked at the trial,—

"In my experience, I have frequently discovered that cases of death, which have been registered as having been occasioned by cholera, were in reality deaths from poison. I have known this to be so in eight cases where the bodies have been exhumed."

This statement, as we may well suppose, drew remarks of surprise from Judge Byles; and certainly, when considered, it is pregnant with matter of a very painful nature to all of us. If one man's experience, though of a special kind, has brought under his notice so many cases of this kind, how numerous must be the cases in which such cases have been passed over altogether without notice. Moreover, it must be remembered that (as in the case of the notorious Palmer) it has, in many cases in which the murderer has been eventually convicted, been almost pure matter of accident that the murdered party was not consigned quietly to the grave, and the crime buried for ever, in this world at least. Such facts further justify us in concluding that many are the cases of murder which are interred without suspicion of any crime being attached to the death of the indi-



viduals. Under all circumstances, therefore, the trial has given the profession a strong lesson, to be exceedingly cautious in giving certificates of death in cases in which there is any kind of doubt or difficulty as to the cause of death.

THERE can be no doubt that medical officers of volunteers are bound to assert their true position in their different corps. Thus, "A Volunteer" in Liverpool does well in not allowing an injustice of the kind he speaks of to pass by unnoticed. He writes:—

"In accordance with a higher class of education, the medical officers of the army have had advance of rank. By the warrant dated October 1st, 1858, her Majesty was pleased to confer the relative rank of major upon staff and regimental surgeons, and that *such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds*. Now, it is too plain that the position granted to surgeons by her gracious Majesty is systematically withheld on occasions of public volunteer entertainments in Liverpool: and if a marked instance of this were required, it was palpable at the Town Hall, on last Tuesday evening, when all field officers of volunteers, *except surgeons*, were in a place of honour, although there were surgeons present whose commissions were senior to every volunteer major except Major Walter. All the surgeons were *below the salt*; etiquette and the Queen's warrant are thus put aside."

This remonstrance of a volunteer, published in one of the Liverpool papers, draws forth further correspondence, which clearly enough indicates that there are plenty of men ready to snub the "doctors", if the doctors choose to submit to the snubbing. We would, therefore, most strongly advise those of our profession who belong to volunteer corps to insist on the payment of respect due to their position and rights, down to the minutest farthing. A man, as a soldier, cannot waive a particle of his professional rights without seriously endangering his position; and most assuredly, for the sake of those who are to succeed him in office, he is especially bound to maintain those rights intact. Our volunteer brethren in Liverpool will, we are sure, allow no senseless sneers of local papers to deter them from holding hard to their own.

THE blundering in medical army matters still seems to continue on a large scale in the Northern States. We read in the *American Medical Times*:

"We alluded last week to the want of a systematised plan by which competent surgeons in civil life may be called to the aid of army surgeons in the event of a great battle. We are still more impressed with the folly of such a movement as that set on foot by the Secretary of War during the late engagements. Without consulting the Surgeon-General, and in entire ignorance of the wants of the service, the Secretary telegraphed to the mayors of the different cities to send at once all the surgeons willing to volunteer. The mayors, with equal indiscretion, summoned their medical acquaintances, some of whom were quacks, and gave them government transportation to the capital. To many it was a simple holiday excursion, and they improved it

well. They were soon thronging the streets of Washington, the guests of the government, with nothing to do but study the curiosities of that famous town. The rebels had possession of the wounded; and perhaps it was well for the latter, as they were permitted to die without the aid of 'high surgery'. The expense to government of this surgical raid upon Washington cannot be less than twenty thousand dollars."

ON Tuesday last, the London College of Physicians received a communication from the Government asking for advice and assistance in reference to the right construction of hospitals. The Duke of Newcastle's letter to the College stated a fact of which many of our readers are doubtless already aware—that the condition of hospitals, and especially of lunatic asylums, in many of our colonies, was very unsatisfactory, not to use a stronger term. It was, consequently, the desire of the Government to put an end to the many inconveniences and occasional scandals thence arising. Application was, therefore, made to the College that it should tell the Government what was the best form, mode of management, etc., which the College would recommend for the hospitals spoken of. With regard to the lunatic asylums, the duke mentioned that application for information on this score had been made to the Lunacy Commissioners. The profession will be glad to see that the Government has thus shown an inclination to apply to the proper quarters for information on matters medical; and we sincerely trust that the Colleges will always encourage such applications. This recognition of our profession by the powers that be is, we apprehend, a great advance in a right direction. In other days, the minister would have applied to some private individual, and, as likely as not, to his private doctor, who might be a demi-quack, or at least no authority in the profession; and in cases of this kind all sorts of private jobbery were perpetrated.

THE thirty-second annual meeting of the British Association for the Advancement of Science commenced on Wednesday last, at Cambridge. This is the third occasion in which the Association has visited that city; it having assembled there in 1833, under the presidency of Professor Sedgwick, and in 1845 under Sir John Herschel. On the present occasion, the Association is presided over by the Rev. Robert Willis, F.R.S., Jacksonian Professor of Experimental Philosophy in the University of Cambridge. Mr. T. H. Huxley, F.R.S., presides over the section of Zoology and Botany, with Dr. E. P. Wright and Mr. A. Newton as Secretaries; and a Subsection of Physiology has been formed, as in previous years, with Dr. G. E. Paget as president, Professor Owen, Dr. Humphry, Dr. Robertson, and Dr. Davy as vice-presidents, and Dr. Edward Smith and Mr. G. F. Helm as secretaries. From the treasurers' reports, it appeared that the receipts of the past



year amounted to £4722, of which £1500 had been invested in the purchase of three per cent. consols. The balance in favour of the Association was stated to be £414. At eight o'clock on Wednesday evening, Mr. Fairbairn, the president for the past year, resigned the chair to his successor, Professor Willis, who delivered an address consisting chiefly of a notice of some of the scientific objects proposed and carried out by the Association from its formation, and of the sums of money expended in each department. He concluded by a graceful reference to the late Prince Consort, president of the Association at Aberdeen, and Chancellor of the University of Cambridge. The sections assembled in the rooms allotted to them on Thursday, and will continue to meet until Tuesday next. There will also be general and evening meetings; all the general meetings of the Association being held in the Cambridge Guildhall. On Thursday evening, Professor Tyndall delivered a discourse on the Forms and Action of Water; on Friday evening there was to be a *soirée*; on Monday evening, Dr. Odling will read a paper on Organic Chemistry; and the proceedings will be closed on Tuesday evening with another *soirée*. Invitations for next year's meeting are to be presented on Monday from Newcastle-on-Tyne, Birmingham, Bath, Nottingham, and Dundee. We believe that Newcastle (where the Association met in 1838) will be the place chosen.

A NEW medical journal has just appeared, under the title of *The Stethoscope: a Quarterly Review of the Modern Practice in Consumption and other Chest Diseases*. The first number, that for October, has just reached us. It contains eighty pages; the articles in it being an "Introduction" and an "Address"; an anonymous article on some Theories of Tubercle; a paper on the Nature and Treatment of Consumption, by Mr. Edward Head; one on Pneumonia, by Mr. Hill Smith; and a record of Cases at the North London Hospital for Consumption, under the care of Dr. Timms. Opposed as we are to specialities in practice, we dislike them just as much in journalistic literature, and do not see the necessity of such a periodical as the *Stethoscope*, or the good which it is likely to do, if the first number is to represent the average of its merits. The appearance of a journal under the title of the *Stethoscope* suggests to us a fear lest some enterprising publisher may astonish us at some time with a *Catheter* or a *Speculum*.

MM. Jolly and Musset have sent to the Academy a paper on Heterogeny. M. Jolly, we are told, relates experiments which destroy M. Pasteur's results.

The famous Hôpital de la Charité—the scene of the labours of Corvisart, of Boyer, of Laennec, of Piorry, of Bouillaud, of Velpeau, etc.—is being

pulled down. "The hospital was founded by a fraternity of monks, who there treated the painters' colic with remedies more dangerous than the disease itself."

### LONDON MEDICAL SCHOOLS.

THE event of next week, in London and in various of the large towns in the kingdom, will be the opening of the medical session. On the famous First of October, a grave teacher will rise in every medical college in the kingdom, and expound his sentiments according to his ability, his ideality, and his knowledge, to the young Esculapians who are leaving their paternal nests to try to face Apollo.

Medical schools in England date from the reign of William and Mary. Previously to that time men intending to enter physic would go to London to walk Bartholomew's or St. Thomas's for a few months; but nothing more. If they wished to learn anatomy they went northward, or to Paris, or as was much more common they travelled, as Harvey did, to Padua, for, for a long time, the Italian schools produced all the anatomists of the world. But in the reign of William and Mary, there came over to England from Paris, a Frenchman called Bussiere. Poor Bussiere was a refugee, and thought that he saw an opening for an anatomical school in London, and with great courage, for no movement could have been more unpopular, he commenced to teach the structure of the body, in a scientific manner, to all, professed or as yet unprofessed, who chose to enter to his prelections. After Bussiere, who probably returned to France, anatomy found an exponent in a man of science by the name of Cooper, who was famous as a teacher, and who took pupils into residence with him. In 1703, Cooper received into his house a student from Leicester of the name of Cheselden, and Cheselden having soon acquired a perfect knowledge of anatomy, according to the estimate of his contemporaries, became in 1710 a teacher himself, and continued as such until 1729, when, after a career as a professor which had previously no parallel, he resigned the duties of the office. An anatomist named Douglass, and a rival of the name of Fowler, continued to teach the science until the time of William Hunter, who in 1746 founded his famous school, transferred in 1780 to Windmill Street, Haymarket. From this school the teaching of medical science, with anatomy always at the root of it, has been continued as a distinct art ever since; giving to science, as teachers, the well-known names of John Hunter, Brodie, Brookes, Carpue, Grainger, Pilcher, and last, but not least, Lane.

From the way in which medical schools originated in London, from the absence of an University in the metropolis, they were, as it will be inferred, private speculations: they were quite distinct from hospitals, and the student who came to pass through his terms entered at Brookes's for anatomy, somewhere else for physic, and so on. The result was that the best teacher got the best classes, and by receiving a sufficient income from teaching to make the work worth having, he devoted his whole life to his art, and did his duty unexceptionably.

Gradually a change came over the London teaching: different teachers, for the sake of convenience, began to approach the hospitals, and the hospital staffs, beginning as they did to smell out the gains of teaching, offered to coquette with the schools; so, at last, around the anatomy there grew chairs for every possible department: a chair for chemistry, a chair for surgery, a chair for medicine, and heaven only knows what else!

The hospital staffs then began to ask:—Why should we put ourselves under any obligations, why should we not open on our own accounts at the hospital? A lucky idea, and one which soon found favour. How the governors



of hospitals were inveigled into the movement we cannot say, but certain it is that, the example once set, every hospital in the metropolis felt a call to teach, and so far succeeded, that now every hospital has its school with its chairs, chairs, chairs. There is only one of the original schools left, a little school on which the Marquis of Westminster, to whom it will come one day, is said to have implanted a withering eye.

The hospital school therefore is now in the ascendant, if that can be called an ascendant which is constantly shelving deeper into Avernus: but the whole of the modern picture is not yet given.

About the beginning of the present century the corporations in physic and surgery began to see that they could do a little in the self-useful line by examining for diplomas: by a coincidence, in no way unnatural, the representatives of the examining boards discovered that it was not by any means disadvantageous to them to insist upon a mild attendance of students on certain lectures. In this way sprang up what is called the curriculum system, a system which compels a student, not merely to pass a certain examination, but previously to attend, *volens*, courses of lectures and courses of practice delivered by certain gentlemen who are called "recognised teachers," and who may or may not be examiners themselves. The newly appointed Medical Council of Education has adopted this principle, and sent it forth with a kind of extra squeeze, in the shape of a preliminary examination: the system, considered as perfect in certain quarters, may thus be presented for the use of the student.

A preliminary examination in general education prior to the commencement of medical studies or possession of a degree in arts.

Four years of professional study after preliminary examination, each term being registered during the period of attendance.

Two professional examinations: one not before the close of the second year of study, the other not until the termination of the four years complete.

By these slow and insidious steps the free method of medical education has been gradually transformed into the most rigid system of routine ever invented. Its effect on schools has been to raise six where there should only be one: its effect on teachers has been to raise twenty where there should only be one: its effect on election of teachers has been, that lecturers are now systematically propagated, not on the basis of their knowledge, their aptitude, or their love for their work, but often in spite of the grossest defects, on their alliance to particular hospitals, where openings must occur if they are only waited for; its effect on rewards for successful effort has been such, that no teacher is now paid in a way at all adequate to the demands of his office, so that his duties are considered as quite a second or third part of the professional life, and are in fact too often miserably sustained: its effect on education has been to render that the most stagnant, slipshod, ridiculous picture ever conceived: while the final and natural effect on the pupil is, that it leads him to look on the discipline to which he is subjected as merciless humbug, which he must submit to for the sake of his diploma, but which is beyond endurance hateful, and from which he is too happy to relieve himself by going from the regular, overlecturing, milk and water-pelting, institution to which he is allied, to get earnestness and at least some little leaven from one of those unacknowledged and private, but really great, teachers in the metropolis, who are called 'grinders.'

That the present system of medical learning will ever again produce such teachers as Cheselden, William Hunter, or Brookes, is hopelessly impossible. That it will ever produce students as great as the past masters is equally doubtful, for that which crushes and moulds the master crushes also and moulds the pupil. (*Social Science Review.*)

## Regulations

CONCERNING

## Degrees, Diplomas, &c., in Medicine.

### ROYAL COLLEGE OF SURGEONS OF IRELAND.

#### REGISTRATION OF PUPILS.

EVERY person requiring to be registered as a pupil on the College books shall, if the Council think fit, be so registered, if he shall have laid before the Council a receipt showing that he has lodged to the credit of the President, and for the use of the College, in the Bank of Ireland, a registry fee of five guineas.

#### LETTERS TESTIMONIAL.

Every registered pupil shall be admitted to an examination for letters testimonial if he shall have laid before the Council the following documents:—*a.* A receipt showing that he has lodged a sum of twenty guineas in the Bank of Ireland to the credit of the President and for the use of the College. *b.* A certificate from the examiners of the College that he has passed an examination as to his acquaintance with the Greek and Latin languages. *c.* Certificates showing that he has been engaged in the study of his profession for not less than four years. *d.* Certificates of attendance on an hospital recognised by the Council, where clinical instruction is given, during three years. (Candidates for letters testimonial, who shall have attended recognised hospitals during three winter sessions of six months each, shall be considered to have performed sufficient hospital attendance, if they shall be able to produce certificates of regular daily attendance during a like number of months at a county infirmary, or provincial surgical hospital, containing at least fifty beds, provided the surgeons of such infirmaries or hospitals shall make returns to this College, in the months of May and November in each year, of the number of students so attending. *e.* Certificates of attendance on three courses of lectures on anatomy and physiology; three courses of lectures on the theory and practice of surgery; and of the performance of three courses of dissections, accompanied by demonstrations; also certificates of attendance on two courses of lectures on chemistry, or one course of lectures on general and one on practical chemistry; one course of lectures on materia medica; one course of lectures on the practice of medicine; one course of lectures on midwifery; and one course of lectures on medical jurisprudence.

EXAMINATIONS. The examinations of candidates for letters testimonial shall be held, from time to time, as the Council may direct.—Five examiners at least shall be present at each examination.—Each candidate shall be examined upon anatomy, physiology, the theory and practice of medicine and surgery, materia medica, and the form of prescription, and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the examiners may require.—Candidates for the letters testimonial of the College, being licentiates of a College of Physicians or graduates in medicine of a University, shall be examined in general and descriptive anatomy, physiology, the theory and practice of surgery, and operative surgery; and if, after examination on these subjects, they shall be recommended to the Council by the Court of Examiners for admission as licentiates, they shall be so admitted by the letters testimonial of the College.—Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of six months from their first examination.



## FELLOWSHIP.

Every registered pupil or licentiate shall be admitted to examination for the fellowship, if he shall have laid before the Council the following documents:—*a.* A receipt showing that he has lodged in the Bank of Ireland, for the use of the College, the sum of ten guineas, in case he is a licentiate, or twenty-five guineas in case he is a registered pupil; provided in either case he intends to reside beyond ten miles from Dublin. Should the candidate intend to reside in Dublin, or within ten miles hereof, he shall lodge, if he is a licentiate, twenty guineas; or if he is a registered pupil, thirty-five guineas. Fellows entering on the country list, who may subsequently settle as practitioners in Dublin, or within ten miles hereof, shall pay ten guineas to the College. *b.* A certificate that he is twenty-five years of age. *c.* A certificate that he is a Bachelor of Arts of some University, or that he has been examined in such manner as the Council may, from time to time, direct, with a view to ascertain that he has obtained a liberal preliminary education. *d.* A certificate, signed by two or more fellows of the College, of good general conduct during his professional education. *e.* Certificates that he has been engaged in the acquisition of professional knowledge for a period of not less than six years, during three of which he must have studied in one or more of the schools and hospitals recognised by the Council. He may have studied for the other three years in any school or schools of the United Kingdom which shall be approved by the Council, or in any foreign school of repute. It is also required that the candidate shall have had opportunities of practical instruction, as house-surgeon or dresser, in a recognised hospital. *f.* Certificates of attendance on the several courses of lectures required to be attended by candidates for letters testimonial, together with one course of lectures on comparative anatomy, one course of lectures on botany, and one on natural philosophy. *g.* A thesis on some medical subject or clinical reports, with observations of six or more medical or surgical cases taken by himself. *h.* Candidates of the required age, who shall have taken the degree of Bachelor of Arts in a British or Irish University, and have complied with the foregoing regulations in other respects, will be admitted to examination at the end of five years of professional study, of which three years must have been passed in one or more of the recognised schools or hospitals. *i.* Licentiates of the College, who may not be able to show that they have followed the course of study specified in the preceding regulations, may, at the expiration of ten years, from the date of their diploma, be admitted to the examination required for the fellowship, provided they produce such evidence as shall be satisfactory to the Council that they have conducted themselves honourably in the practice of their profession.

**EXAMINATIONS.** The examinations for the fellowship shall be held at stated periods, as the Council may direct.—Five examiners, at least, together with the president, or vice-president, and two members of the Council, shall be present at each examination.—Each candidate shall be examined on two days, with such an interval as the Council may appoint.—The subjects of the first examination shall be anatomy and physiology (human and comparative); those of the second, pathology, therapeutics, the theory and practice of medicine and surgery, and such other branch of medical science as the Council may, from time to time, direct.—In addition to the oral examinations, candidates shall be required to give written answers to written or printed questions, to be delivered to them in such manner as the Council may direct.—In the anatomical examination the candidates shall also perform dissections and operations on the dead body.—Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of one year from the first examination.

## DIPLOMA IN MIDWIFERY.

Any fellow or licentiate of the College shall be admitted to an examination for the diploma in midwifery upon laying before the Council the following documents:—*a.* A certificate showing that he has attended one course of lectures on midwifery and diseases of women and children, delivered by a professor or lecturer in some school of medicine or surgery recognised by the Council. *b.* A certificate showing that he has attended the practice of a lying-in hospital, recognised by the Council, for a period of six months; or the practice of a dispensary for lying-in women and children, recognised by the Council, and devoted to this branch of surgery alone. *c.* A certificate showing that he has conducted thirty labour cases at least.—Candidates for the midwifery diploma shall be publicly examined on the organisation of the female; the growth and peculiarities of the foetus; the practice of midwifery, and the diseases of women and children; and, if approved of, shall receive a license or diploma certifying the same.

**EXAMINATION.** The examination of candidates for the diploma in midwifery shall be conducted by the examiners in midwifery. Such examinations shall be held, from time to time, as the Council may direct.—Should a candidate be rejected, he shall not again be admitted to an examination until a period of three months shall have elapsed; and he then shall be obliged to produce satisfactory evidence of his having been engaged in the study of this branch of surgery subsequent to such rejection.

## CLASSICAL EXAMINATION, REGISTRATION, AND MATRICULATION.

Registered pupils are admitted to answer the classical examination at any period previous to the entering for lectures.—Students who are not registered pupils are also admitted to answer the classical examination upon payment of a matriculation fee of ten shillings; but they are not enrolled as registered pupils, or entitled to the privileges reserved for such pupils, until they have paid the full registration fee of five guineas.—(The examination in Greek is in the Greek Testament, and confined to the Gospel of St. John; in Latin, in the first or second books of the *Æneid* of Virgil. The next classical examination will be held on October 27th.)

The certificate required by the bye-laws to be laid before the Council by candidates for letters testimonial, is granted to registered pupils and students who answer this examination to the satisfaction of the Court of Examiners.

Registered pupils are permitted to study in the Museum on two days in each week, and to read in the Library every day, from ten o'clock to one o'clock. They are also permitted to attend the lectures on Comparative Anatomy, and to obtain certificate of such attendance without payment of any fee. No student is admitted as a candidate to the sessional examinations, or to the final examination for letters testimonial, until he has been enrolled as a registered pupil.

## SESSIONAL EXAMINATIONS.

Pursuant to a resolution of the Council of April 7th, 1847, sessional examinations are to be held each year in the month of May, to which such registered pupils as present themselves as candidates are to be admitted, in two classes, a senior and junior.—The pupils of the junior class are required to produce certificates of attendance in the school of the College, or in a recognised school, during two winter sessions at least; and those of the senior class similar evidence of attendance during three winter sessions.—Such pupils as pass a sessional examination in each of these two classes are subject to an examination on one day only at the final trial for the letters testimonial of the College.



## REGULATION OF SCHOOLS.

**SCHOOL OF THE COLLEGE.** The school of the College shall be under the control of the president and the council, and subject to such regulations and supervisions as they may, from time to time, establish.

**GENERAL REGULATION OF SCHOOLS.** Certificates shall not be received for attendance on lectures delivered in Ireland, unless from teachers in schools permitting the visitation of the Council, and receiving their sanction, nor shall certificates be received from teachers who deliver lectures upon more than one distinct subject, as hitherto allotted to professors in Colleges and Universities.—Certificates of attendance on lectures and of the performance of dissections, shall be received from professors and lecturers in all Universities, Colleges, and recognised Schools in her Majesty's dominions as qualifications for the fellowship and letters testimonial of this College; and also certificates of attendance on all hospitals recognised by the Council, where clinical instruction is given.—This regulation shall not, however, exclude the certificates of two or more teachers, who may deliver conjointly, separate, perfect, and distinct courses on Anatomy and Physiology, and on the Theory and Practice of Surgery.—Certificates shall not hereafter be received for attendance on lectures delivered in Ireland unless from persons who shall have acquired, either by education or practice, such ample information on professional subjects generally as is required from candidates for the fellowship of the College, and who shall have enjoyed such opportunities of acquiring information on the particular subjects upon which they propose to lecture, as the Council may consider necessary to qualify them to perform that duty.

**RETURNS OF STUDENTS ATTENDING LECTURES.** Professors and lecturers are required to transmit to the College, on or before the 25th of November in each year, returns of the names of the pupils who shall have entered to attend, and are then actually attending their respective lectures or demonstrations. They are also required to ascertain, from time to time, whether the students so returned are in attendance or not, as similar returns are required in the course of the session. Certificates of attendance are not received as qualification for the letters testimonial or fellowship of the College unless the name of the candidate who produces them appears in these returns for the periods corresponding to the dates of such certificates.

## APOTHECARIES' HALL OF IRELAND.

CANDIDATES for the license of the hall must undergo a preliminary and a professional examination.

**PRELIMINARY GENERAL EDUCATION AND EXAMINATION.** Candidates for the certificate in arts (or for the certificate of apprentice) will be examined in the following:—In Latin—the *Catiline Conspiracy* of Sallust, and the first three books of the *Aeneid* of Virgil; in Greek—the Gospel of St. John, and the first twenty Dialogues of Lucian, or the first two Books of Homer's *Iliad*; in French—*Telemachus*, or the *History of Charles XII*; in Science—the first two books of Euclid, algebra, inclusive of simple equations, and arithmetic to the end of decimals; and, in English—English history and composition. An examination in arts will be held in the Hall five times in the year; namely, upon the third Friday in April, in June, in August, in October, and in December, at the hour of two o'clock P.M. Every candidate for the preliminary examination must have read all the books in the prescribed course, and must undergo such examination in them as shall satisfactorily test his grammatical knowledge of the languages, his acquaintance with the working of the several problems and calculations, and his familiarity with the leading events of English history. In each department, numerical values

will be attached to the answers; and only candidates who attain a certain proficiency will obtain the certificate in arts. This examination will be conducted by printed papers, and the answers will be required in writing.

**PROFESSIONAL EDUCATION AND EXAMINATION.** Candidates for the license to practise as an apothecary must produce certificates to the following effect:—1. Of having passed the preliminary examination in arts. 2. Of being twenty-one years of age, and of good moral character. 3. Indenture of apprenticeship to a qualified apothecary, or a certificate from an apothecary of having been engaged at practical pharmacy for a period of three years subsequent to having passed the examination in arts. 4. Of having spent four years in professional study. 5. Of having attended the following courses; viz.:—Chemistry, during one winter session; anatomy and physiology, during two winter sessions; demonstrations and dissections, during two winter sessions; botany and natural history, during one summer session; materia medica and therapeutics, during one summer session; practical chemistry (in a recognised laboratory), during three months; principles and practice of medicine, during one winter session; midwifery and diseases of women and children, during six months; practical midwifery (attendance upon twenty cases); surgery, during one winter session; medical jurisprudence, during one summer session; instruction and proficiency in vaccination. 6. Of having attended, at a recognised hospital or hospitals in the United Kingdom, the practice of medicine and clinical lectures on medicine during two winter and two summer sessions; also the practice of surgery and clinical lectures on surgery during one of the winter and one of the summer sessions.

The examination for the license to practise as an apothecary is divided into two parts, each of which is partly written and partly oral. The first consists of chemistry, botany, anatomy, physiology, materia medica, therapeutics, and pharmacy. The candidate is required to recognise and describe samples of drugs and plants used in medicine, and to indicate the chemical and physical means of distinguishing them; to enumerate and explain the pharmaceutic preparations of the *Pharmacopæia*, with their uses and doses; to translate Latin prescriptions correctly; and to answer questions in human anatomy, and in vegetable and animal physiology. The second embraces medicine, surgery (principles of), pathology, midwifery, forensic medicine, and hygiene. The candidate, having passed the first part satisfactorily, must answer questions in the several departments of practical medicine, and demonstrate and define diseased structure and injuries from pathological illustrations, and give also the appropriate treatment and the form of prescription suitable in each case. The first of these examinations may be undergone at the close of the second winter session, and after the candidate has attended the courses upon the several subjects named for this examination; and the second, or final, not before the completion of the fourth winter session. Doctors of Medicine of any of the Universities in the United Kingdom, or surgeons of any of the Royal Colleges of Surgeons, who have served an apprenticeship or the required term at practical pharmacy to a qualified apothecary, and who desire to obtain the license of the hall, will be required to undergo an examination—the former in pharmacy, and the latter in medicine and pharmacy; and in either case the examination of the candidate will be confined to one day's examination.

The Governor and Court of Examiners meet at the hall upon every Friday, where candidates for the license to practise must attend at the hour of two o'clock P.M. Candidates for the license must lodge their testimonials, and enrol their names and address with the clerk at the Hall, in Dublin, a week prior to the day of examination. A rejected candidate cannot be readmitted to examination until after the expiration of six months.



The license of the Apothecaries' Hall, Dublin, entitles its possessor to be registered as a medical practitioner, under the Medical Act 1858, and to practise medicine and pharmacy in any part of Her Majesty's dominions.

NOTICE. A Register of Medical Students lies in the care of the clerk at the Hall, and will be opened upon the first day of each winter and summer session, and will remain open for fifteen days, for the entry of the names of medical students who have passed the preliminary examination in arts, and who have entered upon their professional studies; in order that their names may be returned in due time to the Medical Council; and all students about being registered must produce the certificate in arts and cards of admission to the lectures or hospitals to which they have entered.

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual Autumnal.]	Infirmery, Aylesbury.	Thursday, Oct. 23rd, 3 P.M.

### SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.

THE annual meeting of the Shropshire Ethical Branch was held at the Raven Hotel, Shrewsbury, on Monday, September 15th, at 1.30 P.M.; THOMAS GROOM, Esq., President, in the Chair. Nineteen members and several visitors were present.

Dr. Styrap, the retiring president, having briefly addressed the meeting, resigned the chair to T. Groom, Esq., who thanked the members for the honour conferred upon him.

*Vote of Thanks.* It was proposed by H. Y. WHYTEHEAD, M.D., seconded by W. W. THOMAS, Esq., and resolved unanimously—

“That the cordial thanks of the meeting be given to the late President, Vice-Presidents, Council, and Honorary Secretary and Treasurer, for their valuable services during the past year.”

*Report of Treasurer.* It was proposed by J. W. ROE, Esq., seconded by W. N. KEMPSTER, Esq., and resolved unanimously—

“That the Treasurer's Report for the past financial year, now submitted to the meeting—a copy of which was transmitted to each member on the 4th instant—be approved and adopted.

*Election of Officers.* It was proposed by A. MATHIAS, Esq., seconded by W. N. KEMPSTER, Esq., and resolved unanimously—

“That James Bratton, Esq., be elected President; S. B. Gwynn, Esq., and J. R. Humphreys, Esq., Vice-Presidents; and the following gentlemen, Members of the Council for the ensuing year, in the place of those who retire by rotation and otherwise:—Richard Thursfield, Esq., William Thursfield, Esq., Richard Wilding, Esq., W. Fuller, M.B., W. M. Beddoes, M.D., and H. Y. Whytehead, M.D.”

*Honorary Secretary.* Dr. Styrap having expressed his wish to resign the office of Honorary Secretary, it was proposed by HENRY FENTON, Esq., seconded by J. R. HUMPHREYS, Esq., and resolved unanimously—

“That this meeting desires to record its grateful sense of the untiring zeal of Dr. Styrap; and, while presenting him with the best thanks of the society, requests him to continue his valuable services as Honorary Secretary.”

*Representatives of Branch in General Council.* It was proposed by S. B. GWYNN, Esq., seconded by RICHARD THURSFIELD, Esq., and resolved unanimously—

“That, in accordance with the eighth general law of the British Medical Association, Thomas Groom, Esq. (President), Peploe Cartwright, Esq., Henry Fenton, Esq., and the Honorary Secretary, be the representatives of the Branch in the General Council for the ensuing year.”

*The JOURNAL.* It was proposed by Dr. STYRAP, seconded by P. CARTWRIGHT, Esq., and resolved unanimously—

“That this Branch desires to record its satisfaction at the high professional tone and continued general improvement of the JOURNAL of the Association, under its present able editor.”

*Medical Council and College of Surgeons.* It was proposed by Dr. STYRAP, seconded by P. CARTWRIGHT, Esq., and resolved unanimously—

“That this meeting, while deeply regretting the course recently taken by a simple majority of the Medical Council, in the matter of the College of Surgeons and its Educational Programme, begs to record its hearty approval of the sentiments expressed on the subject by the President of the Association (Dr. Burrows), in his late Inaugural Address.”

*Papers and Cases.* It was proposed by W. W. THOMAS, Esq., seconded by S. B. GWYNN, Esq., and resolved unanimously—

“That the thanks of the meeting be presented to the gentlemen who have kindly furnished papers and cases.”

*Vote of Thanks to the President.* It was proposed by RICHARD THURSFIELD, Esq., seconded by Dr. STYRAP, and resolved unanimously—

“That the best thanks of the members be given to the President, Thomas Groom, Esq., for the courtesy and ability with which he has conducted the business of the meeting.”

*The Dinner.* At 4 P.M., twenty-five gentlemen partook of an excellent dinner, under the presidency of T. Groom, Esq. (who presented the members with a dozen of champagne); the vice-chair being filled by J. Bratton, Esq., President-elect. During the evening, various vocal and instrumental solo and concerted pieces were executed by a select band of musicians from Birmingham, assisted by several resident amateur vocalists, and contributed greatly to the pleasures of the meeting, than which nothing can have passed off more pleasantly and satisfactorily.

At the conclusion of the meeting, the orchestra—through the medium of the conductor—addressed a letter to Dr. Styrap, offering in the kindest manner to give a vocal and instrumental concert, in October, in aid of the funds of the Royal Medical Benevolent College.

### EAST YORK AND NORTH LINCOLN BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the Queen's Hotel, Withernsea, on Wednesday, September 24th, at half-past 3 P.M.; F. B. ANDERSON, Esq., Hessle, President-elect, occupied the chair. There was a good attendance of members and visitors from the neighbouring district.

*Papers.* The following papers were read:—

1. Remarks on the late meeting of the British Medical Association. By K. King, M.D.

2. On the Action of certain Drugs lately introduced to the Profession from America. By Sir H. Cooper, M.D.

3. Case of Perforation of the Ileum. By R. Craven, Esq.

4. Case of Double Dislocation. By R. Craven, Esq.  
Dr. KING gave a very interesting account of the daily meetings of the Association. He also made some very pertinent remarks on the number of members, and on



the assets and liabilities of the Association, pointing out an improvement in the financial department. Dr. Richardson's paper on "Suspended Animation," he thought, had more of a negative character; it condemned many modes of restoring life, but did not introduce other and better means to be used. He spoke also of the addresses of the meeting as being extremely forcible and eloquent, producing a most powerful influence and agreeable effect upon the audience. The Metropolitan Counties Branch deserved all praise and best thanks for their unbounded hospitality in providing for the wants of the body during the whole of the days of the meeting of the Association. Such liberality could scarcely be expected to be carried out by any other Branch. The thanks of the Association were also due to the officers of the College of Physicians and College of Surgeons for the two splendid *soirées* given by them to the members of the Association. The remarks made by Dr. King seemed to meet with universal approbation from the members present.

*Dinner.* After the meeting, the members and friends sat down to a sumptuous dinner. F. B. Anderson, Esq., presided; and the vice-chair was occupied by Dr. Munroe. The chairman spoke of the great prospects of the Association, commencing a new era free from debt, and with the likelihood of a large increase of members. Sir H. Cooper spoke of the beneficial results to be expected from the Committee of Inquiry on the Therapeutical Action of Medicines, showing that much good must arise from such inquiries. Dr. Munroe spoke of the great value of the BRITISH MEDICAL JOURNAL, without which the glorious results of the meeting in London could not have been accomplished; also of the inability of certain journals to detract from the usefulness and high literary position which the Medical journal had now attained to. He also said that the meeting in London would stand boldly out in the history of the Association as one replete with scientific information and medical knowledge; and that those members from the country who, with him, had had the felicity of being present, would ever remember with feelings of pride and pleasure the great kindness and cordiality of their metropolitan brethren, whose hospitality seemed to know no bounds. So cheering were the accounts of all the speakers of the great success of the British Medical Association, that several additional gentlemen were proposed to become members at the beginning of the ensuing year. This country branch meeting, the first of the kind ever held in the district of Holderness, was of so pleasant and edifying a character, and so much good feeling exemplified between members and visitors, as to leave but one wish for another meeting at the earliest opportunity.

#### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

An ordinary meeting was held on September 25th, 1862, at the Athenæum, Bristol; W. J. CHURCH, Esq., President, in the Chair. There were present thirty-eight members and four visitors.

The minutes of the last ordinary meeting were read and approved of.

*New Members.* The following gentlemen were proposed, balloted for, and admitted members of the Branch:—G. Keddell, Esq.; C. Gaine, Esq.; T. E. Clark, Esq.; W. B. Fagan, Esq.; and D. Davies, Esq.

*Proposed Alteration of Bye-Law.* Dr. HERAPATH proposed an amendment to one of the bye-laws of the Branch—that the ballot for the election of members of Council of the Branch should remain open till two days before the annual meeting, instead of ten days, as at present. Dr. Herapath's amendment, seconded by Dr. W. Budd, was put to the vote, and lost.

*Papers.* The following papers were read:—

1. On Practical Difficulties in the Diagnosis of Acute Phthisis. By E. L. Fox, M.D.
2. Five Years Midwifery Experience. By J. Hinton, Esq.
3. Case of Staphyloraphy. By F. P. Lansdown, Esq.
4. Case of Sphacelus of the Tongue. By Augustin Prichard, Esq.

[These papers will be forwarded for publication.]

#### SOUTH-EASTERN BRANCH:

##### WEST KENT DISTRICT MEDICAL MEETINGS.

THE first meeting in the present session was held at the Crown Hotel, Rochester, on Friday, September 26, 1862. There were present fifteen members and two visitors.

The President of the Branch having taken the chair, the minutes of the late meeting at Dartford were read and confirmed.

*President of the Branch for Next Year.* The Secretary read a communication from Mr. Martin of Reigate, Secretary of the South-Eastern Branch, requesting the meeting to nominate a President and two Vice-Presidents for the next year's annual meeting.

It was proposed by Mr. Fry, and seconded by Dr. ARMSTRONG,

"That Dr. Martin of Rochester be the President-elect."

At Dr. MARTIN's own request, however, the nomination was withdrawn.

It was then resolved unanimously.

"That John Armstrong, M.D., of Gravesend, be the President-elect; and that J. M. Burton, Esq., of Lee Park, and J. J. D. Burns, M.D., of Chatham, be Vice-Presidents."

*Financial Statement.* The Treasurer, Dr. MARTIN, submitted his financial statement, which was duly audited.

*Secretary.* Mr. Dulvey was unanimously reelected Secretary for the ensuing year.

*Communications.* The following communications were then read:—

1. On Heart Disease. By S. Monckton, M.D., Maidstone.
2. On Change of Air considered as a Curative Agent in Disease. By F. J. Brown, M.D., Rochester.
3. Case of Partial Dislocation of the Humerus. By F. Fry, Esq., Maidstone.

Thanks of the meeting were unanimously accorded to those gentlemen who had read papers; to the Secretary for his past services; and to the President of the Branch for having come to take the chair. Those who were able to remain then adjourned to dinner.

MECHANICAL MEDICINE IN NEW YORK. "The treatment of diseases and deformities by scientific appliances," writes the *American Medical Times*, "is now carried to such perfection by qualified medical men, that we feel it a duty to encourage them by every legitimate means. In the manufacture of artificial limbs we have an accession in Dr. Bly, of Rochester, who a year or two since first introduced his limb, with lateral motion at the ankle-joint, to the profession of this city. He has now opened an office in New York. Dr. Henry G. Davis, who was the first to apply extension and counterextension scientifically in the treatment of hip-joint disease, has improved upon his former splints by the manufacture of one which would seem to leave nothing to be desired in simplicity, lightness, and efficiency. Dr. Davis has opened a fine residence for patients in one of the pleasantest parts of the city, where those who remain under his care may have the comforts and quiet of a home."



# Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** At the ordinary general meeting of the Fellows, held on Tuesday, September 30th, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Dickson, Edward Dalzel, M.D., Constantinople  
Thompson, Reginald Edward, M.B., 4, Upper Belgrave Street  
Also, on August 2nd,  
Miller, David Graham, R.N.,

previously an extra-licentiate, was admitted a member.

The following gentlemen passed the preliminary examination in the subjects of general education, on the 24th September:—

Bedford, William James G.	Millett, George Bowen
Bell, William	Nell, Richard Frederick
Burt, William Jennings	Pearce, Joseph Channing
Burton, Thomas Baird	Prince, Frederick Tickell
Butler, William Harris	Pritchard, Robert Owen
Fraser, John James	Pughe, Richard
Goodall, Joseph	Raines, Richard Edward H.
Greene, Walter	Richardson, James F. H.
Heelas, Martin	Underhill, Francis William
Hogg, Christopher H. J.	Vincent, Osman
Jalland, Arthur Gibson	Wallbridge, John Smith
Linn, David	Weld, Charles Humphrey

**APOTHECARIES' HALL.** On Sept. 25th, the following Licentiates were admitted:—

Dickinson, James Bathgate, Howdon-on-Tyne  
Latham, Alfred William, Darlaston, Staffordshire  
Little, Frederick, Eye, Peterborough

At the same Court, the following passed the first examination:—

Aspray, Charles Owen, St. Mary's Hospital  
Hackney, John, University College  
Pope, E., London Hospital  
Ryder, Francis James, St. Thomas's Hospital

## APPOINTMENTS.

**BUSZARD, Frank, Esq.,** elected House-Surgeon and Apothecary to the Northampton Infirmary.

**CORRIE, James J., Esq.,** appointed Resident Medical Officer to the Leeds Public Dispensary.

**HALDANE, D. R., M.D.,** to be Lecturer on Practice of Medicine at Surgeons' Hall, Edinburgh, in the room of W. T. Gairdner, M.D.

**SAUNDERS, George J. S., M.B.,** appointed Medical Superintendent of the Devon County Lunatic Asylum, in the room of \*J. C. Bucknill, M.D.

## ROYAL NAVY.

**ADAMS, John S., Esq.,** Surgeon, to the *Perseus*.

**BATESON, John M., Esq.,** Assistant-Surgeon, to the *Perseus*.

**CHRISTIE, Johnstone, M.D.,** Surgeon, to the *Barrosa*.

**COLEMAN, E. W., M.D.,** Assist.-Surgeon, to the *Warrior* (confirmed).

**CUNNINGHAM, Charles L., Esq.,** Assistant-Surgeon, to the *Cambridge* (confirmed).

**HEAD, Richard L. B., Esq.,** Assistant-Surgeon, to the *Barrosa*.

**KEELEY, H. G., Esq.,** Assistant-Surgeon, to the *Squirrel*.

**LLOYD, W. H., Esq.,** Surgeon (confirmed), to the *Petrel*.

**PATRICK, William, Esq.,** Surgeon, to the *Sutlej*.

**THOMSON, James, Esq.,** Assist.-Surg. (additional), to the *Fisgard*.

**WILLIS, Simon A., M.D.,** Surgeon, to the *Eclipse*.

## BIRTH.

**COOPER.** On September 30th, at Cromer, the wife of \*J. Cooper, Esq., of a daughter.

## DEATHS.

**BEAN, Joseph A., M.D.,** at Mangalore, East Indies, on July 31.

**BICKERSTETH, Henry, M.D.,** at Cape Town, aged 49, on August 6.

**BUCHANAN.** On September 29th, Maryanne, wife of George Buchanan, M.D., of 75, Gower Street.

**EVANS.** On September 24th, at Norwich, aged 73, Lucy, widow of Lewis Evans, M.D.

**HARLE, Thomas, M.D.,** of Glasgow, aged 49, on September 26.

**HURT, Samuel, M.D.,** at Mansfield, on September 26.

**MOORE, Oswald A., Esq.,** Surgeon, at York, aged 44, on Sept. 22.

**PARSEY.** On September 28th, at Hatton, Warwick, aged 2 years, William George, only son of W. H. Parsey, M.D.

**RUTHERFORD, James, M.D., R.N.,** at Sligo, aged 83, on Sept. 24.

**SIMMONS.** On September 25th, at Baker Street, Lloyd's Square, Elizabeth, widow of the late George Simmons, Esq., Surgeon, of Judd Street.

**SMITH.** On September 30th, at Carlton Colville, Emma L., eldest daughter of Samuel Smith, Esq., Surgeon.

**TYACKE.** On September 23rd, at Chichester, aged 15, Sibella Freeland, second daughter of \*N. Tyacke, M.D.

**WATSON.** On September 15th, at Cottingham, near Hull, aged 43, Mary Charlotte, wife of \*Samuel Watson, Esq., Surgeon.

**PROFESSOR AGASSIZ,** spite of the war, perseveres in his peaceful pursuits. He has just completed and published the fourth part of his *Contributions to the Natural History of the United States of America*.

**BEQUESTS.** Under the will of Miss Elizabeth Welby, of Spondon, Derbyshire, the County Hospital, Derby; the Asylum for Idiots, Highgate; the Samaritan Free Hospital, London, have come in for considerable legacies.

**CIDER IN DIABETES.** Drs. Miller and Holmes reported to the Berkshire District Medical Society, U.S., a cure of diabetes in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider. (*Berkshire Medical Journal*.)

**A SEA-SICKNESS REMEDY.** A Cronstadt journal states that the Japanese ambassadors all suffered from sea-sickness in going from Swinemunde to St. Petersburg. The first ambassador, in particular, was exceedingly ill, notwithstanding the strange remedy he employed, which consisted of soup made of horse-radish and rice, seasoned with red herrings and sardines cut into small pieces. When eating this singular compound, he took a little champagne after each spoonful.

**VACANCIES.** The following appointments are vacant:— Surgeon to the Birkenhead Hospital; Medical Officer to the Corporation of the Poor, Northern Division, Exeter; Medical Officer to the Third District of the Yeovil Union; Physician to the Royal General Dispensary, Bartholomew Close; Medical Officer for the Dublin South Dispensary; Resident Medical Officer and Secretary to the Isle of Wight Infirmary; Medical Officer to No. 2 District of the Daventry Union; and Resident Dispenser to the Ripon Dispensary and House of Recovery.

**VACCINATION.** The public returns, as far as they are complete, show that in the year ending at Michaelmas last the number of persons vaccinated by the public vaccinators in England was but 432,806; only 425,739 were successfully vaccinated, and of this number 100,641 were above a year old. Yet the number of registered births in the year in the unions making these returns was 685,646, more than double the number of the infants under one year successfully vaccinated by the public vaccinators. The number of the vaccinators was 3,731.

**COD LIVER OIL FOR CATTLE.** A farmer of Haubourain (Nord), has just tried the experiment of accelerating the fattening of cattle by the use of cod liver oil. The trial was first made upon two calves, eight sheep, and two pigs. The result surpassed all expectation; in ninety days they were all in prime condition, the flesh being perfectly white and of easy digestion. The quantity given was, to the pigs two ounces per day, to the sheep one ounce, and to calves about an ounce and three quarters. For the calves the oil was mixed with bran and chopped straw. for the sheep with bruised beans, and for the pigs with their regular food.

**FEMALE CRIMINAL LUNATICS.** Of the female criminal lunatics in custody in the year, two hundred and twenty in number, forty-five were women charged with murder, ten with attempts to murder, three with manslaughter, three with infanticide or concealing birth, two with burglary, seventy-eight with larceny and petty thefts. But these lunatics are the accumulation of years, and their offences are not to be all reckoned among the mischief done by women in 1861.



THE NEW YORK ACADEMY OF MEDICINE will commence its session on the 17th inst.; and, as will be seen by its list of papers and authors, its coming meetings will be full of interest. The high position which the academy is yearly assuming among the scientific medical associations of this and other countries, should be a source of pride to the profession of New York. During the past year it made a more rapid advance towards an enduring scientific reputation than at any other period. The character of its papers and discussions was of a high order, and attracted attention and favourable comment in all medical circles. (*American Medical Times.*)

FATAL EXPLOSION OF GUN-COTTON. A fatal explosion of gun-cotton recently took place at Brooklyn, New York. Mr. L. M. Dornbach, an able chemist and photographer, was packing gun-cotton for shipment, and whilst punching it down somewhat forcibly in a cask containing 38lbs., it partially exploded and set his clothes in flames. A few seconds afterwards another and more serious explosion followed, which resulted in such injuries to Mr. Dornbach as to cause his death in a few hours. Gun-cotton rarely explodes from mere percussion, but a circumstance like that above recorded is suggestive of caution in the use of this innocent looking material. (*Pharmaceutical Journal.*)

YANKEE RED-TAPEISM. I have mentioned that fifty or sixty surgeons were telegraphed for, and ordered to repair yesterday from Baltimore to Washington. It appears that they started very early yesterday morning, that they got to Washington, found there universal dismay and confusion—no orders, no carriages, no accommodation, no patients. Out of the thousands upon thousands who were known to have been wounded in the battles of Thursday and Friday, the 28th and 29th of August, only one hundred and fifty sufferers had yesterday been conveyed to Washington. Surgeons from New York, Philadelphia, and Boston were arriving, enhancing the confusion by their numbers and want of organisation. The surgeons from Baltimore had no alternative but to return yesterday evening to the place whence they came.

ANTEDILUVIAN FROGS. Professor Owen gives his opinion as follows on the "Frog in the Coalpit." "I was glad to read your paper in the *Field* on the carbonicolous frog, but you give too much advantage to the lovers of marvellous by assuming that froggy got down the pit as big as when he was found there. No doubt a fat, full-grown frog might come to grief at the close of a fall of one hundred yards or so; but my notion is that frogs tumble down a pit's mouth by scores when they are but a few grains weight,—i.e., when they first creep out of their watery nursery and spread abroad in all directions, as both toads and frogs do when metamorphosed. Now, as there is usually a pool of water at the bottom of a pit's mouth, these light little bodies would drop into it, or on to the mud, without any bones being broken, and their tenacity and vitality would enable them soon to recover any shock (even should they feel one) after their fall. Once down the pit, they crawl off to any dark fissure, and my wonder is that the marvel of a frog or a toad in coal or coal fissures is not more common than it is reported to be. You may give the above as a supplement to your letter if you please."

DEATH OF DR. BURNES. We regret to learn the sudden death of Dr. James Burnes, which happened a few days since at Manchester, whilst on his wedding tour. He was elder brother of the late Sir Alexander Burnes, who fell at Cabul in 1841, and himself formerly held the post of Physician-General at Bombay. Dr. Burnes, who was known in the literary world as the author of a *Visit to the Ameers of Scinde*, was a magistrate for the counties of Forfar and Middlesex, and was one of the most active of the visiting justices of the Lunatic Asylum at Hanwell. The deceased gentleman received the Hanoverian order

of Knighthood in 1837. By his first wife, who was a daughter to the late Major-General Sir G. Holmes, K.C.B. he had issue several sons, the eldest of whom fell in the Indian mutiny, where he lost his life in an heroic effort to rescue a little English child. This event is commemorated in a handsome painted window, lately executed for Dr. Burnes's native city of Montrose.

BELLADONNA BERRIES. An occurrence lately took place in the University Botanic Gardens at Cambridge by which the lives of some children were put in great danger. The gardens, a most alluring promenade, are liberally thrown open to the public, but not to children unless under escort, though it is needless to say children sometimes succeed in breaking through the regulations. In the department known as "the physic garden" are grown, as a matter of course, many plants of a noxious character, among these the *Atropa Belladonna*, producing at this season berries having the appearance of a middle-sized cherry. These when ripe are of a violet black colour and of a sweetish and not nauseous taste having an inviting appearance. To the bed containing products of this class several children on Saturday afternoon obtained access, and there is no doubt consumed a quantity of the berries mentioned. On their return home they were seized with vomiting, and three, aged eight, six, and three years respectively, were throughout Sunday in imminent danger, their deaths being hourly expected. The symptoms were dryness of the mouth and throat, dilatation of the pupils of the eyes, loss of sensation, delirium, and stupor—in fact, all those consequent upon poisoning by belladonna. The children, however, have recovered so far as to be out of danger, though they are still suffering severely.

A NEW PLAGUE IN ZILLAH SAUGOR. Captain G. F. S. Browne, the Deputy Commissioner of Saugor, has published in the Government Records of Northern India a report of a malignant fever which visited Saugor in the year 1859. The disorder made its appearance in the end of June, the rainy season having terminated rather early, and continued in full force until November, when it abated and gradually ceased. It was obviously a form of fever, perhaps "typhoid"; but such was its virulence that, as compared with it, cholera was much less appalling. The natives had no remedy with which to meet it, and death was rapid and certain. Whole families were cut off, and villages depopulated. Young and old suffered alike; and, although the malady was most fatal amongst the poor and crowded towns, it spared not the rich, and in the most salubrious districts found out the crowded and most confined spots. It was so quick in its action, that persons attacked one day died the next, cold sweatings being marked as the final symptom. The city of Saugor, Captain Browne reports, suffered very severely, in all parts except the jail: the prisoners were almost all free from it. In November, when he commenced his annual tour, he found the people cast down, disheartened, and obliged even to dispense with their usual ceremony of burning their dead, as there was no one who would fetch wood for the pyres. Whether the disorder was contagious is not certain; but it is certain that, in the brief stay of the pestilence in the Saugor district not less than *twenty-three thousand* persons were destroyed by it.

AN INTERESTING QUESTION. An action has recently been tried at the County Court at Wakefield, involving the liability of masters to pay for medical attendance on their servants. The plaintiff was Mr. Henry Horsfall, surgeon; the defendant, a widow lady. The amount was nine shillings and sixpence for medicine and attendance. On the 4th of December, 1856, Mr. Horsfall received a message to go and attend defendant's servant. He did so, and prescribed for her on four occasions. His books were produced, in which were entries, "Mrs. Nettleton *pro* servant." He did not know the servant's name, no



he remember to have attended her previously. He put in his bill in January 1857. Defendant went to the house of Man and could not be found. In cross-examination, Mr. Horsfall said that Mrs. Nettleton did not say that she would be liable for the payment, but she did not say the contrary. Mrs. Nettleton, said that she remembered her servant being taken ill. At that time Dr. Atkinson was attending her own son, and she proposed to the defendant that he should attend her also. This offer was declined, as the servant said that she had seen Mr. Horsfall before, and would prefer seeing him again. Defendant offered that if Dr. Atkinson attended her it would be without charge, but if she employed Mr. Horsfall it would be at the patient's own expense. She did not receive any bill till about three years ago, when it was accompanied with a threatening letter, which she handed to a solicitor. Mrs. Kenyon, a servant of Mrs. Nettleton, deposed that she went for Mr. Horsfall. For the defence it was urged that there had been no contract, and that Mr. Horsfall had been sent for without defendant's knowledge or consent; but it was admitted that he had had an interview with defendant immediately after he had seen her servant. The judge, stated that a contract might be inferred either expressed or implied. In this case he thought that an implied contract was clearly established, and as it is the usual custom for masters and mistresses to pay for medical attendance on those in their service, he should give a verdict for the plaintiff.

**ST. THOMAS'S HOSPITAL.** The late music hall at the Surrey Gardens has now been completely adapted for its new purpose of a temporary hospital. The arrangements which have been made are of a very complete and satisfactory character. The building has been entirely covered with a circular roof of galvanised iron, and in the interior of the building two floors have been erected. The ground floor is set apart as an accident and casual ward; the first floor is appropriated for out-patients, with physicians' and surgeons' consulting rooms, and a very commodious dispensary. The first floor is appropriated for male patients, the second or upper one for female patients, the rows of beds for surgical and medical cases being separated by a partition running down the centre of each floor. A lift has been provided in the well of one of the staircases. The kitchen formerly connected with the refreshment department of the music hall, has been converted into a hospital kitchen, and a covered way has been constructed, along which carriages heated with hot water will run upon rails to convey the food to the ascending lift. The portion of the building which was used as refreshment-rooms has been fitted up for the staff of nurses in training under Miss Nightingale. This training establishment is supported out of the Nightingale fund, Mr. Whitfield and Mrs. Wardrupper have been appointed to the responsible duty of superintending this department. Accommodation is provided for fifteen of these nurses, and for the superintendent, Mrs. Wardrupper. The accommodation for in-patients is equal to two hundred and fifty beds, and each room has an average of 2,300 cubic feet of air, which is nearly eight times as much as is required under the provisions of the Poor-law Act for inmates of union work-houses. Bath-rooms are fitted up on each floor, and rooms for the nurses and matrons. The ventilation is abundantly provided for, and the heating of the wards will be by ordinary open stoves, the products of combustion being carried off by large iron pipes, which are carried up through the roof. The fine museum and library are located in one of the temporary buildings on the grounds; and the anatomical school, dissecting rooms, and theatre, occupy a building near the edge of the ornamental lake. A microscopic room is attached to this latter building. The water will be allowed to remain in the lake, due provision being made for keeping up a continuous supply; and the gardens, kept up in good order, will form an agreeable promenade for such of the convalescent patients as it may

be deemed advisable to retain in the hospital. The verandahs in the upper wards will in warm weather also form a pleasant and healthy lounge for patients. The property, taken temporarily by the governors of the hospital, includes not only that which is known as the Surrey Gardens and buildings, but also the whole of the property adjoining, known as the Manor House, and the tea-gardens attached to it. The total area is about sixteen acres. The staff of the hospital provided for on the premises includes Mrs. Wardrupper and her band of nurses, already mentioned, two house surgeons, a dresser, an assistant apothecary, and resident accoucheur. In the garden in front are placed the two statues which formerly stood in the open court of St. Thomas's Hospital, Edward the Sixth (the founder of the charity), and Sir Robert Clayton, one of its earliest presidents and most munificent benefactors. The term for which the property has been taken is two years, with power to extend for a further period of six months, if it should be considered necessary to have such an extension of time. The great drawback to the selection of the present site is the indifferent quality of the approaches, the streets leading to it being narrow and inconvenient.

**MR. PARTRIDGE'S REPORT, SENT TO THE GARIBALDI ITALIAN UNITY COMMITTEE.** Spezia, Sept. 20th. The reports received in England of General Garibaldi's health and of the state of his wounds were so various, contradictory, and alarming, that I was commissioned by some of the general's friends to visit him professionally, and to ascertain from actual observation his real condition. I arrived at Spezia on the 16th of September, and I have since that time daily visited the general at Varignano, in company with Dr. Prandina and his other medical attendants, and I have been constantly present at the morning dressings of the wounds. I have been further permitted, through the courtesy of the surgeons, to make a personal examination into the nature and extent of the injury. The accident may be described, shortly, as a transverse compound fracture of the right internal malleolus (ankle bone), produced by a rifle shot, which, though it opened the joint by a small aperture, did not enter it nor lodge itself in any other part of the limb. The outer ankle bone remains uninjured, nor does the astragalus (the great pulley-like bone of the foot, which sustains the leg) appear to have been injured; the most careful examinations, made immediately after the accident and since, have led to the conclusion that no other bone except the tibia (or greater bone of the leg) was implicated in the injury. At first severe inflammation, swelling, and excessive pain followed upon the infliction of the wound; but these were subdued by cold applications, cataplasms, leeches, and rest, so that now the ankle and surrounding parts present nearly their natural size and form, the foot being almost at a right angle with the leg, and otherwise in excellent position. The wound, the circumference of which (on its superficial aspect) is rather larger than that of half a franc, looks well, and discharges healthy matter, mingled with molecular fragments of exfoliating bone, which are rarely larger than grains of sand. The present unswollen state of the ankle and of the parts around it permits of an examination, which has confirmed the assurance given by other circumstances, that the bullet did not enter the joint, nor effect a lodgment elsewhere. The injured parts are now free from inflammation, and, unless moved, are no longer painful. The wound is simply dressed with charpie, spread with cerate, and covered with a light poultice, the foot being maintained at rest and in position by a suitable apparatus of small pads, pillows, and bandages. The wound of the left thigh, which was slight and superficial, is now well. The general's manner is very patient and tranquil; his health is fairly good, though he is much emaciated; his appetite is tolerable; his pulse is quiet; his tongue is



clean and moist; and, upon the whole, he sleeps well. He has within the last two days been removed into a larger, more airy, and quieter chamber than that which he at first occupied. Every one about the general seems attentive to his wants and wishes, and his friends have supplied him (and I hope will continue to do so) with those necessities and comforts which his situation demands. My opinion is that (bearing in mind his habitually abstemious habits), if mental as well as bodily repose are steadily enforced, if the injured limb be kept at perfect rest, if the general health and strength be sustained by suitable nourishments (and, if need be, by stimulants), by well-aired, well-kept, and quiet rooms, and, lastly, by a continued supply of those comforts necessary to his present condition, the general will, with time (certainly some months) and care, have a good, useful foot, though the ankle-joint may become stiff, or, at the best, be only partially movable. I beg to express my entire concurrence in the treatment pursued by the surgeons who attended General Garibaldi, and who dress his wound with solicitous care and skill. Upon one occasion I had the good fortune to see General Garibaldi in company with Professor Zanetti of Florence, and I was gratified to find that my view of the past and of the prospective treatment (under certain contingencies) of this anxious case coincided with those of that eminent surgeon. I cannot conclude this report without expressing my grateful sense of the prompt aid afforded me by the authorities here in furtherance of the objects of my visit; and I would also especially acknowledge the frank reception and kindness of General Garibaldi's medical attendants—Drs. Ripari, Prandina, Albanese, Basile, and others—with whom for the time being I have had the pleasure of being thrown into daily association.—**RICHD. PARTRIDGE, F.R.S., Surgeon to King's College Hospital; Professor of Anatomy in King's College, London; and Member of the Council of the Royal College of Surgeons of England.**

## Varieties.

**OPIATES TO CHILDREN.** A member of the Nottingham Town Council states that he sells about four hundred gallons of laudanum annually, at least half of which he believes to be administered to infants.

**ACCIDENTS IN COAL MINES.** Great Britain loses a regiment every year in and about the coal mines. The deaths from accidents were 1,122 in 1857, 930 in 1858, 914 in 1859, 1,109 in 1860, and now the return for 1861 is 943. The average for the first five years is just over 1,000.

**FRENCH SUICIDES.** The last number of the *Journal de la Société de Statistique* of Paris contains an interesting paper by M. Hippolyte Blanc on suicide in France, from which it appears that since 1827 the number of suicides has been constantly increasing. From that year to 1858, inclusively, there have not been fewer than 92,662 in France, being on an average 2,895 per annum. Taking the numbers of each year by periods of five, it appears that suicides have increased in regular progression. In 1827, the proportion was 4.8 for every 100,000 inhabitants; in 1858 it was 10.8. Regarding the age of the individuals, we find that the tendency to commit suicide increases until the age of 80; but suicide is much rarer among females than among men. From 1836 to 1858 the number of males that committed suicide was 56,562 or 2,459.2 per annum; that of the females was 18,548, or 896.7 per annum. Suicides are unequally distributed with respect to the periods of the year. The maximum occurs in June and July; the minimum in November and December. Touching the mode of death, men prefer hanging, and women drowning. The geographical distribution of sui-

cides shows that the departments of the centre and south-west of France have fewer suicides to register than the north and north-east. The department of the Seine naturally furnishes the largest number, owing to its dense population; thus, from 1844 to 1858, the number of suicides for every 100,000 was 80.

**THE VEGETARIAN SOCIETY.** The adherents of the vegetarian system of dietetics lately held their fifteenth annual meeting at the Crystal Palace. A report stated that one phase of the question popular feeling had been upon the whole decidedly adverse. Again, while men were engaged in the destruction of human life by war, it was useless to expect any consideration towards the low orders of animals. The report referred to a remarkable instance of the truth of vegetarian principles as exhibited at Preston, where in consequence of the cotton famine thousands of persons were existing upon very small allowances, and, consequently, to a very great extent were deprived of the means of purchasing animal food, while the Board of Health returns showed that there was a diminution of deaths, and an improvement in the sanitary condition of the inhabitants of that town. At 4 o'clock the members partook of refreshments, which consisted of tea and coffee, rolls and butter, apples, pears, plums, and lettuces. Some members even scrupled to indulge in the stimulating beverages just mentioned, and confined their libations to simple water. Mr. Alderman Harvey, of St. John's, said, that he was now 76 years of age, and had been a vegetarian and abstainer from intoxicating drinks for fifty-two years, having been led to adopt that system of experience gained while a visitor to his late brother-in-law Mr. Brotherton, M.P. He could personally testify to the beneficial effects of vegetarianism upon the bodily health, for whereas while a boy slight wounds were difficult of cure, simple injuries now disappeared without medical treatment by the simple application of cold water. He had taken no physic and had employed no doctor for forty years, and had had during that time but one illness, which arose from his own imprudence. He had been staying with a friend one winter, and, having partaken freely of some cheese curds, he had immediately to walk two or three miles through the snow to a railway station, and thus received a chill, which resulted in an attack of jaundice. Even then he called in no doctor nor took any physic; but by means of vapour-baths and the remedial action of nature recovered his health. The absurdity of the idea that animal food was necessary to enable man to perform great labour was demonstrated by the fact that the porters of Constantinople—the strongest race of men in Europe—were of exceedingly temperate habits and never indulged in animal food. The Irish labourers, who performed the hardest work in this country and in America, as a rule rarely tasted animal food, but lived chiefly on vegetable products. Dr. Roth followed, and enforced the benefits of vegetarianism, combined with pure air and water, exercise and other hygienic precautions, as tending to promote a healthy, vigorous, and prolonged existence. Mr. J. Haughton, of Dublin, expressed his belief that although the public generally regarded the movement with indifference, if not ridicule, yet it was their duty as believers in vegetarianism to maintain its truth and to propagate their views. Dr. Trall, of New York, said the system had some thousands of followers in America, and he had no doubt their numbers would continually increase. He was a doctor, but he gave no physic, and yet he had always a house full of patients. There was no necessity for flesh meat, which only created morbid appetites that could never always be satisfied, and thence sprung many of the evils and miseries of life. The medical profession generally were opposed to vegetarianism, but although medical books were full of assertions in favour of the use of animal food they contained no arguments to support them. Animals fed upon vegetable products, and all the nutriment contained in the flesh of those animals was derived from the



urce. Why, then, should men obtain nutriment at second-hand, alloyed by the impurities of the animals through which it had passed.

OPERATION DAYS AT THE HOSPITALS.

SUNDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.
MONDAY.....	Guy's, 1½ P.M.—Westminster, 2 P.M.
TUESDAY....	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.
WEDNESDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.
THURSDAY.....	Westminster Ophthalmic, 1.30 P.M.
FRIDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—SEPTEMBER 27, 1862.  
[From the Registrar-General's Report.]

	Boys ..	Girls ..	Births.	Deaths.
During week.....	899	843	1742	1140
Average of corresponding weeks 1852-61 .....	1865	1251		
Barometer:				
Highest (Sun.) 30.084; lowest (Wed.) 29.742; mean, 29.871.				
Thermometer:				
Highest in sun—extremes (Tu.) 104 degs.; (Sun.) 70.3 degs.				
In shade—highest (Fri.) 69.8 degrees; lowest (Tu.) 39.2 degs.				
Mean—56.6 degrees; difference from mean of 43 yrs. 4.6 degs.				
Range—during week, 30.6 degrees; mean daily, 15.2 degrees.				
Mean humidity of air (saturation=100), 87.				
Mean direction of wind, Var.—Rain in inches, 0.17.				

TO CORRESPONDENTS.

\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

R. HIGGINBOTTOM AND TOTAL ABSTINENCE.—SIR: For others as well as myself, may I ask Mr. Higginbottom to tell us, in your JOURNAL, how to exclude alcohol from our dietary, and live? If he can answer the question satisfactorily to us, many besides myself will be very grateful to him, and a page in your JOURNAL will be well given to his reply. I shall best ask for the information which I seek, by stating my own experience. A general practitioner in middle life, actively and sometimes too actively occupied, of moderate *vis vitæ*, but without disease, I repeatedly tried and wished to give up the use both of beer and wine. Every trial ended as the last. Then I lived for nearly three months without taking any fermented drink. For the first few weeks, I fancied myself better; then I felt weak. From this time to the end of the third month, I became still weaker; my heart intermitted, beat very feebly, and I was constantly conscious of its action; my spirits grew depressed, and my work became more and more laborious and irksome to me. It is needless to say any more. I again took a moderate supply of wine, and became myself again. I feel sure that Mr. Higginbottom will be glad to tell me and others like myself what we should do in order to live, and to live usefully, without fermented drinks.

September 1862. I am, etc., M. R.

THE COLLEGE OF PHYSICIANS AND TITLE OF DOCTOR.—SIR: In a letter published in this day's JOURNAL, "A Member of the Royal College of Physicians of London" asks a most innocent question with reference to an extract from his diploma, which he quotes. If he can construe the whole of that extract, he will find his question answered. He asks how the College can now ignore his claim to the title of Doctor, after having inferentially granted it in its diploma—inferentially, because that title must, he conceives, be included in the "*honoribus, titules et privilegiis quæcunque medicis*

*concedi solent.*" But the clause contains the reservation, "*intra auctoritatis nostræ limites*"; an awkward reservation, because, in point of fact and in point of law, it is not *intra Collegii limites* to confer the title of "Doctor", although it may have the power to grant the *privilegia*; and the College, knowing this, now "ignores the claim" of its licentiates to assume the title in question. If the College had possessed the right to confer this coveted title of Doctor, it would surely, in place of the reservation I have pointed out, have inserted some such words as I find in the diploma of the University from which I derive the legal right to subscribe to the present letter the signature which will be found at the foot—"eum titulo graduque DOCTORIS IN MEDICINA." The reservation I have pointed out answers your correspondent's question fully.

September 20th, 1862. I am, etc., M.D.

THE OATH OF HIPPOCRATES.—I send you a copy of Dr. Adams's translation of "The Oath", given in the Hippocratic writings; that of Dr. Smith is grossly imperfect, if it be correctly transferred to the columns of the JOURNAL, inasmuch as it omits the requirements of the Oath as to medical education. Dr. Adams's translation is perhaps more accurate than elegant. T. L.

"The Oath. I swear by Apollo the physician, and Æsculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this oath and this stipulation: to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen, which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one, if asked, nor suggest any such counsel; and in like manner, I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practise my art. I will not cut persons labouring under stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further, from the seduction of females or males, of freemen or slaves. Whatever in connexion with my professional practice, or not in connexion with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men in all times! But should I trespass and violate this oath, may the reverse be my lot!" (*The Genuine Works of Hippocrates, translated from the Greek. By Francis Adams, LL.D., Surgeon. Vol. ii.*)

THE MIDWIFERY PROFESSORSHIP IN EDINBURGH.—From the records of the Edinburgh Town Council, it appears that the Professorship of Midwifery in Edinburgh University was first established in 1726:—"9th Feby. 1726. Mr. Joseph Gibson, upon petition, appointed City Professor of Midwifery, but without fee or salary." Again: "14th Dec. 1739. Mr. Robert Smith, surgeon, elected Professor of Midwifery in the College, on the death of Joseph Gibson, Professor thereof in the city, but without a salary." [Smith held the office 17 years.] "18th Feby. 1756. Mr. Robert Smith's demission of the Professorship of Midwifery in the College of Edinburgh; Thomas Young, surgeon, chosen in his place. No salary." [Young opened a class for students in this branch of medical practice, not confining his attention to the education of females.] (*Andrew Dalziel.*)

THE THREE CHILDREN POISONED IN LANCASHIRE.—SIR: I think your Manchester correspondent is not exactly correct as to the children of the wretched man Taylor: "foully murdered," as he says, "and yet the authorities dare not bring the case forward; for the simple reason that none can tell them how the children died, although their bodies were uninjured, and open for examination and analysis." He seems to be unaware of the fact, that analyses and examinations *post mortem*, of a most strict and searching kind, were made by Mr. McKeand and Mr. Winterbottom; that Dr. Alfred Taylor went down special, and said the deaths were from chloroform, most probably, or some other kind of suffocation; but that, from absence of congestion in the heart, from a special condition of the lungs never absent in these cases, as also from the position of the children, I had no hesitation in saying they were not deaths from chloroform, and wrote accordingly to the local



papers to say so. The case is only of interest now, as the horrible man has since "expiated his guilt", as I believe the phrase is; he seems to have been most collected and religious (curiously and revoltingly so) up to the last; he had no object in going out of the world telling a lie; and he says he never used chloroform, but a cheaper and easier way of destroying his unhappy victims. It is a great pity the idea is favoured in two out of our four weekly medical journals, that chloroform is very dangerous, and kills instantaneously. Mr. Thackeray and other novelists make use of the fact, copied from such authorities; but it is one of John Hunter's "false facts". It gives chloroform a bad name it does not deserve. I believe if this man tried to kill his children by chloroform, he could scarcely do it; though Dr. Taylor quoted the views of Dr. Snow six or eight years old. And as to robberies under chloroform so common in newspapers of late, they are evidently nonsensical.

I am, etc.,

Sackville Street, Sept. 20th, 1862.

CHARLES KIDD, M.D.

### SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, October 1862.

COMMUNICATIONS have been received from:—Mr. WILLIAM COOPER; Mr. J. S. FLETCHER; Dr. DREW; Mr. H. J. ALFORD; Mr. S. PARKER; Dr. MUNROE; Dr. H. MARSHALL; Mr. JOSEPH HINTON; Mr. W. BOWMAN; Mr. A. PRICHARD; Mr. W. MARTIN; Mr. C. YOUNG; Mr. A. G. OSBORN; Mr. DULVEY; Mr. WILLIAM COPNEY; Mr. A. B. STEELE; Mr. J. COOPER; Mr. HAYNES WALTON; and Dr. BRYAN.

### ADVERTISEMENTS.

#### South-Midland Branch. — The

ANNUAL AUTUMNAL MEETING of this Branch will be held at AYLESBURY, at the Board Room of the Infirmary, on Thursday, the 23rd instant; R. CEELY, Esq., President.

It is requested that gentlemen who purpose sending papers or cases will forward them forthwith to one of the Honorary Secretaries.

DR. BRYAN, Northampton.

G. P. GOLDSMITH, Esq., Bedford.

Northampton, October 1, 1862.

#### Royal College of Surgeons of

ENGLAND.—Notice is hereby given that the PRELIMINARY EXAMINATION in Classics, Mathematics and French of Candidates for the Fellowship of this College will be held on Tuesday, Wednesday, and Thursday, the 21st, 22nd, and 23rd instant, at 10 o'clock each day:

And that the next PRIMARY or ANATOMICAL EXAMINATION of Candidates for the Diploma of Member will be held on Saturday, the 8th of November next, and following days: and the next PASS or SURGICAL EXAMINATION, on Saturday, the 15th of November and following days.

Particulars relating to these Examinations may be obtained on application at the College.

1st October, 1862.

EDMUND BELFOUR, Secretary.

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#### The last Page of this Day's

Number of "THE LANCET" contains a List of Announcements of New Books and New Editions to be published this Session.

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# Addresses and Papers

READ AT

## THE THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in LONDON, AUGUST 5th, 6th, 7th, and 8th, 1862.]

### ON GLAUCOMATOUS AFFECTIONS, AND THEIR TREATMENT BY IRIDECTOMY.

By WILLIAM BOWMAN, F.R.S.

WE have fallen on a time that will be for ever memorable in the history of ophthalmic science—the epoch of the invention of the ophthalmoscope.

What would be thought by physicians if they were presented with an instrument enabling them to see the membranes, the cavities, the course of the fibres, the configuration of the ganglionic masses, of the brain, with the vessels pulsating, the veins varying in emptiness or repletion, and every product and physical condition of disease, exposed to view? Or if the great organs of the chest or belly, with all their complicated connexions and movements in a healthy or unhealthy state, were disclosed? They would be transported with delight at the facilities given for the exact detection of disease; and, doubtless, a harvest of great results would instantly be reaped in the field of practical medicine.

What I have imagined for the great cavities of the body, came to pass for the delicate structures of the eye about eleven years ago. We may be all *clairvoyants* now for this hollow organ, into which we can penetrate by the aid of the reflector, and discern (in all cases where the media remain transparent) the physical conditions of the internal coats, with the exquisite course and aspect of the vessels, and the faintest morbid alterations of structure, as clearly and brilliantly as if they were opened up by the anatomist, or placed under a lens on the table before us. And where the media are themselves faulty, the faults can be detected in their earliest and slightest forms by the same means. So long as there are human eyes to suffer damage from disease, or cultivators of the divine art of healing, so long will the ophthalmoscope be in universal use, and the name of Helmholtz be held in honour among mankind. No less than a total revolution in ophthalmic practice has been already effected by this instrument; and constant further advances may be confidently anticipated in our knowledge, not only of the diseases of the eye itself, but collaterally of various cognate affections of other organs, especially of the brain.

A glaring example of its value is to be found in its bearing on the subject of glaucomatous diseases, the name of which, indeed, is old, but the knowledge and the practice are all new. These diseases now begin to admit of accurate definition, of exact discrimination, and, in many cases, of the most admirable cures; diseases which, six years ago, marched on unchecked to more or less rapid destruction of sight. And I do not scruple to say that, were the scientific knowledge of them, now possessed by a few, diffused universally among all the members of our

profession, failure of sight from this cause in Great Britain would be to a considerable degree prevented, and total blindness would be rare indeed.

Since the winter of 1856-7, the splendid researches of Von Graefe on the nature and treatment of glaucoma have prominently attracted attention. On the Continent, his proposal to arrest the disease by the excision of a portion of the circle of the iris has been adopted and practised by the ablest men, including especially Professors Donders of Utrecht, Arlt of Vienna, and Desmarres of Paris. In May 1857, I first performed it in England. At the Ophthalmological Congress at Brussels, in September following, Von Graefe gave an account of his researches, and distributed amongst his friends an essay on the subject, then just presented to the French Institute. In the ensuing autumn, *Iridectomy, as a Remedy for Glaucoma*, was, in my opinion, and in that of my friend and colleague Mr. Critchett, established, by the facts we had ourselves observed, as a proceeding competent to cope with the disease, by reducing that tension of the eyeball, and compression of the retina and its vessels, which is the cause of the loss of sight; and we attended a meeting of the Medical and Chirurgical Society (when a paper on the Morbid Anatomy and Pathology of Glaucoma was read by my friend Mr. Hulke), in order that we might call attention to the proposal of Von Graefe, and offer our voice in its favour (see *Med. Times and Gazette*, Jan. 23, 1858).

It was our earnest wish that the value of Von Graefe's discovery should be early and extensively acknowledged by medical men, so that those suffering from so serious a malady might no longer be drifting, as before, into hopeless blindness. Since then we have with no faltering voice continued to advocate the practice, and have performed the operation on all suitable occasions, both in private and in public. At Moorfields, iridectomy has been exhibited and tested on a very large scale, scarcely a week having passed since 1858 without one or more instances of it; and a host of competent observers, both students and practitioners, have witnessed the method of performing it, and its results, in the hands of several of my colleagues and myself. A paper by Mr. Hulke (*Med. Times and Gazette*, March 27, 1858) "On the Surgical Treatment of Glaucoma", contains an excellent statement of the questions involved, including my own views at that period; and the New Sydenham Society, in one of their volumes for 1859, gave the detailed memoirs of Von Graefe, translated from the *Archives of Ophthalmology* by Mr. Thomas Windsor of Manchester. A letter of my own, in reply to an attack in an Irish journal on this method and its author, also appeared in August 1860 (*Med. Times and Gazette*, Aug. 25, 1860); and I there reiterated that we possessed in iridectomy an effectual means for mitigating the tension of the globe, and of relieving the glaucomatous condition.

The progress of truth, however, is proverbially slow; and accordingly there remain several ophthalmic surgeons, men whose ability and candour I am far from questioning, who, to judge from their latest published writings, and from cases I constantly meet with in private, in which they have been consulted, either have not yet made themselves familiar with the nice discrimination of the glaucomatous state, or who reject this inestimable means of controlling it. The consequences to patients are of course to be deplored. For it is natural, under these circumstances,



that that large number of practitioners who only meet with these diseases among others in the course of ordinary practice, and who yet, as a body, are in the habit of seeing a very great proportion of all the cases of it in their earlier stage, should be perplexed, should discredit the reality of the benefit, and should content themselves with the old and common treatment, under which it is certain that valuable time must be lost. According to the activity of the disease, are hours, or days, or weeks of critical moment; and it is mournful to have still to pronounce, in too many instances, the fatal words: "*Too late*; at an earlier period sight could have been rescued."

Whatever the essential nature of the glaucomatous state, we as practitioners are chiefly concerned with the *augmented tension of the eyeball* which attends it. This we have to distinguish at the earliest stage, and towards the mitigation of this our treatment is to be directed. As a practitioner, having to relieve disease, I call *all undue tension* of the eye *glaucomatous tension*. The object of treatment is to reduce this within natural limits; for, if it continue, the result is inevitable, however delayed.

A person unused to close and accurate examination of the physical condition of the eyeball, even though he be seeing eye-diseases frequently, may readily fall into error on this important matter of *the state of the globe as regards tension*. He may suppose that the increased tension may depend simply on the degree of fulness of vessels, or on the amount of effused fluids within the eye. No mistake could be greater. It cannot be too strongly impressed on all who may have to discriminate between glaucomatous and other diseases, that the depth of redness of the eye, or the presence of more or less of effused blood, or serum, or lymph, or pus within it, has no connexion whatever with the question of tension, since all or any of these may be present in a high degree without any glaucomatous disease, any increase of tension, and therefore without the indication such tension gives for its relief by iridectomy.

In various congestive or inflammatory states, whether of cornea, sclerotica, choroid, iris, or retina, or of some or all of these, the disease may be of more or less intensity, may run its course more or less rapidly, and may do permanent damage to the structures involved, without our detecting any augmented tension of the coats at any period. Intraocular hæmorrhages, as a rule, even when considerable, are not attended by a higher tension; often, indeed, by a diminished size of the globe-contents, and an unnatural softness of the eye. Subretinal effusions of blood or serum are, in the great majority of cases, unmarked by any increase of tension.

On the other hand, exalted (or glaucomatous) tension may occur, intermittently or persistently, in eyes which afford no indication whatever of inflammation, where there has never been any pain or vascular excitement, and where there is still an absence of inflammatory effusions. Such augmented tension, though slight in degree, may effect by long continuance, and without any intercurrent inflammatory complication, what a pressure more intense will effect in a much shorter time, especially if, as then usually occurs, it becomes complicated with subacute or acute inflammatory action.

I must add, however, to avoid the risk of misconception, that various affections of the eyes, not glaucomatous in their origin, may present in their

course glaucomatous complications—i. e., become combined with an augmented tension of the eye, and with the secondary results of pressure; and hence that it is of the highest importance, in practice, to distinguish accurately whether, and when, such complication has arisen, since, under several contingencies, it may need the application of iridectomy.

Thus the idea of inflammation must be dissociated from that of glaucoma and glaucomatous tension. Though often combined, and the combination then of the greatest importance, yet their coexistence is not essential to the presence of either; and, as a matter of fact, they occur independently of each other every day.\*

It is now my constant practice, when defective vision is complained of, to ascertain almost at the first instant the state of tension of the eye. To do so strikes at once home to the diagnosis. If undue tension exist, there are also its great and peculiar risks; and the question of its relief by a surgical proceeding at once arises in the mind. Though it does not necessarily follow that this must be performed, the scope of inquiry is greatly narrowed. The use of the ophthalmoscope probably soon decides in a positive manner the cause of the blindness, and the details of the case are speedily filled in.

It is easy enough to estimate the tension of an eye, though there is a right and a wrong way of doing even so simple a thing. I may, therefore, explain that *both forefingers* should be used together through the upper lid, which is to be gently closed. One finger steadies the eye by pressing against it with a suitable degree of force, while the other estimates the tension; or rather both together estimate it, when thus used in concert. I tell the patient to *close the eyes gently, as if asleep*; and the fingers are then applied to the upper part of the globe, behind the corneal region. If the patient *forcibly* compress the lids, the mere action of his muscles may cause a momentary tension of the eyeball as well as interrupt the examination. If the eyeballs are deep-set or small, the determination of the tension is less easy. With medical men, the touch is already an educated sense, and a very little practice will suffice to apply it successfully to the eye.

I have long paid special attention to the subject of tension of the globe,† and particularly since it has assumed so much additional importance in the last few years. I have found it possible and practically useful to distinguish nine degrees of tension; and, for convenience and accuracy in note-taking, have designated them by special signs. The degrees may be thus exhibited.‡

T represents *tension* ("t" being commonly used for "tangent", the capital T is to be preferred). Tn. *tension normal*. The interrogative, ?, marks a *doubt*, which in such matters we must often be content with. The numerals following the letter T, on the same line, indicate the *degree of increased tension*; or, if the T be preceded by —, of *diminished tension*, as further explained below. Thus:

\* Professor Donders holds the same view. (Vide Haffmans *Bijdrage tot de leer van 't Glaucoma*. Utrecht, 1861. See also Galenzowski. *Annales d'Oculistique*, vol. xlvii, p. 252.)

† See my Lectures on the Parts concerned in the Operations of the Eye, etc., delivered at Moorfields in 1847.

‡ Since this paper was read, I have simplified the signs, with the concurrence of my friend Professor Donders, in order to adapt them for general use. The simplified form has been substituted above.



T 3. *Third degree, or extreme tension.* The fingers cannot dimple the eye by firm pressure.

T 2. *Second degree, or considerable tension.* The finger can slightly impress the coats.

T 1. *First degree.* Slight but positive increase of tension.

T 1 ? Doubtful if tension increased.

Tn. Tension normal.

— T 1 ? Doubtful if tension be less than natural.

— T 1. First degree of reduced tension. Slight but positive reduction of tension.

— T 2 } Successive degrees of reduced tension,  
— T 3 } short of such considerable softness of the eye as allows the finger to sink in the coats. It is less easy to define these by words.\*

In the very limited time allotted to me, I cannot pretend to do more than glance in the most summary way at what most interests us as practitioners. The cases of glaucomatous disease in which it is most difficult to appreciate the applicability of iridectomy are those of *very chronic and insidious course* (the chronic glaucoma, and the amaurosis with excavation of the optic nerve, of Von Graefe; the simple glaucoma of Donders), where the increase of globe-tension either is slight, variable, and more or less intermittent; or, if it at length comes to be considerable in degree, does so by such gradual steps that the tissues of the eye slowly accommodate themselves to the results of the pressure, and the optic nerve passes through its atrophic changes without any excitement of the vessels, without pain, without any active symptom whatever. If the eye continues sound, the patient may thus lose most of the sensibility to light in the other retina without being aware of it (of course, a similar loss may occur from other causes than glaucomatous tension); and he may often first make the discovery when the better eye begins to fail. More often, however, both eyes fail together, with equal or unequal steps. The slowness of the progress towards blindness, the absence of any urgent symptom, the fact that vision in the centre of the field frequently remains good to a late period, while the marginal portions of the retina are more and more decaying, often the age and feebleness of the patient, his despondency, and the protracted anxiety of friends, may disincline us from advising an operation, especially if the other eye still sees perfectly. The question of an operation, indeed, often is not raised until the retinal and other tissues have already undergone much change, and when, therefore, less recovery of structure can be expected to follow the relief of tension.

The result obtained is frequently only the retention of what little vision may yet remain; and the patient may still appear, and in fact feel, very like a blind person. During the last five years, I have had the responsibility of advising in very many such cases. In the more advanced stages, I have not

felt able to urge the operation strongly; and yet I have recommended it as the only means of saving the little sight remaining. Where there is more sight left to be preserved, the operation is to be more insisted on; but, unfortunately, the patients, not being so blind, are often less disposed to submit to it. The progress of structural changes in the eye, marked by narrowing of the visual field, should induce us to urge iridectomy; and the earlier we perform it, the better chance there will be of deriving improvement; for we cannot recall the activity of nerve-fibres that have undergone complete atrophy.

The *subacute form of glaucoma*—glaucoma with subacute inflammation (Donders)—is one in which iridectomy is *to be urged* without unnecessary delay. Its results have been most encouraging; and a large number of cases, in which all glaucomatous symptoms have permanently subsided after its performance, amply attest its value. Did time permit, I could relate numerous instances of persons thus affected, who, I have no doubt whatever, would long since have been totally blind, but for the timely aid thus afforded them. Here relief to circumocular pains, and an extension of the contracted visual field, may be anticipated; while the retina also becomes more acutely sensible in parts in which the perceptions were previously dull. This amelioration may continue to advance for many weeks, even for months or years, subsequent to the operation. It will be great in proportion to the earliness of the period at which the operation is resorted to.

But in the *acute form of glaucomatous ophthalmitis*—acute glaucoma (Von Graefe), glaucoma with acute inflammation of the globe (Donders)—iridectomy should be performed *without the slightest hesitation or the smallest delay*. Here every hour is precious, the urgency being measured by the intensity of the inflammation. The loss of sight results partly from the presence of inflammatory products in the substance of, and in front of, the retina; but also from the altered circulation in the nervous structure, and the intense pressure to which it is subjected. The operation relieves from both. The inflammatory state is allowed to subside; and the products of inflammation then undergo gradual, often very rapid, absorption. In addition, the eye is left without that exalted glaucomatous tension which probably preceded the outburst of the acute attack, and formed from the first the essence of the disease. If in any case this acute form of ophthalmitis is absolutely abrupt in its onset, unpreceded by premonitory symptoms (which I doubt), I am still disposed to distinguish it from all the ordinary forms of inflammation, even though equally acute; and to connect it with that state of the nerves and blood-vessels which induces the non-inflammatory form of glaucomatous tension.

It is in the more acute cases of glaucomatous inflammation that punctures of the coats or chambers of the eye had been found beneficial before the introduction of the practice of Von Graefe. Such punctures, no doubt, may relieve tension to a certain extent, and for a certain time. They may give ease, and may cause the more intense symptoms to abate. Even without a puncture, the *acute inflammation* may subside, after running a certain course, and destroying sight. But it is most important to notice that, though a puncture may ward off for a time the destructive violence of the inflammation, a

\* In common practice, some of these may be regarded as refinements; but, in accurate note taking, where the nature and course of various diseases of the globe are under investigation, I have found them highly serviceable, and they have as much precision as perhaps attainable or desirable.

It is also to be borne in mind, that the normal tension has a certain range or variety in persons of different age, build, or temperament; and, according to varying temporary states of system, as regards emptiness or repletion. Experience will make every one aware of these varieties, which do not encroach on the above abnormal modes of tension. Medical men may understand how important it is as matter of the degree of tension by considering how priceless would be the power of accurately estimating it by touch in the case of various head affections.



subacute excitement is likely to continue, relapses to occur, or, at any rate, the glaucomatous hardness of the globe to persist, under which eventual loss of sight is inevitable. It is not wise, therefore, to rely on this expedient.

As long as any perception of light remains in cases of acute glaucoma, I would earnestly counsel an immediate recourse to iridectomy. No abatement of the more pressing symptoms from bleeding or any other remedy, no improvement of sight, *while tension continues*, is to be for a moment allowed to weigh against it. And even though all sensibility of the retina have apparently lapsed, I should not quite abandon the hope of rescuing some sight, provided the course had been very rapid, and the total extinction of sight very recent. At all events, an iridectomy would not be even then too late to hasten recovery from the inflammatory symptoms, and to avert the after consequences of a hard and painful, as well as sightless, globe.

So many cases have been published of good recovery by iridectomy, from the otherwise fatal consequences of acute glaucoma, that I need not adduce others, even did time permit. One of the most interesting I have had is that of the coroner for a borough in Suffolk, a lawyer of middle age, who some two years ago, had acute glaucoma successively in the two eyes in the course of a few months. For each he came to consult me; for the first, after about four days; for the second, within the second day, each eye being at the time all but blind. I instantly, in each case, performed iridectomy, and pursued no other treatment. The relief was immediate. The first eye regained an extended, though not a complete field, of vision, the nasal side remaining blind, while with the axis of the retina he could read No. 4 of Jaeger (a small type). The second eye recovered perfect sight, and the amendment in both eyes continues, so that he has ever since uninterruptedly pursued all the duties of a very active professional life, and calls sometimes to express his gratitude—a gratitude I feel to be rather due, like that, I rejoice to say, of many hundred other sufferers in various countries, to Von Graefe.

The importance of the subject must be my apology, if I now point out some of the common fallacies by which precious time is lost.

1. If the disease be more or less acute, *i. e.*, complicated with more or less inflammation, it is often treated by topical remedies, as hot or cold applications, leeches, blisters, sedatives, or by purges, mercury, colchicum, opium, with low diet. The sympathetic vomiting ushering in the most acute form is mistaken for a “bilious attack,” and the essence of the disease quite overlooked.

2. If it presents itself under one or other of its slower varieties, the particular cause is unrecognised, and the patient may be told, and the surgeon believe, that it is only “stomach,” or “a little gout”—formulae of speech which, however convenient, seem to me to have a good deal to answer for, even now-a-days. If it be true, as I know it to be, that no remedies given on any such loose notions can exert any salutary influence on the disease, even if the stomach be in fault, which is common, or the patient be really gouty, which is more rare, while the eye is gradually losing sight through a distension, which only a surgical proceeding can reduce, the sooner a more correct knowledge of the actual

condition of the eye is obtained, the better for both parties.

3. Patients themselves are often alarmed by the idea of any operation, or they are afraid to take chloroform, or being feeble or old, or desponding, an operation is thought to be “not worth while”; they have a dread lest it should injure the other eye from sympathy. Thus, taking counsel of their fear especially in chronic cases, where no immediate urgency exists and they suffer little pain, what they regard as the evil day, but what is really the day of relief, is put off, often till it is too late. I have seen this so repeatedly that I must allude to it, even at the risk of appearing tedious.

I shall not easily forget the case of a feeble dyspeptic clergyman from Derbyshire, who called on me a fortnight since so altered that I hardly recognised him. Two years ago, he was in a deplorable state of despondency from blindness, far advanced from chronic glaucoma; and I had the greatest difficulty in inducing him to submit to iridectomy. He is now able to do his full duty, and is happy and cheerful.

I have alluded, in very general terms, to three principal forms of glaucomatous disease—the slow non-inflammatory, the subacute, and acute inflammatory forms. These offer infinite varieties, and are met with in various combinations, which it would be impossible to advert to in detail on the present occasion. But some of them may be specified.

There is an intermittent form, with perfect remissions; and if the attacks are rare, and moderate in degree and duration, they may do no structural damage to the eye during many years. Being excited by temporary causes, they may, in some measure, be guarded against; and it is only if they become frequent, and a continual source of disquietude and danger, that iridectomy becomes applicable. That most interesting phenomenon of iridisations, or rainbow-colours around a candle or light object, is very apt to occur in this form, as well as in the subacute variety. In simple glaucoma, it is uncommon.

There is a hæmorrhagic form, one which I regard as of great and exceptional importance, and which is fortunately rare, since iridectomy is less certain able to control it, or to save sight. Glaucomatous inflammation may supervene upon a hæmorrhagic condition of the retina, with distressing pain, augmenting tension and decay of sight, and a relapse may occur again and again, after repeated relief. Following repeated iridectomy, the event being sometimes complete blindness, though some such eyes have been partially rescued. I could relate several interesting cases of this hæmorrhagic form. Glaucomatous tension may also attend certain cases of iritis, whether that form formerly styled *aquo-capsulitis*, or recurrent attacks with *synechia*, and *choroidal affection*. In many of these I have found iridectomy of the utmost service; but I can only refer to them now.

There are also the complications of glaucomatous disease with cataract; glaucomatous tension coming on in the earlier or later stages of cataract.

An accurate diagnosis is most important here, and the glaucoma has first to be dealt with by iridectomy, and the cataract reserved for a future operation, after the glaucomatous tension shall have long ceased. The glaucomatous element will not adm



delay ; the cataract will wait, indeed must ; for attempt to extract a cataract from an eye when in a glaucomatous state would entail great risk of destruction of sight from intraocular hæmorrhage. But I have, in several instances, dealt in succession with the two several diseases with most satisfactory results. Nevertheless, the complication is a very rare one, and the treatment tedious.

For the supposed dependence of glaucoma on various blood-affections, experience affords slight warranty ; albuminuria, diabetes, are rare with it ; gout and rheumatism far from common. It often occurs in persons of excellent constitution, though most frequent in those whose nervous powers are depressed. Its whole history points rather to its origin in certain states of the nerves supplying the blood-vessels of the eye ; but the question is too abstract in one to be now entered upon.

I must now forego all reference to the operative procedure itself for want of time ; or I might offer some hints supplied by an extended trial of several methods. I by no means wish it to be imagined to be always simple and free from risks ; but these may be avoided by care, and are only what every such remedy is exposed to.

It may be expected of me, however, not to pass over altogether in silence Mr. Hancock's operation, called by him division of the ciliary muscle ; and applied, as he informs us in the *Lancet* of last week, with most success in keratitis, sloughing of the cornea, staphyloma, dense opacity of the cornea (in some cases of several years duration) and in conical cornea ; also, in certain forms of amaurosis, in acute and chronic glaucoma, and in posterior staphyloma and myopia"—a list comprising diseases so widely different from one another, as to suggest a doubt whether a common principle can govern their treatment by the same surgical proceeding.

The incision through the coats of the eye, thus styled division of the ciliary muscle, involves, I believe, the sclerotic coat, a very small portion of the whole ciliary muscle, the ciliary body of the choroid, with the vitreous humour. In many instances, it appears to have evacuated the aqueous humour, while the vitreous humour must always either escape at the moment, or have liberty to drain away for some time afterwards. If it be of the essence of the operation to divide the inner or circular fibres of the ciliary muscle (Heinrich Müller's), then a consideration of the anatomy of the parts would show, I think, that the aqueous chambers are likely to be opened. If the humours of the eye escape, tension is, of course, relieved, and if much vitreous humour be lost, it is conceivable that even permanent reduction of tension may result. Experience only can determine whether such an operation may suit certain forms of disease ; the proceeding may possibly have advantages in certain cases, although the hypothesis on which it is grounded prove untenable. Meanwhile, it seems desirable that the cases in which it is said to have effected so much, and on the strength of which the profession is urged to adopt it, should be published in greater detail, and with that regard to scientific accuracy which recent advances in knowledge demand. Particularly is this to be wished for, when we are asked to abandon in favour of this incision in glaucoma, the operation of iridectomy, the admirable results of which have now been tested by a wide experience, and guaranteed by many

men fully capable of arriving at a sound conclusion.

[The following is added in accordance with a wish expressed by the meeting at which the above paper was read.]

*Note on the Operation of Iridectomy for Glaucoma.*

The operation is best done when the patient lies on a sofa on his back, with the surgeon standing at his head. I prefer to use chloroform, though I have often operated without it. It should be given so as to render the patient completely passive ; for the great delicacy of the operation requires perfect quietude of the eye, lest the steps should not be severally completed in the most perfect way. My own opinion undoubtedly is that there is hardly any person to whom chloroform may not be safely administered ; though, it is true, some subjects demand more care in its exhibition than others. The sickness may usually be avoided by taking care that no food be in the stomach at the time ; and if it occur during the operation, the steps must be simply delayed while it lasts, not varied in any way. If the sickness is very straining, so as to distend the vessels of the head and face, I usually close the eye, and gently compress it by the fingers on the lid, during the efforts at vomiting. I have not seen any harm happen from such vomiting, when the incision has been properly made ; not too extensive, and not too far back from the corneal margin.

I always keep open the lids by the wire speculum, which an assistant holds a little forwards if it tends to exert pressure on the globe. It is well for the surgeon to be able to use the right or left hand indifferently in making the incision, as he can then select the most convenient spot. I have always preferred to make the iridectomy nearly or quite upwards ; because I believe this direction to be as good as a lateral one in reference to the visual field, and the upper lid then covers the gap in a way useful both optically and for appearance sake. It is, however, rather more easy, on the whole, to make the iridectomy to one side than upwards.

I make the incision in one of two methods, according to the size of the anterior chamber. When there is space enough, it is best to use the triangular lancet-shaped blade, inclined at an angle on the flat, and which I believe is used generally abroad, as well as by Von Graefe. Having selected a place for the incision, I seize the conjunctiva with proper forceps immediately opposite, and thus fix the globe without making any pressure upon it, or pulling it from its bed. The lancet is then thrust in so as to enter the anterior chamber at its rim immediately in front of the attached border of the iris, and is carefully advanced towards the opposite side so as to form an opening of the required size ; and if the opening cannot thus be made as large as is desired, it is enlarged at one angle on withdrawing the blade. When, however, the chamber is shallow, I prefer what I at first always used ; namely, a narrow extraction knife, running its point along the rim of the chamber for the requisite extent, and making the counter-puncture much as in ordinary extraction. Thus the instrument avoids the pupillary region and the lens. The operation is more difficult where the chamber is shallow. Whichever instrument be employed, it enters a little behind the apparent junction of the sclerotica and cornea, in



the sclerotica, and in entering the rim of the anterior chamber, it usually passes across that junction and through a very little of the corneal tissue just in front of the pillars of the iris.

As the instrument used in making the incision is withdrawn, the aqueous escapes; and it is well to let it do so gradually, and to keep the point of the instrument towards the cornea rather than towards the lens. The iris may now be found either to remain in the chamber or to prolapse. If the former, the small \* slightly curved iris forceps are to be introduced (closed) into the chamber, and made to seize the iris opposite the middle of the incision, about midway between its pupillary and outer border. The iris is then brought outside the chamber and divided with small scissors, on one side of the forceps, from the pupillary to the ciliary border, the forceps pulling it gently at the same time, so as to ensure this complete division of it. The end held by the forceps is then torn from the ciliary attachment as far as the angle of the incision, and even dragged upon a little, so as to detach it beyond the angle, and then divided with the scissors quite close to the angle. The cut end then retreats within the chamber. The opposite side of the prolapsed part is then seized and dealt with exactly in the same manner. No iris should be left in the angle of the incision, lest the healing process be imperfect, and subsequent irritation occur.

If the iris at once prolapse on the completion of the incision (it is often bulged by aqueous humour of the posterior chamber), the forceps need not be introduced within the incision, but may seize it outside. The less any instrument enters the anterior chamber the better, for fear of damage to the lens.

If any blood flow into the anterior chamber during the operation, it is as well to allow it to escape before it coagulates. This is best done by inserting a fine scoop within the lips of the incision (not into the chamber), and at the same time by making, if requisite, slight pressure on the eye by the forceps which holds it. The cornea should not be pressed on, lest the lens receive injury; and, rather than run the slightest risk, the blood may be allowed to remain, as it is very soon dissolved by the aqueous humour, and flows out or is absorbed.

The operation just described ensures the excision of a complete segment of the iris, from pupillary to ciliary margin, of a width determined by the size of the incision, and which may be usually about a sixth or a seventh of the whole circle.

After the operation, little is usually required beyond seclusion of the eye from light while it remains sensitive, keeping it cool by a wet rag as long as may be agreeable to the patient, together with ordinary attention to the general functions.

In all but a few cases, the globe-tension remains permanently lessened afterwards. In some, it returns more or less during a few days, but again subsides as the wound fully heals. In some, where it has long existed, or been extreme, it is not entirely relieved, but only much lessened; and here an additional iridectomy may or may not be required, according to the indications afforded by the state of vision. If this seems to be recovering, no further interference will be necessary; and, indeed, if the

iridectomy have been properly performed in the first instance, it will very rarely have to be repeated. In at least three instances, I have known such a supplementary operation completely efficacious in reducing tension to the natural standard, when, from one cause or another, the effect of the original iridectomy had proved insufficient.

## Illustrations

OF

## HOSPITAL PRACTICE

METROPOLITAN AND PROVINCIAL.

WESTMINSTER HOSPITAL.

ANIMAL POISONING: FARCY?.

Under the care of W. R. BASHAM, M.D.

[Reported by MR. A. W. EDIS, House-Physician.]

CASES of glanders or acute farcy are by no means of frequent occurrence in the London hospitals; and, when they occur, the diagnosis is generally pretty clear, both from the strongly marked symptoms and the history of attendance upon a glandered horse. In the following case, however, all history of infection was entirely wanting, although the patient's occupation, that of a cabman of necessity brought him within reach of it. It is generally supposed that a foetid discharge from the nose is an invariable symptom of the disorder; but in this case no discharge whatever was present at the time of his death, one week after admission. The symptoms throughout were those of a blood-poison; and the pustules which made their appearance in the later stages justified the conclusion that the poison was of an animal nature. There can be little doubt that, had the patient survived sufficiently long, the characteristic ulcerations of, and discharge from, the nose, would have made their appearance.

Thos. R., aged 25, a cabman, single, was admitted September 15th, 1862. On admission, the patient complained of severe frontal headache, lassitude and pains in the limbs, want of sleep, loss of appetite, thirst, etc.

No history of any distinct rigor or sudden accession of symptoms could be obtained, though he stated he had been ailing for the last ten days. He presented all the appearances of an attack of typhus fever; the tongue being brown, dry, and coated; but there was no rash whatever apparent. The pulse was quiet, and of fair power, 96. Some aperient medicine and fever mixture were prescribed, with beef-tea. For the next two days he continued much in the same state, getting no sleep at night, very thirsty, and perspiring profusely during sleep. The bowels were open; the urine was free. Pulse gradually increasing in frequency. The tongue was becoming dry and glazed, and the lips covered with sordes. Difficulty in articulating was experienced, though the senses were unimpaired. Headache was still present.

On the evening of the 17th, an opiate draught was prescribed, which procured him a few hours' sleep; but, early in the following morning, violent sickness commenced, the matter ejected being green bilious fluid. The bowels were opened five or six times during the twenty-four hours. The thirst continued unabated. Pulse 124. Some effervescing mixture with hydrocyanic acid was given, which allayed the sickness; and he was ordered some wine and strong beef-tea.

Sept. 20th. Half-drachm doses of dilute hydrochloric acid were given every four hours; and the surface of the body was sponged with warm water.

Sept. 21st. The pulse had risen to 144. The tongue and mouth generally continued dry and glazed; and it was

\* The points of the forceps, when closed, should form a perfectly smooth end, so as not to scratch the lens, or catch in the iris, on sliding over it.



with difficulty that he could make his wants known, even when the mouth was moistened. At this time numerous pimples made their appearance on the forehead and face, very similar to small abscesses, being distinctly pustular from the commencement. Those on the chin and side of the face were as large as a hazel-nut, and discharged a thin ichorous secretion, which irritated the surrounding skin. Pustules began to appear over the chest, arms, legs, and body generally. The wine was increased to eight ounces; and beef-tea, arrowroot, and milk were given as usual.

Sept. 22nd. The patient was quite sensible, but could not articulate. The crop of pustules had increased considerably; those on the face and upper part of the chest still continuing to pour forth an ichorous discharge. The pulse had risen to 156. Respiration was hurried as well as laboured, 60 per minute. Chloric ether, bark and acid, with six ounces of brandy in addition to the wine, were ordered; but the patient gradually sank exhausted, and died at 8 P.M., remaining conscious almost to the last.

On the 19th, he was seen by Dr. Fincham, who was acting for Dr. Basham in his absence; and he remarked that the symptoms present were very similar to those of glanders, with the exception that there was no discharge of any kind from the nose.

No history of the patient having been exposed to the contagion of glanders could be obtained. He had attended to his own horse, and had been in the habit of drinking a good deal.

No *post mortem* examination was made.

#### TAUNTON AND SOMERSET HOSPITAL.

CASE OF LOOSE CARTILAGE OF LARGE SIZE SUCCESSFULLY REMOVED FROM THE KNEE-JOINT BY THE SUBCUTANEOUS METHOD.

Under the care of H. J. ALFORD, M.B.Lond., Surgeon to the Hospital.

[Reported by Mr. F. W. GIBSON, House Surgeon.]

JOSEPH Q., aged 43, admitted on June 14th, 1862, gave the following history of his disease:—Four or five years from the present time, his right knee, without any exciting cause, became weak, and “gave way under him”; it moreover swelled to such an extent that he was obliged to take to his bed, and the joint did not resume its normal state until after four or five weeks rest. Two years subsequently to this attack he noticed a “knob, like a bone” on the inner side of the articulation, which could be moved about to all parts of the joint, and which from time to time slipped under the knee-cap. When this accident occurred he could not stand or walk until he had pushed it from that position. About twelve weeks before his admission, the joint, which had previously been quite unaffected, became, owing, according to the patient's accounts, to a sudden wrench, again swollen and painful. Nevertheless, he continued to walk on it, and did not abandon his occupation, that of a tanner, until fourteen days before his admission into the hospital, when his state was as follows:—

The right knee was somewhat, although slightly, larger than the left, owing to a small amount of intra-articular effusion. Motion caused pain in the joint, which, when at rest, was painless. On the inner side was felt a hard body, oval in form, and apparently an inch and a half long by half an inch wide, freely moveable, so that it could be pushed to any part of the articulation.

OPERATION. The rest of a few days having allowed the effusion to be absorbed, the patient was put under the influence of chloroform, and Mr. Alford proceeded to operate. He first introduced the point of a long tenotomy knife on the outer side of the thigh, between three and four inches above the patella; and, the car-

tilage being fixed in the upper and outer aspect of the joint, he passed the knife, subcutaneously, downwards, and opened the articular capsule freely. Having then withdrawn the knife from the articulation, he, by a few sweeps of the blade of the knife, made a bed for the cartilage in the subcutaneous cellular tissue, into which it was easily pushed. Strapping and a figure of 8 bandage retained it in position about three inches above the patella; and the joint was kept at rest by means of a straight splint applied at the posterior aspect of the thigh and leg.

No untoward symptom whatever followed the operation; and on the sixth day after it, Mr. Alford removed the cartilage by a single incision. The cartilage itself was hard, tuberculated, and of a tawny, yellow colour. Its weight was 160 grains; its length one inch and three quarters; its width one inch and a quarter; and its thickness two-thirds of an inch. On a section being placed under the microscope, it presented the characteristic appearance of ossifying and ossified cartilage.

The limb was again placed on the back splint, the wound closed by three sutures and strapping, and it rapidly healed by first intention. The man had not throughout a single untoward symptom, and was discharged a few days after the second operation perfectly cured, wearing, however, a knee-cap, more as a matter of precaution than of necessity.

## Original Communications.

### INTERNAL SQUINT; VARIETIES; TREATMENT.

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, F.R.C.S., Surgeon to the Hospital, and to St. Mary's, Paddington.

THERE is no deformity arising out of muscular contraction that is so amenable to surgical treatment as squint, nor one that can be so completely removed. Nor is there any which so uniformly demands the application of practical surgery, that is the division of the contracted muscle. I question whether an internal squint which is attended with any degree of impaired vision, whether as a cause or as an effect, not being produced by paralysis of the external rectus, is ever removed by any other means. I have neither seen an example of such, nor met with an authentic record. The exception must, therefore, be very rare. Even without any defect in sight, after the affection has existed for a few months, recovery is an exceedingly uncommon occurrence.

But the surgical treatment should not be undertaken at random, as failure and disappointment must ensue. Some cases are irremediable, or admit but of partial benefit. Sometimes it is not very easy to say which is the defective eye; or whether the one only is affected, or the two involved; and, arising out of this, whether the one eye or both should be treated. All this, and many other matters strictly practical and necessary to be known before an operator can get the highest attainable success, I shall try to tell you easily and concisely, by classing the squints as suggested by Mr. Houlhouse, and making remarks as I proceed. But I beg you to bear in mind that there must ever be much that is arbitrary in artificial tabling of disease; because, of necessity, only the more marked examples are taken, the gradations can hardly be recognised, and exceptional instances can find no place.

I shall give five varieties. The first is the fixed squint of one eye. There are degrees of this fixedness; that is, more or less power of straightening the eye under



strong volition: but there may be total absence of lateral movements. The inversion is often excessive. This is essentially produced by paralysis, entirely or partially, of the external rectus, and may, therefore, be called paralytic squint. It is, of course, the most unfavourable for surgical treatment; but it is not always wholly irremediable; there may be degrees of improvement after the internal rectus is divided, in proportion to the power that may yet remain in the external muscle.

In the second, there is also single squint; the one eye is ordinarily inverted, but there is ability to bring it parallel with its fellow, and often to evert it. This is the rarest form of all. Like the first, there can be no doubt about the affected eye, and resembling it also, only the single operation is needed. The distortion may be only occasional; hence it is often called periodic squint. It has occurred to me to be disappointed so often in the result of an operation, that I suspect the influence of some peculiarity which I have not been able to detect.

In the third, the squint is readily detected as ordinarily settled in the one eye; but when, from strong will or any other circumstances, the eye is straightened, then the other turns in. But when the squint is slight, and there is little loss of antagonism among the orbital muscles, it may be difficult to say which is the squinting eye. As a rule, the state of vision will assist in the diagnosis; for almost always defective sight is associated with the squint. But this test is still more sure.

I place the patient in front of me, at the distance of four or five yards, or further; tell him to cover one eye, say the left, to look at me with the other, and to keep his head straight. The right eye will then be in the centre of the orbit. I direct him to uncover the left. Now, if the right, which has been open, be normal, it will keep its central position, while the left is turned inwards; but if it be deformed, it will turn in, while the left will become straight. The experiment should be reversed. In the case of a child, I place an adult behind, and make him cover and uncover the eyes as required.

Where there is any doubt, the patient's attention should be directed from a fixed gaze, and volition interrupted, by causing him to wink a few times. He should also be made to close the eyes for a few seconds, then to open them, and quickly to look at an object. Cases are met with in which the greatest nicety is required to detect the faulty eye. Some are even scarcely embraced in the test.

Now, although one eye only may be implicated, there is a great tendency, as years pass on, for the other to be involved, and for one squint, as it were, to produce a second. How this seems to come about, I think I have explained in the second edition of my work on the *Surgical Diseases of the Eye*.

So it is, then, in this variety, that although at the commencement one eye only is affected, ultimately both may be implicated. I often point to this circumstance as one of the strong reasons for an early operation, when one eye only need be treated; for when the two squint, the double operation is requisite.

Next to the ineffectual division of the contracted muscles, nothing has so tended to bring the surgical treatment of squint into contempt, as not operating on the second eye when it needed it; and not to do so is indeed failure on the part of the surgeon. Certainly, the operator is often deterred from finishing his work, because he thinks the deformity is slight, that it may get better of itself—a great delusion; or because he has not courage to demand that it shall be done against the objections of the patient, or his ignorant friends. Except parallelism be restored in the first instance, the second eye should always be operated on.

Now, it is not always possible to say till the one eye is done, whether the second squints. I assure you

that, after many years of practical acquaintance with the subject, and many hundred operations, I cannot be certain. When it has seemed that two operations would be necessary, one has sufficed; but still more commonly, when it appeared that one only was needed, two have been imperative. It is, therefore, well not to commit oneself in any unnecessary communication or discussion on the subject. I undertake to set the eyes straight; but this only, if full sanction be given me to act as may seem necessary.

I do not think, therefore, that the two eyes should ever be done as a matter of course. Putting aside the argument against an unnecessary operation, I am sure that eversion is often caused by operating on the second eye, when there is no permanent contraction of its internal rectus; and more certainly when, with this immunity, there is any very marked defect in the vision of the squinting eye. Such caution necessarily requires, when chloroform is given, that the patient should sufficiently recover to be able to use the eyes, so that they may be examined. All the necessary information may be got even before consciousness is completely restored. A single glance of the eyes, as they roll from side to side, is enough for one accustomed to the examination. No certain information can be obtained, so long as the patient is in the anæsthetic sleep. I have been often deceived. My conclusion then is, that one operation may suffice where both eyes have appeared to be implicated, and that the double operation is not always requisite; that, therefore, there should be a selection, and the more implicated eye first attended to, and the effect ascertained before the other is touched.

The fourth kind is that in which the squint seems to pass from the one eye to the other, alternating so readily, so that either might for the time be regarded as the one only affected. This is undoubtedly the most common of all, and is nearly always double squint, and therefore requires the double operation. With much care, it may generally be perceived that the eyes are not quite equally deformed. For the most part, there is very little, or no deformity in vision, the exception being very rare. Although I am convinced that this is not very uncommonly but an advanced stage of the third, or the last named variety, I am equally sure that it is more frequently an original condition. When there is no disparity in vision, nor in the muscular movements of the eyes, the two may be operated on at once. When there is any marked difference in the latter, I do the worst first, and look to the effect.

In the fifth and last, both eyes are always more or less inverted, although the one is generally the more turned in, but not always the same eye: so that there is even here a tendency, although a very limited one, to alternation. It is seldom either can be fully everted; and any degree of eversion is attended by remarkable inversion of the other. This is, for the most part, the squint of the adult and the aged. It is merely a more advanced stage of the ordinary double squint of early life, treated of in the last division; and sometimes too of the third variety. Next to the paralytic squint, it is the least amenable to treatment.

The deviations from the horizontal position, in an upward or downward direction, occasionally existing in internal squint, require no more notice, besides mentioning the fact, and adding that they cannot be considered a complication, since they do not, according to my frequent and special observation, at all sensibly affect the result of an operation.

I am almost always asked, when a squinting child is brought to me, if the operation had not better be delayed till about the fourteenth year. The profession put the inquiry as well as the public. This is my answer. When I am satisfied that a squint has settled into a permanent deformity, there not being apparent any symptoms of the disease to which it seemed due, or which at



least accompanied it; when general treatment has proved unavailing; when, on first seeing my patient, I learn that the squint has existed for years, or even many months, unless it is congenital, I advise an immediate operation.

There are many disadvantages in delay. Vision gets worse when its impairment is due to the squint; the contracted muscle undergoes pathological changes; and we have evidence, too, of its antagonist becoming abnormal; the other recti, in all probability, acquiring a different sphere of action. During the years of growth, the distorted position favours the irregular development of all the displaced parts, so that success must be imperfect in proportion to the postponement. These are the reasons why the treatment in manhood is so very seldom beneficial.

[To be continued.]

## Transactions of Branches.

### EAST YORK AND NORTH LINCOLN BRANCH.

DISLOCATION OF THE FEMUR INTO THE SCIATIC NOTCH:  
FURTHER DISLOCATION INTO THE OBTURATOR FORAMEN  
DURING ATTEMPTS AT REDUCTION: EVENTUAL  
REDUCTION BY MANIPULATION.

By R. M. CRAVEN, Esq., Hull.

[Read September 24th, 1862.]

J. S., aged 38, was admitted into the hospital, under my care, July 17th, 1859. A large mass of wooden palings had fallen upon him, burying him beneath them. On examination, the nature of the injury was found to be dislocation of the femur into the sciatic notch.

He was put under chloroform; and while attempts at reduction were made with jack towels, etc., the head of the bone slipped into the obturator foramen; the limb, from being shortened, now being considerably elongated and a little everted. By means of manipulation, flexing the thigh on the pelvis, and drawing it across the opposite one, the head readily passed into its proper cavity; and the appearance of both sides was now similar. He left the hospital on the 23rd.

PERFORATION OF ILEUM, WITH EFFUSION OF INTESTINAL  
CONTENTS INTO ABDOMINAL CAVITY:  
PERITONITIS: DEATH.

By R. M. CRAVEN, Esq., Hull.

[Read September 24th, 1862.]

On December 29th, 1859, I was requested to go immediately to a village a few miles from Hull, to see J. C., aged 57, who was stated to be very ill and in great pain. On my arrival, he told me that at 6 A.M., while in the act of having intercourse with his wife, he was seized with violent pain in the abdomen. I found him in great distress, and rolling about with agony, great tenderness of the abdomen, and a very anxious countenance. He was not in a state of collapse. I prescribed the remedies most likely to relieve, such as opiates, etc.

The next morning, a messenger came in a great hurry, stating he was much worse. When I arrived, I found him dead—twenty-eight hours after the sudden pain. I had not seen anything of him since the previous June, when he suffered from symptoms of colic and general derangement of the system; from which, however, he apparently recovered.

I made a *post mortem* examination twenty-four hours after his death. The abdominal cavity contained a quantity of fecal fluid. There had been intense periton-

itis; the surface of the intestines, which were adherent by recent lymph, and the lining of the abdominal walls, being of a brilliant scarlet hue. This appearance was most marked towards the right side. About the middle of the ileum was a perforation a quarter of an inch in diameter, nearly circular, and looking as if a portion had been punched out. It had evidently been an ulcer, the result of previous disease, which had perhaps healed; or the intestine had become adherent to another part at that situation, and the exertion of coition had severed the adhesion.

## Introductory Lectures.

### KING'S COLLEGE.

At this institution, the business of the session was opened by Professor FERGUSSON. After a few introductory words, he noticed certain changes which had taken place in the system of medical education.

Before University College and King's College sprang up, the medical schools of London were constituted very differently from those of the present day. A pupil might enter on his "walk" at any hospital he fancied, and take his lectures from any accredited source he chose. He might learn his anatomy in the west, and his surgery in the east, and might roam from Mile End or the Borough to the far west at Hyde Park Corner; he had the choice of the three great institutions with sainted names—St. Bartholomew's, St. Thomas's, and St. George's—and of others, with the well known and respected appellations of Guy's, the London, the Westminster, and the Middlesex. He roamed like the bee, and sucked the sweets where he chose; but—whether for better or worse may be a question—the custom now is, that a youth shall select a certain institution, whence he may expect to derive all that essential part of his education which shall enable him to secure his title and qualification to practise his profession. Now, instead of learning his anatomy at one point, his surgery some three or four miles off, his physic at some equally distant school, and "walking" his hospital in still another direction, he settles calmly down in a comparatively limited sphere, and lays his mind open to the teachings of a single institution. There may be advantages and disadvantages in both systems; but custom, which, rightly or wrongly, always rules for the time being, has so settled it, that each school of medicine in London has become a kind of college in itself. A pupil can, in such a school, get all the required elements of his profession. He can reverse the order of nature in this respect—that whilst he must be content with his maternal parentage, as Nature has so ordained, he can select at will his future *Alma Mater*. In former days, a man boasted of having been a pupil of a single teacher; but now he refers to the school in which he has been reared. Whatever influence a teacher's name may have, the reputation of a school generally has the greatest weight. And very justly so; for, as one man can teach only a section of the great scheme of medical education, so it is fitting that the strength of a teaching establishment should depend more on the general perfection of the whole than upon accidental single influence. Some of the warmest early friends of King's College saw no occasion for a hospital as part of the medical school; but it was soon observed that a change in the habits of schools and pupils had come over former customs. A fashion arose for pupils to take their whole professional education from one establishment. A youth remained at St. Bartholomew's, St. Thomas's, or Guy's, throughout the



whole of his pupillage; and, above all, the contemporary institution—University College—gave school and hospital education at the same time. The founders of this College, unwilling to see it behind the requirements of modern changes and demands, resolved that there should be a hospital attached to the medical department; and the result has been, in the course of time, the splendid building near Lincoln's Inn.

Mr. Fergusson then gave a sketch of the rise of the King's College Hospital, and took occasion to impress on his hearers the importance of the study of hygiene. It is the glory of our profession in modern times to march in the foremost ranks of the champions of hygiene. Our mission is to cure; but we take higher ground than that. We strive to avert those very maladies by the treatment of which, to take a vulgar glance at our social position, the majority of the profession make their daily bread. Experience tells us that it is often more easy to set aside the cause of disease than to cope with the evil when it is once established. We can see and recognise many of the circumstances which are certain to induce disease; and we can avoid, modify, or change, with greater certainty and effect, than when we have to contend with disease itself. Whilst in modern days all seem more or less familiar with the evil effects of unwholesome food and drink; with the difference between swamps, low flat countries, and the bracing air of hills and heaths; the evils of overcrowding, of bad or no ventilation, of the absence of drainage, and with numerous modern hygienic maxims,—there is no class in the community which labours more than ours to remedy and avert such evils, and to set our calling, as it were, at naught. A well-constructed and well-appointed hospital may arrest pestilence, and be the means of vast public comfort.

He then went on to comment on the high mission of medicine, and congratulated the students on having chosen one of the grandest spheres for the occupation of human intellect. Certain changes which had occurred in the staff of the College and Hospital were next noticed; especially the retirement of Mr. Bowman and Dr. Budd, and the appointment, as successor to the latter, of Dr. George Johnson, whose career from the period of his studentship in the College was held up as an incentive to perseverance and industry.

Mr. Fergusson took occasion to remark on the recent changes in the system of examination. In most respects, modern requirements have been greater than those of former times; but it cannot be overlooked that the facilities for instruction and for learning have increased in proportion, and assuredly the modern student has much in his favour from the style of examination for diplomas and degrees which now prevails. Among modern innovations and improvements, few are more worthy of approbation than the terminal examinations which are now becoming common. For the profession and the public the advantages are great; for there can be no shirking in a course of study which is thus tested; and to the zealous student, anxious to secure the full benefits of a comprehensive education, the new system offers great facilities for his yearly labours. Heretofore, the custom has prevailed of examining on the whole field of professional knowledge; aye, even including preliminary in some cases—at a single examination, or at most on two or three occasions within a few days or weeks. This gave rise to the unworthy system of cramming, and the pupil thereby endeavoured to get by heart as much as he possibly could in the few last months of his attendance at the schools. The crammer, or "grinder", as he was facetiously called, contrived, in the course of time, and by comparison, to find out the questions which each examiner was most likely to put, and he who could do this most cleverly was considered the best at his business. Thus, many men were prepared for examinations by a system only a little in ad-

vance of the method of teaching parrots to speak. Even the conscientious, hard-working student, who did not grind, thought it a severe, and, in some respects, worthless, task to be obliged to keep up all his knowledge to examination-point, when he felt convinced that much of this knowledge, though excellent in itself, would really be of little use to him afterwards. It is better far that there should be examinations for boys and examinations for men, examinations for young students and examinations for those who are advanced and consummating their school education. The advantages of this system are, that a given portion of work may be done deliberately and well, so that a lasting impression on the mind shall have been made; that another portion may be taken up and dealt with in the same way; and that thus a sure foundation of well-tested knowledge shall have been secured by successive stages, whereon may be happily accumulated that store of wholesome experience and knowledge which shall lead to usefulness and distinction in afterlife.

The lecturer then went on to vindicate the claims of surgery to rank as a science. The term surgery (*chirurgia*), signifying the mere work of the hand, may now be said to be old-fashioned, for the mere perfection of handicraft forms a small section of the surgeon's requirements. It is, no doubt, of vast consequence that the manual part of his duties should be well performed—there must be a species of intellect to set the mechanism of the hand at work; but that is little thought of compared with the acquired intelligence which enables us to recognise and appreciate the conditions of health and disease; and, in regard to the latter, to select such a course of treatment as shall act with almost mathematical precision in restoring to health or preserving the main portion of the frame with which we deal. It is this acquired intelligence which constitutes the science of surgery, and displays the difference between its automatic character, and that resulting from knowledge, experience, and forethought. A great practitioner, now passed away, who had spent a long lifetime in one of the largest hospitals in the world, wrote a book in his old age to show that surgery was not entitled to rank as a science. The author was no surgeon in the modern acceptation of that term. He might have been a mathematician and a scholar, but he did not appreciate true surgery. The vast opportunities of half a century only induced him to write a libel on his own profession—a profession which, thousands of years ago, was designated *Godlike*! There is no evidence that this gentlemen even appreciated the mechanical department of his art. He was very different from Ambrose Paré, who believed himself inspired when he first applied a ligature to close the open end of a divided artery, whereby he could more securely stem the flow of blood than by any other mechanical process then known—all of which were rude and coarse in comparison. This very process of Paré's is an admirable illustration of the value of well directed mechanical skill; and considering that it is, even at the present time, our principal means of stopping the flow of blood from divided arteries—that life is thus literally held by a thread—it may well be allowed that Paré did himself no more than justice when he estimated his device so highly. This device, or process, did not rank higher at the time than a part of the art of surgery. It was, however, an art of high rank; for it constituted the difference between life and death. As illustrations of the science of surgery, Mr. Fergusson gave Hunter's operation for the cure of aneurisms, and the modern treatment of talipes by subcutaneous incision of tendons. He concluded with exhorting the students to industry; for without this, much as the genius associated with improvements in the profession might be admired, there would be but little hope of success.



## ST. BARTHOLOMEW'S HOSPITAL.

DR. MARTIN delivered the introductory address. After a few words of welcome to the new students and to the large number of former pupils of St. Bartholomew's Hospital who were present, and also of thanks to the authorities of the hospital, the lecturer proceeded to say that a painful regret was mingled with the pleasure of welcoming old friends.

Since the last occasion like the present, Mr. Stanley had been called to his account. Full of years and full of honours, adored by his family, beloved by his pupils and friends, admired and respected by all who knew him, Mr. Stanley died in that place where, probably, if not in his own house, he would have preferred to die—on the scene of his own great labours, in one of the wards of the hospital, surrounded by his pupils, and ministered to by his colleagues. The life of such a man conveyed an instructive lesson to all, but especially to the student just commencing his career. It was by means of patient, indomitable, painstaking industry, and the conscientious discharge of every duty—means which every student present could command—that Mr. Stanley, under very adverse circumstances won for himself a place in the foremost rank in the profession, and earned the esteem of all who knew him. His painstaking industry as a student first attracted the notice of Mr. Abernethy, who, in 1813, appointed him demonstrator of anatomy. During the thirteen years he held that appointment, Mr. Stanley occupied himself assiduously in adding to the number of anatomical preparations already collected by Mr. Abernethy, and in 1828 the whole collection was presented to the governors of the hospital. Not content with accumulating specimens and then leaving them to tell their own tale, Mr. Stanley undertook the completion of a catalogue of his infant museum—a work he completed with that scrupulous exactitude in its elaborations which characterised all his literary efforts. The collection of Mr. Abernethy and Mr. Stanley formed the nucleus of that museum of which in its present state all connected with the hospital might well be proud. The catalogue commenced by Mr. Stanley was continued with equal labour and no less conscientious effort by Mr. Paget, and had been recently completed by the exertions of Mr. Savory and Mr. Callender.

After a short notice of Dr. Richard Farre, who gave a valuable series of preparations to the museum, the lecturer mentioned another benefactor of the medical school of St. Bartholomew's, the Rev. Samuel Wix, who was elected to the office of hospitaller in 1808, and who died recently, at the age of ninety. Mr. Wix was a man of varied acquirements and enlarged views, and his freedom from bigotry led him to fear no harm to that religion of which he was a faithful minister from the progress of natural science. He knew full well that the God of nature is the God of revelation, and that rightly to interpret the revelations of nature is to "look through nature up to nature's God". In this belief he founded the prize which bears his name—"For the best English Composition on the Connexion between Revealed Religion and Physical Science," "On the Connexion between Revealed Religion and Medical Science," or on any other subject based on Divine revelation which the hospitaller for the time may prefer. Under the trust deed, the candidates for the prize must be students. The lecturer, however, recommended that for the future no one *in statu pupillari* should be allowed to compete for the prize. To offer such a prize to the student was to tempt him to diverge from the course of study laid down for him, perhaps to occupy some portion of that time which should be given to subjects of greater importance. But to those who had completed the student

life the prize would afford a fresh incentive, perhaps more powerful than the obligations of an impending examination.

The lecturer then reviewed the "prize system" which obtains in medical schools at some length, contending that prizes given for proficiency in the different groups of subjects which engage a student's attention at the different stages of his career, and special prizes contested for proper restrictions, would obviate the objections which had been urged against the system. He would admit no student to the competition for a special prize who had not shown by the result of an examination a competent acquaintance with the group of subjects of his year. To this end he advocated a compulsory examination at the end of every session, the results of such examination being made public by arranging the candidates in the order of merit, as is done at the universities. To all classes of students such examinations could not be other than beneficial. To the progress of some they might be considered essential.

He recommended also an extension of the collegiate system, and urged the advantages of providing the student with healthy, active amusements. The former provided for that sense of loneliness which every student must feel on first coming to London, by affording society, the nature of which was known, was not left to be determined by the chance associations of an idle hour, but in that of his own class, some his superiors in standing and ability, some his inferiors, and some his equals, and each of these would learn and teach something to the other. The lecturer, therefore, hoped to see the present college greatly enlarged; and that which was the great desideratum of the times, means for the improvement, especially the social improvement, of the student, greatly extended. In conclusion, Dr. Martin said it might be asked what lessons he intended to convey to his younger hearers. He had endeavoured—he feared, with imperfect success—to teach them, from the example of those good men whom he had commemorated, how industry, and perseverance, and good conduct, and a careful using of the talents committed to their care, would safely and surely lead them to the highest position in their profession, a position which the exercise of a true Christian charity would best enable them to grace.

## GUY'S HOSPITAL.

MR. J. COOPER FORSTER delivered the inaugural address. After a brief allusion to his own position as the inaugurator of a new session, and to that of his fellow-lecturers similarly engaged at other hospitals, coupled with a few graceful compliments to the various classes of his auditors, Mr. Forster proceeded to address himself more particularly to the students, urging upon those who had already entered upon their studies for some time the necessity for renewed and increased zeal, and the advisability of looking in an earnest and cheerful spirit on a profession surrounded with difficulties and discouragements, so far as regards worldly success, yet offering so wide a field for the exercise of man's highest aims and noblest principles. He then addressed those about to leave the hospital, reminding them that its portals had never been closed to them. Next he addressed those who were present for the first time as students, asking them with what motives they had chosen the medical profession, and telling them that if with a desire for position or wealth they would meet with sad disappointment, as a peerage had never yet been the reward of medical skill, nor had large fortunes been realised by more than a very limited number. The prizes of professional life were chiefly gained by the specialist and the charlatan. Still, an honest competence was within the reach of every man dealing justly by his profession, though not so golden



a reward as that attainable by the banker, merchant, or scheming man of business. The medical practitioner must look for a higher and nobler reward, in the consciousness that he was to the best of his ability carrying out the purpose to which he was ordained by his Creator. It was only wonderful that those who had seen anything of the disadvantages referred to should be bold enough to enter the profession. The love of science was assumed to be the motive inducing them to meet the sacrifices they would be called upon to make.

He then mentioned the effect of the distressing scenes so frequently witnessed as hardening the sensibilities, the loathsome sights from which even the experienced recoiled as oppressing the hearts of the young with tenfold intensity, and the operations of surgery harrowing in no common degree, assuring them that such feelings were not only natural but right. The medical man in active practice could never have a mind at rest if he honestly performed his duty, felt anxious regarding his patients, and loved his profession. His cares must surround him at all hours. How serious the responsibility, even to those whose consciences rebuked them not for time misspent and opportunities wasted, how intolerable should it be to those who had failed to acquire knowledge which might sometimes have turned the scale between life and death. Still further disadvantages existed in the ingratitude of some to whom invaluable services had been rendered, good intentions misinterpreted, labour unrewarded—calumnies, sometimes due to those, though not often, whom a common cause should have bound together—these things added to the sad consciousness of inability to save the dying or restore the dead. The sight of widows' tears, or orphans' more pitiful unconsciousness, often wrung the heart and tried the patience of the conscientious practitioner. It behoved them, therefore, to think well on these things before entering that day into the profession. He could well understand the man of business gladly exchanging his monotonous life for the more invigorating and satisfactory course of the medical practitioner, but was at a loss to comprehend the latter ever abandoning his noble profession for any other position.

He then presented the brighter side of professional life, calling attention to the heartfelt gratitude which would frequently be evinced towards them, to the welcome they would receive in all scenes of suffering and sorrow, to the certainty of friends rallying round them whenever they were the subjects of attempted wrong, and to the infinite happiness they might, and indeed must, derive from the sight of returning health in those whom their skill had benefited. Nor must they imagine that the dissecting room and the operating theatre blinded the sensibilities to more than a certain extent. No class were so sensitive to the pain of others, so ready to sacrifice self, to resign comforts and enjoyments for the sake of their fellow creatures as medical men. Again, though the vices and weaknesses of humanity were open to them more than to any other class, ought not the lessons to be derived from the contemplation of these things to be more than a compensation for the painful scenes often presented to their view? And not only did they derive but also confer great benefits, for they were usually the friends, the advisers, the father confessors of their patients, possessing greater influence over them, than men of any other profession. If they closely discharged their duties, none more closely walked in the steps of the Great Physician. These, he observed, were privileges to be aspired to, but not to be purchased without effort, and in the few years of an hospital career must be concentrated an immense amount of knowledge in preparation for a life of immeasurable value and happiness, or the foundation laid for a life of constant regret. He urged upon them the necessity of using the brief time accorded to them in this world in preparing themselves, by the zealous employment of the talents entrusted to their charge, for enter-

ing upon another, and insisted on the constant presence of this best stimulus to work in their minds as tending to the greatest happiness.

### ST. THOMAS'S HOSPITAL.

DR. BRISTOWE, the dean, delivered the introductory address. He began by a tribute of respect to the memory of the old hospital, where he said he had seventeen years ago commenced his studies, where he had worked continuously ever since, where he had made many friends, where also Cheselden, and Akenside, and Fordyce, and Cline, and Travers, and Tyrrell, had laboured and taught. He then proceeded to welcome his auditors to the pleasant garden in which St. Thomas's Hospital and School had taken up their temporary abode. He reminded them that Jullien, Thackeray, and Spurgeon, had each, in their several ways, done duty in that noble hall, now formally devoted to the purposes of a hospital. He asserted that the site was in very many ways well adapted to the purposes to which it was now applied; that the hospital, though not equal in extent and accommodation to the one which had been left, was still a handsome and commodious building, and superior in many respects to many of the London hospitals, and that the school buildings which had been so speedily erected would be found ample and convenient. He then went on to speak about the future of the hospital, which he said was the most momentous question with which the governors had to deal, and one which, putting all selfish considerations on one side, must be of the deepest interest to the medical officers, and all who looked on the hospital as their *Alma Mater*.

He proceeded then to point out what he considered to be the essential objects of a hospital, and how in the erection of a new hospital the attainment of these objects could be best effected, premising that he had no intention of treating his theme exhaustively; but chiefly meant to discuss questions of controversial interest. He stated that the primary object of a hospital was the relief of the suffering and injured poor; and he proceeded to show that the cases for which a hospital was specially needed, and the cases which chiefly gained admission, were those of acute and curable diseases and accidents, which demanded in the consequences prompt medical skill, and all that the resources of a hospital could furnish. The secondary, but not the less important, object was the education of medical men. He showed, too, that it was in the combination of the two elements that each attained its highest degree of perfection.

He next spoke about the choice of a locality for a hospital. He considered that a healthy site was imperative; that it was worse than folly to add knowingly to the risks of those whose lives were already trembling in the balance; but he added that a good deal of stuff had been said and written about pure air. In illustration, he showed how almost every one went for the benefit of his health at one time or another into the country or to the seaside; but he contended that the beneficial effects which ensued were due far less to purity or peculiarities in the air than from perfect rest from toil and anxiety, to good sleep, good diet, and other hygienic conditions. He did not deny that pure air was a valuable thing; neither did he deny that there was such a thing as poisoned air; but he asserted that most sources of poisoned air were in the premises where it produced its ill effects, and not in the surrounding atmosphere, and that most of the sources were remediable or had been remedied, and did not necessarily exist in London more than elsewhere. Certain peculiarities of atmosphere, such as warmth, cold, dryness, moisture, etc., were best adapted to certain constitutions and to certain cases of disease; but he maintained that special atmospheric conditions of this kind could hardly be consulted in the erection of a



general hospital. He said it might be objected still that it was well known that patients in country hospitals recovered more speedily and favourably than those in London; but admitting the truth of this for the sake of the argument, he still asked how far the difference of result depended on country air, and how far on the different constitutions of the admitted patients in the two cases, and how far to the greater concentration of serious cases of disease in the metropolitan than in the rural hospitals. The truth, he asserted, was that good, pure air was of infinite service to every one in health and in disease, and that impure air was highly prejudicial; but that the purity required was not the poetical purity of breezy hills, and the impurity which was dangerous, was not (except in very rare cases) the impurity of the atmosphere around an hospital, but the impurity of atmosphere originating within its walls; and that a hospital was not to be made a healthy hospital by carrying it to some fancy site, but by attending carefully to its construction and its internal arrangements. He contended that there was no good object to be gained by spreading the buildings over a large surface; that a hospital was no more likely to be a healthy hospital if its wards were studded singly here and there over an extensive area, than if these same wards were piled one above another up to the clouds. He contended also that though airy grounds were essential for the patients, there was no necessity at all why they should be large. He did not wish to imply that it was unimportant to obtain as large an area as possible for the erection of a hospital; but he maintained that excess of space was a luxury, and should not be procured at the risk of sacrificing other requirements, or of inflicting serious injury upon them.

In speaking of other matters connected with the welfare of patients, he took the opportunity of pointing out the improvement which had been made of late years in the diet of the patients, and especially in the system of nursing; and he passed a warm eulogium on the matron of the institution.

He then proceeded to consider by what means the convenience of applicants and the admission of suitable cases might be secured. He showed from Mr. Whitfield's statistics of the place of abode of the in- and out-patients of St. Thomas's Hospital last year, that the great majority came from within a circle round the hospital of two miles radius; and he argued, as well from this as on other grounds, that to meet the requirement it was essential that the hospital should be placed in the centre of a crowded district, near to leading thoroughfares, and, if possible, not far from one or two railway termini. He deprecated the plan that had been suggested of dividing the hospital into two parts, one to be a receiving-house in London, the other a hospital for convalescent and chronic cases in the country. He asserted that the receiving-house would become a second or third rate London hospital, and that the country institution would lose its essential character altogether; and he insisted, moreover, that such a division would necessarily destroy the place as a complete school of medicine. He contended that, if any division was to be carried out, it would be far preferable to make two London hospitals, to be placed in distinct crowded districts, than to carry into effect the scheme which had been proposed. He wished it to be distinctly understood that what he objected to was the division of the hospital, and not to any plan which might enlarge its sphere of usefulness. Hence he dwelt on the great necessity at present existing for sanatoria, and asserted that he should be glad to see established, in connexion with St. Thomas's and other hospitals, institutions of this kind; not, however, to be created out of funds at present devoted to other purposes, nor at the expense nor to the injury of that kind of benefit which hospitals at present dispense. He advocated, in furtherance of

the objects of the hospital, the formation of outlying dispensaries, to be administered by officers appointed by the hospital, and to be provided with ambulances or other means of transit for the conveyance of accidents or cases of serious disease to the hospital of which the dispensaries would be the tributaries.

He then made some remarks on special hospitals, and contended that if some of them were good and useful (as it was generally admitted they were), it was impossible to draw any arbitrary practical line between those deserving of our approval and those meeting with our censure. It appeared to him that the proper way, now, of correcting any abuse in connexion with them, was not to attack specially this or that particular institution, but to establish in the general hospital special departments in all those branches which special hospitals had now made their own. He considered that this plan would in no wise injure the better class of special hospitals, but that it would tend to the suppression of trumpery and quackish institutions, and would permit the mistaken charity which now supported them to revert to the older subscription hospitals which so greatly needed and deserved it. He said that this plan was already in many hospitals carried out to some extent. The lecturer then proceeded to advert to two or three occurrences of the past twelve months.

### ST. GEORGE'S HOSPITAL.

MR. PRESCOTT HEWETT delivered the introductory address. Rightly understood and rightly practised, the profession of medicine had two essential characteristics, self-help, self-sacrifice; and, as well marked examples of what might be done in the medical profession by well guided self-help, he first instanced the life of Henry Gray, who, without friends, without interest, and with but very slender means, had in a few years won for himself a most brilliant position at St. George's Hospital. He then instanced the career of a friend of his earlier youth, who, notwithstanding the greatest privations, had by his own exertions succeeded in obtaining a high position. The first step taken by both these men, who were alike remarkable for their great energy and for their unflinching zeal, was the same. They both of them went at once to the dissecting room, and there they worked unremittingly until they had made themselves first-rate anatomists. The course pursued by those two men was then contrasted with that taken by most students, who, instead of learning their anatomy practically by diligently dissecting, got it up by lectures and by cramming. The evils which were in after life sure to follow such a course were then pointed out; and the necessity of a thorough knowledge of anatomy, which could only be gained by constant dissection, was dwelt upon. Stress was then laid more especially upon the value of surgical anatomy; and the students, one and all, were urged to take every opportunity of learning to operate upon the dead body. This, Mr. Prescott Hewett thought, was a part of their professional studies which was by far too much neglected by the London students; and, after describing what was done by the French schools in this matter, he urged the boards of examiners to make operating upon the dead body a part of their curriculum. Operating upon the dead body would not, however, of itself make a good operating surgeon; it would give knowledge, it would give dexterity of hand, but it could not give coolness, it could not give presence of mind. But these essentials, the very back bone of a good surgeon, if not given by nature, were to be acquired by practice and study in the hospital wards. The necessity of obtaining a thorough knowledge of chemistry and of physiology was then dwelt upon. But these various sciences were to be viewed by the student of medicine simply as so many steps by which he was to prepare himself for the great business



of his life, the study of disease. The time spent in the wards was to be equally divided between the surgical and the medical wards; for it was a fundamental error to suppose that a man could be a good surgeon who was not also a good physician. The result of the most carefully, the most dexterously performed operation, might be marred by the subsequent medical treatment; and, failing in their medical knowledge, the best operators were but very indifferent surgeons. In all this Sir Benjamin Brodie was held up as the example to be followed, for to the most extensive and profound surgical knowledge he joined great and accurate medical knowledge. In advising the student how to dispose of his leisure time, he recommended the study of drawing, by which, if thoroughly learnt, not only was the hand trained to great dexterity and great steadiness, but the eye also was taught accurately to recognise differences in shape and variations in colour.

### GROSVENOR PLACE SCHOOL OF MEDICINE.

DR. W. CHOLMELEY delivered the inaugural address. He described the high position of the profession and its responsibilities as compared with all other secular professions. He pointed out how, rightly studied and practised, it would certainly reward men with competent support and the honour and esteem of honourable men, with affection and troops of friends, though it gave not early wealth or great riches or high worldly honours and distinction. He then sketched out the plan of study ordered for the student, and dwelt lightly on its details, impressing on his audience the paramount necessity of closely observing the living books of disease gathered together for perusal in the hospital wards. He warned them, while making earnest use of these books, to study them gratefully and reverently. They were stricken by poverty as well as by disease; and whatever of success and distinction the student might gain in after life, he would owe to those sore-stricken fellow men. He urged the duty of cultivating their talents to the utmost; to be not content with learning only enough to pass their examinations, but to make the best possible use of their time to learn all they possibly could learn, and they would then be able to enter on the practice of their profession with joyfulness and confidence, eager to combat disease and death wherever and whenever they could meet with them, rejoicing with humility over their triumphs, sorrowing but without shame over their defeats.

### LONDON HOSPITAL.

THE address at this School was delivered by Mr. HUTCHINSON. After offering a welcome to the student, and noticing the influence of the profession of medicine in favouring the mental and moral development of those devoted to it, he observed that with regard to the imagination, however, there was an impression abroad which he took leave to consider as a great mistake. It was thought that men of science, and physicians especially, ought to repress this the noblest of our mental endowments. But he would undertake to assert, that in no avocation was a healthy and vigorous power of imagination more useful. There is broad distinction between imagination and fancy. The one deals with the unseen, but real; the other with that which is neither seen nor real. Imagination is, indeed, rightly considered, the art of bringing before the mind's eye a clear image of that which is not really under the sight. There may, of course, be errors of imagination just as there are errors of reasoning, errors of memory, and errors even of sight itself. Now, as the majority of objects with which we have to deal are not at the time actually under view, the power of forming clear, definite, and truthful images of them becomes of the utmost im-

portance. To a good surgeon, with a clear image-forming faculty, a man's body becomes transparent. Is a bone dislocated, he sees through skin and muscles right down to the seat of injury, and recognises the exact relative position of the now displaced parts. If it be objected that this is the work rather of memory and of previous training than of imagination proper, the reply must be, that all imagination is necessarily built on memory. It is, however, far more than mere memory, since it can advance forward from the facts furnished by memory to others, which are only to be arrived at by inference. One man is able to form very correct ideas of objects—countries, for instance—which he has never seen; whilst another requires that everything should be subjected to his eyes before he has any definite conception of it. The difference is in the power of imagination. An ingenious writer has remarked that he who first used the expression, *ex pede Herculem*, must have been a very stupid man, since it is surely not needful to see a whole foot in order to infer the stature of the man. A hair ought to suffice, and he adds, "To the mind of an archangel a pebble would be a sufficient datum on which to construct the universe." Tasks somewhat similar in nature are constantly submitted to the surgeon, and he is every day under the necessity of reasoning from a small fact up to a great conclusion. To obtain a clear mental conception of any one of the processes of disease, requires a very sustained exercise of a trained imagination. Indeed, the importance to the surgeon of a careful cultivation of this faculty could scarcely be overrated. How, indeed, are the brilliant achievements of genius accomplished but by the efforts of imagination, so exalted in grasp, so truthful in vigour, that it seems, to ordinary men, to reason without premises, and to find out truth by inspiration. Not only is the surgeon indebted to imagination for great assistance in the practice of his art, but he may also draw from its use the most cogent motives for industry and patience. It brings him into sympathy with his patients. Where the prosaic surgeon sees only a stupid, ill-satisfied grumbler, the imaginative faculty will enable another to glance into the poor fellow's home, and to recognise the fact, that his impatience is solely due to the knowledge that every day of prolonged incapacity for daily work on his part, involves the deprivation of daily necessities to those whom he most loves. Surely such an insight must be most highly calculated to increase our zeal and add zest to our success.

Amongst the advantages of the medical profession to those who practise it, are that its main scope consists in the pursuit of truth, and that in this pursuit it imposes no restraints whatever upon the conscience. There is every motive for candour and for honest zeal, truth—the simple, pure truth—being in every instance the only aim in view. In respect to the variety of employment which it affords, it is probably unequalled. The mind of the surgeon need never be fatigued by dwelling too long on the same subject; and to most, not only is mental occupation afforded, but a very considerable portion of time is taken up in travel, and even in employment of the hands, securing in both instances great benefit to the mind. Of all professions, there is probably none which so nearly exempts from pecuniary anxieties as does that of medicine,—there is none in which a man can with more certainty secure to himself all the advantages of riches. There is none, also, which can afford such a constant succession of small pleasures; in it a man does not toil wearisomely through three-fourths of his life in order to secure, by so doing, the means of enjoying the remainder: his enjoyments come in daily instalments, and the mind is thus stimulated and nourished by a regular supply of healthy pleasure.

Finally, amongst the advantages of our profession, let it be mentioned that it affords full scope for heroism of character. Not even that of the soldier does more so. Our life is, indeed, a battle against physical misery, dis-



ease, and death; and in waging it there is ample room for the display of any amount of courage, any degree of negation of selfish interests of which we may find ourselves capable.

Having shown that the pursuit of medical science was likely to exercise a good influence on individual minds, Mr. Hutchinson proceeded to remark upon its usefulness to others.

The true scope of medicine is the study of life and of its imperfections, with the hope of increasing and sustaining the one, and of reducing the effects of the latter to a minimum. It aims at no less than an actual increase of the sum of human vitality—at securing that vitality on a firmer basis and making it capable of a wider happiness. Not that we do battle against all death, for none know so well as the physiologist that what we so denominate is in reality merely change, and consequent on Nature's most essential laws. We follow Nature, and in no respect wish to thwart her. But we do aim, under her favouring influence, and in pursuance of what we cannot doubt is her beneficent will, to prevent premature death, and to secure for each successive generation the fostering care of the one which preceded it. We aim to remove, as far as practicable, all physical bars to human happiness—to free the masterpiece of creation from the imperfections of physical disease.

But it is not only with life and death that our profession has to deal. In the attempt to economise human happiness there are no details too minute for its care. There are many ills which, whilst they do not threaten life, are yet sufficient to destroy its enjoyment. Think with what care medicine addresses herself to the task of removing, whenever possible, imperfections in the inestimable gifts of sight and hearing. How many thousands are there at this hour who owe their present possession of these faculties to her aid? How many thousands are there who are now deprived of them, and to whom, by a higher art, they might have been restored?

After some further remarks on this subject, the lecturer proceeded:—It is needful that I should remind you that no good can be effected by mere benevolence. Science is the only power. Benevolence may supply the motive for the acquisition of knowledge; it may and ought to furnish the zeal by which knowledge is applied; but here its usefulness ends. There is no more common or more injurious mistake than the habit of allowing ourselves to suppose that we have done our best, when all that we are certain of is that we have earnestly meant well. It may have been our best for the time present; but our real best is only attained when we bring to bear all the knowledge that through the whole of our previous existence it had been possible for us to have secured. A well-meaning surgeon may attend, with the utmost painstaking, a case of obscure injury to the hip-joint, and may yet leave a dislocation unreduced, simply because his knowledge was not adequate to the needs of the case. You may sit by the bedside of your own child, ill with pneumonia, but all your affection, all your earnestness of will can avail nothing to save its life, if your pathology and therapeutics be at fault. The amount of human energy wasted, or worse than wasted, at the present time, through want of knowledge, is incalculable. The true use of benevolence is to nerve a man onward in the resolute pursuit of knowledge. A wise and far sighted man may often be impelled by it to undertakings at first sight very remote indeed from its walks. An enthusiast in benevolence, possessed of an ample fortune, and desirous to devote all to the advancement of human happiness, could, I am assured, do no better than—provided he had sufficient confidence in his mental powers—set himself apart to the study of physiology. His hope should be to become, not what is commonly understood as “a practical man,” though we by no means speak slightly of tact and ability in the direct application of knowledge, but his ambition ought to be rather to improve our knowledge of

laws—to extend and strengthen the hidden foundations upon which all practical art is built.

Mr. Hutchinson now proceeded in some detail to refer to the best methods of study. He reminded those present that although they would be always learning throughout life, yet, that the years of studentship might almost be considered as their seed time. He begged them to be liberal in sowing, and assured them that the attempt to save the seed-corn (whether as regards time, money, or labour) would inevitably prejudice the harvest.

After a brief *resumé* of the lecture he then concluded.

“And now, gentlemen, I cannot find words to express how much I desire that the session of which this lecture is the commencement, may be one of earnest work. Let us, both teachers and students, devote to our vocation all the time, all the thought, all the vigour that we can command. I might urge many cogent motives for such a course; I will cite but one and it includes all; it is our duty:

“Thyself and thy belongings  
Are not thine own so proper, as to waste  
Thyself upon thy virtues, they on thee.  
Heaven doth with us as we with torches use,  
Not light them for themselves: for if our virtues  
Did not go forth of us, 'twere all alike,  
As if we had them not. Spirits are not finely touch'd,  
But to fine issues: nor Nature never lends”

“Mark that word ‘lends’, gentlemen. It is a loan and not a gift; it is that which no honest man would ever dare to misappropriate.

“Nor Nature never lends  
The smallest scruple of her excellence;  
But, like a thrifty goddess, she determines  
Herself the glory of a creditor,  
Both thanks and use.”

## UNIVERSITY COLLEGE.

PROFESSOR WILSON FOX, M.D., delivered the introductory address. Dr. Fox began by stating that it was well for students as well as professors of medicine, to consider whether they had in view the aim proposed by Bacon, that “the true and lawful goal of the sciences is no other than this, that human life be endowed with new discoveries and powers.” This goal would be reached if they could indeed prolong man's life, and with life his usefulness; if they could point out the avoidable causes of sickness and death, and the defences by which the struggle against those which are unavoidable might be prolonged and rendered less sad and painful. But in proportion to the loftiness of their task was the difficulty—as they had to deal with all the noblest laws of nature, with all the most complicated problems of the other sciences united in one organisation, when they were modified and understood by some higher principle—namely, life—which had hitherto baffled all attempts to define its nature, and to express its conditions in the terms of other sciences—with a being impelled from within to act, yet consuming his own organism in his ceaseless labour, and drawing his sustenance from the materials by which he is surrounded, is yet even tending to an inevitable return to the same nature as the elements which he believes himself able to control, and yet feeling that in this ultimate dissolution he has that within him which shall escape the “bondage of corruption,” and in the death to which he is passing find a higher and a more enduring life. Their task was, then, to learn the manifestations of this power upon matter, the manner in which it acts, is acted upon by the other forces of nature, the form and structure of the machinery, the influences from without, and the causes from within which derange its efficacy, and what circumstances or means lie at our disposal to preserve or restore it. Dr. Fox then proceeded to speak at length of the applications of the inductive method of philosophy to medicine, and of its successes in the past. The history of other sciences gave them no reason to despair of their own. The harvest was long in



reaping, but the reaping and the garnering were quick and sure. Let them be content to sow that others may reap, but rest still in the patient hope that ere long the day might dawn and the mists around the heights of science might clear away. What was to be the reward of the students for this life of self-denying exertion? That of an approving conscience for work done in that noblest of missions in which the Redeemer of mankind chose to manifest His power and love to man. And if fame should not be their lot, if their short day should end in digging, amid the storm cloud and the gloom, steps by which others might ascend to wider views and more perfect knowledge, they had the consolation of knowing that life did not end here, but that the future had a higher tribunal, where in the great muster-roll of the ages, the names of the great and good will be judged by a loftier standard than that of short-sighted human wisdom, and those of the true benefactors of humanity and earnest seekers after truth shall stand written in letters of light.

### MIDDLESEX HOSPITAL.

DR. PRIESTLEY delivered the opening address here. After some remarks upon the importance of the profession, he proceeded to point out its duties and responsibilities. Second in importance only to the clerical profession, inasmuch as the care of souls was of greater moment than the care of men's bodies, it had a more extended influence even in some respects than that. The medical man could penetrate into regions inaccessible to the preacher. In India, in China, where caste and prejudice prohibited all intercourse with the missionary as such, the medical man, in virtue of his art, made his way, and gained access to the most inaccessible. Dr. Livingstone, during his sojourn among the savage tribes of Africa, derived no small advantages from his knowledge of the healing art, and medicine, as personified in him, became not only the means of spreading Christianity, but the pioneer of civilisation. The question of medical missions was becoming daily a more important one, and one which deserved most careful attention. In our own country the medical man was not only esteemed by the educated and the wealthy, but he was listened to and respected by the poorest, gained the ear of the most obdurate and vicious, and at the same time the opportunity of instructing classes of his fellow-men scarcely to be reached by the philanthropist or by the home missionary. It was not alone in the patient, free, and fearless exercise of duty as between the doctor and his patients that the profession of medicine shone forth as lofty in its aims and glorious in its results. Medicine had a great and ever increasing importance in reference to the welfare of the commonwealth, and the science of economics. Medicine rendered most essential service to the state, for whatever saved life or so brought health to sickly men and women that they could be sent forth even in units to the busy working world tended directly to the welfare of the state, and increased the wealth and prosperity of the community.

But there was a far wider sense in which medical science might be applied, that was in warding off disease and thus saving entire races of men from untimely death. It was but quite recently that public hygiene and preventive medicine had begun to assert their proper claims on the attention of the legislator and the philanthropist. We had now our sanitary acts and our officers of health, journals wholly devoted to the advocacy of public hygiene, and associations for promoting social science. But much remained to be done. Jenner's was a signal and glorious victory over disease and death. But yet pestilences and fevers were stalking about that counted their victims by thousands, and for which possibly preventive antidotes might be found, and there was within their grasp the means of averting sickness and death from thousands who now swelled our annual bills of mortality.

After dwelling upon the subject of the diseases of children, many of which he attributed to improper feeding, he observed that the rôle of the medical practitioner was commonly an unobtrusive one, his sphere of usefulness was chiefly in private; but there was a generally felt necessity in these days of progress for a more prominent participation by scientific medical men in those acts of the legislature which had reference to the public health. He believed a certain number of medical members in the House of Commons returned by mixed constituencies might render most important service; and if they were men of learning, experience, and distinction, they would have all deference shown to them as authorities in matters sanitary and medical. He would not urge the desirability of exclusively medical constituencies. The various medical bills which had been brought before the legislature from time to time had too often had the semblance of doing less for the good of the public than for the benefit of medical corporations and their members; and the various medical associations formed for the purpose of redressing abuses and advancing the interests of members of the medical profession were apt to dwell more on the hardships inflicted on the men themselves, than on the inevitable and graver consequences which must ensue to the public as the result of these. Vestrymen and boards of guardians could not screw down the pay, and over-exact in work from the parish medical officer, without the sick poor suffering tenfold, because his energies were over-taxed, or his services were grudgingly and compulsorily rendered. Secretaries at War or in the Admiralty could not heap indignities on army and navy medical officers without deteriorating the *morale* of these men—preventing the most efficient men entering the services, and losing the benefit of their skill in the time of the greatest need.

Having adverted to the privileges of the medical profession, he dwelt at some length on its responsibilities, and pointed out how those responsibilities had been increased by recent discoveries, the nature of many of which he explained. He exposed the various current quackeries and "pathies." Although it was easier to grow rich by adopting some kind of charlatanry than by following legitimate physic, he earnestly urged upon the young men now entering upon the profession never to yield to such a temptation. Another temptation against which he warned them was the strong inducement which existed of overrating to the patient the magnitude of his disorder for the purpose of rendering their own services the more important. There were among themselves faults which called loudly for reformation, and which, so long as they continued, must shake public confidence in them. It was not creditable that medical men should be so easily procured to take the side of plaintiff or defendant in an action at law, to find them, irrespective of the obvious merits of the case, and for the mere sake of a retaining fee, stretching conscience to the utmost in furtherance of the ends for which they were engaged, and merely to win the day. He urged the importance of earnestness of purpose and a genuine love of truth, of steady, earnest work, with careful and correct observation and diligent study, specially pointing out the desirability of learning to speak not only in public, but privately in communication with their patients; suggested that the lecture system should be altered, in order that too many subjects might not be crowded into a short space of time, and expressed the opinion that time spent in apprenticeship should not be allowed to deduct anything from the four years spent in systematic study at a medical school. He lived in hope that at no long distant period candidates for general practice would in England, as elsewhere, be able, with one diploma, legally to practise all branches of the profession, when there should be no special diplomas in medicine, surgery, and midwifery, each examining body taking guarantees that applicants for its licence were competent, not in one department



alone, but in all, While advocating close application to professional work, Dr. Priestley pointed out that the *mens sana* needs always be in *sano corpore*, and therefore he advocated cricket clubs, volunteer exercises, and other means of recreation. He passed a high eulogium on the *alumni* of Middlesex Hospital for their general propriety of conduct. Of the medical student of past days they should not judge harshly. The student of the present day had only moved on with the advanced times; and when he recollected the excellent fathers, the conscientious masters, who in early life formed part of that student band, he was constrained to believe that whatever vagaries they committed were more the offspring of youthful frolic than of vice, and to echo the ejaculation of one who knew well their follies but had witnessed also their self-sacrifice and tenderness, their devotion to the cause of the poor, the sick, and the helpless, "Rough diamonds ye may be, but jewels ye are notwithstanding."

### ST. MARY'S HOSPITAL.

DR. SIEVEKING opened the medical school of this hospital. He dwelt upon the threefold character of their duties as regarded prevention, cure, or alleviation. The prevention of disease, the lecturer remarked, was an act of self-denial on the part of the medical man, one which (they may proudly put on record) had never been imposed upon the profession, but had been eagerly contended for against the opposition of those very corporations and fellow-citizens who were, at the cost of medical men, to derive the most direct benefit from the self-sacrifice of the profession. The scurvy, ague, small-pox, were cited, amongst other illustrations, as having been almost eliminated from nosology by the preventive efforts of medical men. He next touched upon the various points of interest connected with the cure of disease, the endless variety of aspects which morbid phenomena presented, the large freedom of action which the physician enjoyed in the use of his agents for combating them. In advert- ing to the power of medicine, the doctor said that owing to the somewhat indiscriminate way in which he had seen potent drugs and procedures employed during his student career, he had begun practice almost as a sceptic, but that the more he watched the action of medicines, the more firmly he had become convinced of the definite power which they exert over disease. He warned them against over-weening confidence in drugs, which ended in poly pharmacy on the one hand, and against feeble timidity, tending to indifferent do-nothingism on the other. In regard to the alleviation of disease, Dr. Sieveking urged that it was as much a duty as either of the methods of proceeding previously adverted to. While there was life the physician had a duty to perform; he could often assuage and relieve where he could not cure; he could always inspire moral consolation and comfort where mere drugs failed him.

A GREEN COLOUR WHICH MAY BE EMPLOYED IN CONFECTIONARY. The finest green colour is formed, as is known, from preparations of copper and arsenic; that of which the formula is here given is devoid of danger, and may replace it. To obtain it, infuse for twenty-four hours 0.32 gramme of saffron in 7 grammes of distilled water. Then take 0.22 gramme of carmine of indigo, and infuse it in the same manner in 15.6 grammes of distilled water. Then mix the two liquids together, and a very beautiful green colour is obtained, which may be employed for colouring an immense quantity of sweetmeats (ten parts of this solution will colour one thousand parts of sugar of a very beautiful green.) This colour may be preserved for a long time, either by evaporating the liquid to dryness or by converting it into a syrup. (*Journal de Pharmacie et de Chimie*, xli. 286.)

THE Addresses delivered at the Annual Meeting of the Association, by Drs. Burrows, Walshe, Sharpey, and Mr. Paget, have been reprinted in the form of a pamphlet: copies of which, price sixpence each, or by post sevenpence, may be had on application to Mr. Honeyman, at the office of the BRITISH MEDICAL JOURNAL, 37, Great Queen Street, W.C.

## British Medical Journal.

SATURDAY, OCTOBER 11TH, 1862.

### THE OPENING OF THE MEDICAL SCHOOLS.

It is a good custom, and one which we would not like to see abolished, the opening of the winter session at the medical schools by introductory addresses, having as their range the entire subject of medicine, and consisting chiefly of advice to the newly-arrived student, mingled with comments on any professional topic of the day that may appear to the lecturer to demand notice. We do not, indeed, look for all the good results from these addresses which *à priori* they may seem calculated to produce; nor, we imagine, do those who deliver them expect to see all their precepts carried out to the letter in the student-life which will come before them during the succeeding session: yet it must be admitted that such a way of inaugurating the solemn proceedings of the winter months in the medical schools is highly fitting; and we cannot but think that, even if it do not of itself lead to all that could be desired, it does bring forth a certain amount of good fruit.

The addresses delivered last week consisted of the usual staple—good advice; together with comments on sundry matters of moment at present occupying or demanding attention. To the students was duly pointed out, with all the eloquence which is usually displayed on such occasions, the noble character of the profession in which they were about to enter, its satisfactions and its responsibilities, its encouragements and discouragements, its moral relations and its intellectual demands. For what was said on these subjects, the reader must consult the abstracts given at another page; but there are one or two points on which we may pause for a moment.

In insisting on industry as the great requisite for success in medical life, several of the lecturers had apt examples at hand to give point to their remarks. For Dr. Martin, a notice of the career of the late Mr. Stanley gave an opportunity of telling his audience how that eminent surgeon,

"By means of patient, indomitable, painstaking industry, and the conscientious discharge of every duty—



means which every student present could command—under very adverse circumstances won for himself a place in the foremost rank of the profession, and earned the esteem of all who knew him.”

In like manner, the life of the late Henry Gray furnished material to Mr. Hewett at St. George's. And while Dr. Martin and Mr. Hewett found their examples of industry in some who had passed from among their colleagues, Mr. Fergusson was happily able, in illustration of the same doctrine, to refer to the career of his former pupil and now colleague, Dr. George Johnson, the newly appointed Professor of Medicine. Having sketched Dr. Johnson's career from the period of his studentship, Mr. Fergusson said :

“Were I asked to choose from among the pupils of King's College an example of a career likely to excite emulation on your part, I doubt if I could select one more appropriate than that of Dr. Johnson. When he came to this college, he was, like most of you, without a friend, and possessed of means not more than sufficient for the course he had chosen. He had received a good preliminary education, and was endowed with excellent natural abilities. If appealed to himself, I feel assured that his own modesty would say, not more in either way than most of you can boast; but mark me, gentlemen, he had perseverance, industry, and indomitable courage. These, and various adjuncts, which it would be unfair to dwell upon, in his presence, and on such an occasion, have made him your teacher in physic.”

Another point in several of the addresses which strikes us as noteworthy, is the acknowledgment on such an occasion of the true aims of medicine. That the mission of the medical man is not only to cure disease, but to save life, is a truth which has been steadily gaining recognition, but has not yet been thoroughly appreciated: and we look on its deliberate promulgation *ex cathedra* on the recent occasion, as a healthy sign of the times. As Dr. Priestley, at the Middlesex Hospital, well intimated, the curing of a diseased person is a benefit to the state, and increases the prosperity of the community; and still further:—

“There was a far wider sense than this in which medical science might be applied” (for the common good), “not only to preserve the health and save life by units, as in the ordinary course of medical practice, but in which it ought to be so turned to account as to ward off diseases from multitudes at once, and save entire races of men from untimely death.”

This is sound teaching, which asserts that medicine is not a mere matter between physician and patient, but that it has a great and increasing importance in regard to the entire public welfare. Dr. Priestley's observations will well bear to be carefully perused and treasured up for guidance. They teach the student how he may, in proportion to the sphere of his labours, influence the well-being of his country as much as may the most able politician; with this difference in his advantage, that the influence of medicine, if carried out to its fullest extent, can only be productive of good. An honourable object this is for the medical student's ambi-

tion; to be, in the very act of practising his profession as it should be practised, a public benefactor.

But what of the recompense which the practitioner is to expect for his labours? With Dr. Sieveking, we would believe in the abstract, that “the motives which induce a young man to follow the medical profession are essentially to be found in the desire to benefit others”. But, notwithstanding that in theory the practice of medicine, like the practice of virtue, is its own reward, and often is such a reward as can be rarely obtained by man from his labour itself, still the tangible recompense for the labour cannot be reckoned as a thing of no importance. How unequally and how sparingly this too often is bestowed, let our Medical Benevolent Colleges and Benevolent Funds and other institutions for the relief of the disabled and the widow and orphan bear witness. On this matter, then, we cannot, if we understand him rightly, go with Mr. Hutchinson when he says that,

“Of all professions, there is probably none which so nearly exempts from pecuniary anxieties as does that of medicine; there is none in which a man can with more certainty secure to himself all the advantages of riches. There is none, also, which can afford such a constant succession of small pleasures; in it a man does not toil wearisomely through three-fourths of his life in order to secure, by so doing, the means of enjoying the remainder; his enjoyments come in daily instalments, and the mind is thus stimulated and nourished by a regular supply of healthy pleasure.”

Our excellent associate writes as a man who has arrived, and deservedly so, at a highly honourable rank among his brethren, and who is in enjoyment of that happy position which he has pictured as the general lot of the medical practitioner. We trust he may long enjoy it; but we can assure him that if he will look about him a little, he will find much that will lead him to qualify his assertions as to the freedom of the practitioner from pecuniary cares.

Let us turn to another subject, on which also Mr. Hutchinson has a word. Like the rest of his fellow-deliverers of addresses, he holds up as an incentive to the student the essentially benevolent—the philanthropic—character of medicine. But on this point he has a word of caution and qualification. Benevolence is not enough. Not all the desire in the world to do good will enable a man to do it, unless he know how. Mr. Hutchinson's auditors received good advice when they heard from him that

“No good can be effected by mere benevolence. Science is the only power. Benevolence may supply the motive for the acquisition of knowledge; it may and ought to furnish the zeal by which knowledge is applied but here its usefulness ends. There is no more common or more injurious mistake than the habit of allowing ourselves to suppose that we have done our best when all that we are certain of is that we have earnestly meant well.”

From these glances at some of the aspects of professional life, we turn to a phase of student-life which was noticed by more than one of the lec-



urers. Dr. Priestley and Dr. Sieveking especially poke in a gratulatory manner of the beneficial change which has taken place in the conduct of the students. There was a time, when novelists—seeking to depict actual life under the garb of fiction—found their types of the class in Bob Sawyer and the like to him. But now, as Dr. Sieveking observed, “the medical student of the present day is well worthy to belong to a community in which civilisation has made greater strides during the past quarter of a century than during any previous part of our history.” Without asserting that the improvement in the *genus* student extends to all the individuals, we are sure that it does exist, and that it has been in gradual operation for years. Whatever be the cause, the medical student can no longer be taken as a standing type of—to make a bull—low life among gentlemen. But, it may be asked, has not the student-class of past times been somewhat calumniated by too practical an application of certain proverbs about “black sheep”, and “giving a dog a bad name”? Dr. Priestley, we imagine, has a little doubt in the matter, when he points out how, out of such an unpromising beginning as the medical student of the past, has been developed the general practitioner as we meet him in his daily life. Dr. Priestley’s quotation must have often borne application: “Rough diamonds ye may be, but jewels ye are.”

Enough now of students: except that we congratulate them that they are no longer the social outcasts that they once were, and trust that they will always deserve and obtain respect at the hands of the public. Much, perhaps, depends on this. May it not be, that the defective estimation in which the medical profession has been held, has been in part due to the unfair social position which those entering on it have been considered to deserve?

The circumstances under which the medical school at St. Thomas’s was opened, naturally caused Dr. Bristowe, who delivered the introductory address, to say something about hospitals. What he said, will be found in the abstract of his address at page 388. A main point in his observations was, that the efficiency of a hospital depends not so much on its extent and surroundings as on its interior; that the purity of air required

“Was not the poetical purity of breezy hills, and the impurity which was dangerous was not (except in very rare cases) the impurity of the atmosphere around a hospital, but the impurity of atmosphere originating within its walls; and that a hospital was not to be made a healthy hospital by carrying it to some fancy site, but by attending carefully to its construction and its internal arrangements.”

Perfectly correct: but of what follows we cannot say as much, unless it be thoroughly qualified by the sentence just now quoted.

“He contended that there was no good object to be gained by spreading the buildings over a large surface; that a hospital was no more likely to be a healthy hospital if its wards were studded singly here and there over

an extensive area, than if these same wards were piled one above another up to the clouds.”

Dr. Bristowe further said, that he did not regard as unimportant the obtaining of as large an area as possible; but he considered excess of space to be a luxury. We must say that, provided equal endeavours be made in both cases to provide the essential pure air within, the comparison between a hospital studded over an extensive area and one built up to the clouds would not be so close as Dr. Bristowe thinks.

Much more that Dr. Bristowe said of hospitals in general, and St. Thomas’s in particular, we must pass by; but, before leaving him and his subject, we must call attention to the remarks which he made on special hospitals. Of these he said, uttering opinions similar to some which have already been expressed in our pages:

“It appeared to him that the proper way now of correcting any abuse in connection with them, was not to attack specially this or that particular institution, but to establish, in the general hospital, special departments in all those branches which special hospitals had now made their own. He considered that this plan would in nowise injure the better class of special hospitals, but that it would tend to the suppression of trumpery and quackish institutions, and would permit the mistaken charity which now supported them to revert to the older subscription hospitals, which so greatly needed and deserved it.”

Mr. Fergusson, in the course of his address, made some observations on the position of surgery as a science. We are well pleased that he, as the foremost of our operating surgeons, spoke on this subject as he did, and shewed that surgery is not a mere art, even in its most mechanical operations. The instances which he gave, of the treatment of aneurism by ligature of the artery, and the cure of deformities by tenotomy, were apt illustrations of the successful scientific application of simple mechanical processes.

With one more topic, we must close these desultory comments. Dr. Martin, at St. Bartholomew’s Hospital, had something to say on the prize system. His remarks were, we think, highly judicious. There can be no question that the ordinary system of giving special prizes *per se* leads to an unequal distribution of the student’s attention over the subjects which he has to study. He generally makes choice of those which are most attractive to him, or for the mastering of which he has, or believes he has, a facility; and—not always, but too often—neglects the others. Dr. Martin’s suggestion—which, by the way, is carried out in some institutions—embodies the true solution of the problem how to render the prize system truly efficacious.

“He contended that prizes given for proficiency in the different groups of subjects which engage a student’s attention at the different stages of his career, and special prizes contested for under proper restrictions, would obviate the objections which had been urged against the system. He would admit no student to the competition



for a special prize who had not shewn by the result of an examination a competent acquaintance with the group of subjects of his year. To this end he advocated a compulsory examination at the end of every session, the results of such examination being made public by arranging the candidates in the order of merit, as is done at the universities."

If space had permitted, we could have noticed more subjects, and have commented at greater length on those which we have noticed. Indeed, it would not be difficult to gather from the introductory texts for a series of essays. We must, however, here cease, and advise practitioners as well as students to read the addresses for themselves, and reflect well on their teachings.

### THE WEEK.

It is worthy of note that the worshipful the Mayor of Shrewsbury has refused permission to Blondin to exhibit his dangerous feats in the ancient town of Salop. His reasons are good and sufficient. He regards the exhibition as degrading and demoralising in its tendencies.

MR. PARTRIDGE has thought it necessary to publicly contradict, through the journals, the absurd rumour that he

"Was the bearer of political letters and messages, as well as of money to Garibaldi. The object of my journey (he adds), to which I strictly adhered, was purely professional; namely, to ascertain, for the satisfaction of his English friends, the actual condition of the General's health and wound, and to afford, if occasion needed, any assistance or suggestions which it was in my power to offer."

There are, it would seem, certain Italian practitioners who still maintain that the bullet is in Garibaldi's foot. We suspect their opinion will not be accepted in this country, at least, after the very clear diagnosis given by Mr. Partridge. The Secretary of the Garibaldi Surgical Fund states that Professor Partridge's fee and expenses amount to £680.

THE following letter from one who has had very extensive experience in dealing with the crime of infanticide contains suggestions for its remedy which are well worthy of consideration. Mr. Tubbs, Assistant-overseer of Marylebone, writes:—

"It will be found that this offence has gradually increased year by year since the passing of the Act 7th and 8th Vic., c. 101, on August 9, 1844, which makes the mother alone responsible for a bastard child; and the 7th section of which prohibits any board of guardians or their officers 'to conduct any application to make or enforce an order, or in any way to interfere as such officer in causing such application to be made, or in procuring evidence in support of such application, under a penalty of 40s.' It too often happens that when a young girl finds herself pregnant her friends and relatives turn their backs upon her. She then, becoming destitute, applies to a parish, and all that can be done is to admit her into the workhouse, and there keep her and her offspring; and unless some friend assists her with the necessary funds for the summons, etc., the

putative father entirely escapes, and leaves the burden on the ratepayers. The remedy for this appears to be to put illegitimate children, so far as parish relief is concerned, on the same footing as legitimate ones giving power to boards of guardians to issue process and recover from the putative father (where the mother has sufficient corroborative proof) the cost of the confinement, maintenance, etc., not the present absurd 2s. 6d. weekly, but at a rate which should be fixed by the magistrate according to the position of the father. Another precaution which appears to be necessary is to enact that every unmarried woman who shall find herself pregnant shall, before the end of the sixth month of her pregnancy, register herself at an office to be appointed for that purpose in each parish, and her neglecting to do so should subject her to a penalty as for a misdemeanour. My experience, arising from numerous applications, shows me the want of some institution where the 'first child' only of a young unmarried woman could be received, so as to give the unfortunate mother an opportunity of regaining her position in society; the cost of the child's maintenance in such institution to be enforced as abovementioned against the putative father. It is a remarkable fact that in this mighty city of London there is only one so-called 'Foundling' Hospital, and there the first and principal rule is, 'that the mother shall make the application for the child's admission.'"

BETWEEN the years 1831 and 1860, Professor Willis of Cambridge says, £20,000 has been expended by the British Association in grants for scientific purposes. Two-thirds of this sum—the lion's share—have gone to the section of mathematics and physics; the other third has been bestowed on geology and mechanical science, botany and geology, and chemistry, geography, and statistics. The conclusion from this is plain, that the British Association has hitherto done little by its grants towards the advancement of physiology. Now, however, that it possesses a section in physiology, we have no doubt that the wants of the section, in this way, will be liberally supplied. Professor Willis, in his late address to the Association, gives an interesting account of the disposition of the money expended during the years above named for scientific purposes. £1,800 was expended upon three catalogues of the stars. £2,000 has been allotted to meteorology and magnetism. The maintenance of an observatory at Kew has absorbed between £5,000 and £6,000, and £500 is annually allotted to it. Mr. Scott Russell's investigations into the motions of waves were aided by £274. Geology has taken £2,600, of which £1,500 went to the completion of the fossil ichthyology of Agassiz and Owen's reports on fossil mammalia. £900, again, were given on experiments by Scott Russell as to the best form of vessels. The section of botany, zoology, and physiology has taken about £14,000, of which £900 has gone to zoology, dredging committees, etc. Professor Daubeny and a committee reported for sixteen years respecting the preservation and vegetative power in seeds. Forty years was the greatest age at which seeds experimented with were found to germinate. £200 went to this committee.



NEW and economical method of treating intermittent fevers is recommended to us (from the wise men of the East) by Dr. Gondas. Dr. Schachaud, a physician at Smyrna, employs quinine endermically in these fevers; and he finds the quantity of quinine required for the cure, by this method, very small, and the cure itself unfailing. Ten or twelve drops of a concentrated solution of sulphate of quinine are taken into the little syringe; he pricks the skin (at any part) with a lancet, and then throws into the cellular tissue his ten or twelve drops. He usually injects during the maximum of the attack. One operation suffices for the cure. Dr. Gondas has, he says, repeated his experiments in a small way, and with success.

In the Academy of Sciences, Luther (the astronomer) informs the Academy that the planet which he discovered on the 31st August last, is neither more nor less than the planet of M. Boldschmidt, which every one has been looking for during the last six years.

Neither physician nor surgeon in Spain may sell medicaments; and if he be also *pharmacien* (*boticario*), he cannot carry on as drug-vendor and doctor. Nor is any *boticario* allowed to sell a secret remedy, or any preparation whose composition is unknown.

M. Charcot relates a case of exophthalmic goitre, in which all the symptoms were most favourably modified or arrested by the puerperal state. It appears that the same results have been observed in three cases recorded, in which the women became *enceinte* while suffering under this affection.

Dante was inscribed on the register of Florentine apothecaries. Newton, when young, was placed in a pharmacy at Grantham. Sir Humphry Davy was apprenticed to an apothecary at Penzance, where he was found by Gregory Watts, just as Bergmann discovered Scheele in a modest shop at Upsal. So says M. Libri.

A curious scene—the distribution of prizes to the idiot and epileptic infants at Bicêtre—took place last week.

M. Mathieu (de la Drôme) deposited a sealed note in the Academy of Sciences. He has allowed its contents to escape. They are to the effect that, between the 29th of October and the 1st of November next, there will be a very rainy day at Geneva; and that, in fact, during that day more rain will fall than falls during fifteen ordinary rainy days.

The death of a horse at the age of forty-five is announced by the *Courrier de Verdun*.

The Préfet des Hautes-Pyrénées, in a report, tells of the many accidents resulting from vipers' bites. In La Loire-Inferieure, seventeen deaths followed in 138 cases of these bites. It is high time, he thinks, that the administration set about destroying these venomous reptiles.

The Préfet of Loire Inférieure laments, "in the interest moral and financial" of his department, that the number of *enfants abandonnés* does not diminish. He therefore, in accordance with the report of the Inspector of Charities, determines to try the following remedy for the evil. Sixty *francs* reward will be given to the *sage femme* who in the course of the year shall have presented the largest number of demands for the assistance accorded to *enfants naturels*; and forty *francs* to the next successful *sage femme*. The prize is founded on the idea that *sages femmes*, by their good advice, can exercise a powerful influence over the mothers, and therefore induce them to bring up their children, instead of abandoning them to the foundling charities.

M. Vernois, an oratorical *débutante*, has made sensation in the French Academic tribune. He possesses, we are told, the precious gift of expressing his thoughts in order, clearness, and elegance. He will occupy a good position amidst the eloquence, sometimes impetuous, of M. Malgaigne, the orations full of imagery, of M. Trousseau, the luminous abundance of M. Tardieu, the classical correctness of M. Bouillaud, the spiritual and caustic simplicity of M. Velpeau, and the majestic solemnity of M. Piorry. Others might be spoken of, whose voices are now heard no more. Who will ever forget those delightful meetings where M. Andral, in language full of courtesy and Atticism, opened out all the resources of his fine, delicate, and sober mind, his learned and rigorous criticism? M. Paul Dubois, again, the orator of conciliations, let flow from his lips unctuous discourses, pronounced with a musical and captivating voice; so that one knew not which to admire most, the perfection of his style, the happy turn of his phrase, or the kindness of his thought. M. Jules Cloquet would give himself up to some capital tale, full of good nature, taste, and finesse; and M. Ricord might be found in a happy and sparkling vein of science and of *esprit*!

"A serious disease", writes Dr. Marchant, "has brought me to Luchon, where I find an excellent *confrère*, all of whose practice is passing into the hands of the Rev. Père don Juan Schiaffini, *abbé mûtré et crossé*, and homœopath into the bargain. Moreover, he blesses his globules. Competition of this kind is worthy of an Italian or a Gascon. The people of St. Bertrand point out this curer as a saint, and his reputation reaches far around."

M. Maisonneuve informs the Academy of one of his cases operated on by the *diaclastic method*. A woman in the Hôtel Dieu had an ankylosis, resulting from fracture of the neck of the thigh, and was thereby prevented from walking. The "*hardi*" surgeon broke the ankylosis, and cured the patient. The *voluntary* fracture made by his diaclastic apparatus was performed, we are told, without producing splinterings, or any injury to the soft parts.



Le Verrier announces an important discovery by M. Foucault. It is the possibility of measuring the speed of light, even in the small space of a laboratory. Hitherto, as everyone knows, the speed of light has been measured by aid of Jupiter's satellites; and all attempts to get the measurement more accurate has hitherto failed. But now we learn that M. Foucault has completely resolved the problem. His experiments show that the speed of light is 307 millions of *mètres*—76,750 leagues—per second. Hence, the actual time which the light takes in coming to us from the sun is, in reality, 8.86 minutes instead of 8.57, as we have hitherto been told. This rectification, which appears trivial, is, in fact, pregnant with great consequences. It proves, for example, that the mass either of the sun or of the earth must be augmented by a tenth. MM. Foucault and Le Verrier are inclined to give the earth the benefit of this increase!

The alkaline treatment of acute rheumatism appears hitherto to have been untried in France. M. Jacoud of Hôpital Beaujon has, however, tried it in six cases, and pronounces himself satisfied with his attempt. "On the third day, the fever was diminished, the pulse was lowered, and the temperature of the body nearer the normal; but the most striking phenomenon was the rapid diminution, not the disappearance, of the pain."

One of these days, says *L'Union Médicale*, you will find the entire history of syphilis written without mentioning the name of Ricord. The suppression of his name is a *tour de force*, which will tempt some talented young fellow. We prefer a better feeling, and above all admire justice.

Le Sieur Goupy has appeared for the eightieth time before Dame Justice at Chartres for illegally practising surgery. His brother also figured this time by his side for two offences. Justice condemned the elder criminal to fifteen days of prison, 45 *francs* fine, and 250 *francs* damages; and the other one to a month of prison, 90 *francs* fine, and 300 *francs* damages!

Dr. Eulenberg has lately made researches to ascertain the connexion between hypertrophy of the heart and disease of the cerebral arteries and apoplexy. He comes to the conclusion that, in by far the greatest number of cases of cerebral hæmorrhage, the predisposing cause is degeneration of the large and small cerebral arteries. The small vessels are fatty, or atrophied and enlarged; the large vessels are calcified and fatty. The results of these conditions are ruptures and apoplectic effusions. A not uncommon cause of apoplexy is aneurism of the larger cerebral arteries. Hypertrophy of the heart is much less frequently associated with apoplexy than arterial degenerations. In one hundred cases of apoplexy, 14.3 per cent. presented no appreciable changes either in the heart or in the great vessels.

## OUR LUNATICS.

THE last Report of the Commissioners is of necessity much interest. It records the murder of a patient Colney Hatch, and the death by brutality of one, and the suspicious death of another at Hanwell. The commissioners protest against the enlargement of the asylums; but the magistrates will not listen to them.

In 1860, there were also several grave cases of injury or suicide of patients in Colney Hatch and Hanwell. Private asylums would seem to be almost exempt from these serious evils.

The population of the different asylums on the 1st January 1862, amounted to 26,200. On the 1st January of the preceding year, the number was 24,845—an increase of 1,355 in the twelve months of 1861. In addition to these, there are probably about 8,000 lunatics in workhouses.

The number of lunatics in asylums and workhouses does not, however, represent the actual amount of existing lunacy in the kingdom. The questions of the increase of our asylum population, and that of lunacy among the population generally, are very different. There are no means of determining accurately the latter question; but the data we possess for solving the former give no support to the popular impression that lunacy is increasing in the kingdom.

From the 1st January 1849, to the 1st January 1862, the lunatic population of our asylums had advanced from 14,560 to 22,853. This large increase may be entirely accounted for by the great additions to asylum accommodation made; the larger number of lunatics brought to light; and to the prolongation of life in the lunatics cared for in asylums. So far, then, as the growth of the lunatic population of asylums is concerned, it gives no confirmation to the belief that lunacy is on the increase among us.

Again, the increase in the population of asylums arises almost entirely from pauper patients. While the number of pauper patients has augmented enormously, there has been no increase in private patients. This extraordinary fact, brought to light in the Fifteenth Report of the Commissioners of Lunacy, furnishes another argument against the supposition of the increase of lunacy amongst the general population. Again, this absence of increase in private patients is almost conclusive evidence of the admirable mode in which private asylums are conducted, and their efficiency to meet the requirements demanded from them. On the other hand, the steady increase of pauper patients shows that the system of public asylums does not meet the requirements of the great mass of the population. The existing amount of public asylum accommodation is not sufficient to meet the wants of even known pauper lunacy. The consequence is, that our great and splendid public asylums are almost solely receptacles for chronic cases of lunacy. Their use as hospitals for the cure of lunacy is, as a rule, of the most trifling description.

The population of the asylums on the 1st January 1862, was distributed as follows:—

County and Borough Asylums .....	19,655
Hospitals .....	2,152
Metropolitan Licensed Houses .....	2,132
Provincial Licensed Houses .....	2,261
Of the patients, there were:—	
Private .....	5,250
Paupers .....	20,950
Found Lunatic by Inquisition .....	315
Criminals .....	803
Chargeable to Boroughs .....	2,004
Number deemed curable .....	3,244

A State Asylum for the reception of five hundred criminal lunatics is now in course of erection at Bromley, Bagshot Heath.



# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

FERTILE source of local medical gossip has been afforded by the trial at the last Liverpool assizes for malpraxis, which furnished the subject of your editorial remarks in the JOURNAL of the 30th August, and resulted in a respectable and old-established surgeon being cast in heavy damages. I revert to the case to assure you that, so far as I can estimate professional feeling and opinion here, the tone and tenor of your remarks have met with general and decided approval. I wish, at the same time, to point out a slight error in the notice referred to, wherein it is stated that instruments were used in the delivery. Such was not the case; but it was alleged, on the part of the prosecution, that the defendant introduced his hands, back to back, into the vagina, forcibly distended the vulva, and thus tore open the perineum. This monstrous and—considering Mr. Pollard's position and experience as an accoucheur—incredible assertion, was most positively sworn to by the female witnesses who were present at the birth; the patient herself declaring that she, *mirabile dictu*, while in the obstetric position, saw the surgeon's hands in the position described, and tearing open her body. It is almost superfluous to say that this astounding statement was vehemently and indignantly denied on oath by the defendant. Nevertheless, although the judge in his summing up, appeared to discredit that portion of the evidence, it is to be feared that it had its influence on the minds of the jury.

It was thought by those competent to appreciate the evidence in its medical bearings, and who were present at the trial, that, while the case for the prosecution had been most carefully and skilfully got up, so as to make every point tell, the defendant, on the other hand, probably with a consciousness of having done no wrong, and relying upon the integrity of his cause, had failed to prepare his defence with the tact and skill requisite to carry him through, and to satisfy a jury of his innocence.

His counsel appeared to have been scantily and imperfectly instructed in the medical points of the case. The evidence of his professional witnesses was considered to be bald and meagre in the extreme. Nothing was said about rupture of perineum being often an unavoidable accident; nor was it suggested that recto-vaginal fissure is sometimes—and why not in this case?—the result of sloughing following prolonged pressure of the foetal head. His own deportment in the witness-box conveyed but too palpable and painful an impression that, although a competent and experienced practitioner, he was no match for a crafty and dexterous lawyer in a severe and browbeating cross-examination. His own evidence appeared to do his cause but slight service, except so far as to the emphatic denial of the unjustifiable use of force alleged against him. But, in this respect, he probably made no less brilliant a display of composure and tact than might have been exhibited by many

a one of his professional brethren under similar harassing circumstances.

Surely, no better illustration can be needed to demonstrate that, given an unfortunate case, two or three females of lively imagination, a little hard swearing, a keen attorney, a browbeating counsel, and a jury of sympathising fathers and husbands, how easy it is to make out a case of malpraxis, and swingeing damages against any unlucky practitioner whose professional conduct may be submitted to their judgment.

The result of the case bears out your observations, "whenever a dissatisfied patient feels disposed to bring an action against his medical adviser, he is never at a loss for two or three medical witnesses to back his case"; for, in the present instance, a consulting surgeon to a hospital appeared in the witness-box; and although his evidence was given fairly and without any apparent disposition to strain matters against the defendant, yet the bare fact of one in his position coming forward on the part of the prosecution, and thus adding the weight of his sanction to the proceedings, has been much regretted, and has elicited unmistakable expressions of disapproval from several of his *confrères* in Liverpool.

It is, however, a matter of congratulation that no member of the British Medical Association figured in this unhappy business. It is authoritatively stated, and I repeat the assertion with sincere pleasure, that at least one of our body, an accoucheur of repute, was solicited to give evidence; but that, to his infinite credit, he declined to be dragged into so questionable a position.

It is a prevailing opinion here that there must be a screw loose in the ethical machinery of our body politic in this matter of medical men appearing as witnesses—I had almost said as advocates—in cases affecting the profession; for within something less than the last hundred years, more than one instance can be recalled where a notorious quack bonesetter, who had a legal difficulty, was materially aided in escaping the penalty due to his rash and ruthless maltreatment of life and limb by the favourable testimony of recreant medical witnesses, whose position and repute should have made them more scrupulous and more jealous of professional honour and good faith.

Before leaving this unpalatable subject for topics of more pleasing interest, a relation of the following case of laceration of the vagina will not, perhaps, be altogether *mal-à-propos*. A woman of drunken habits, mother of a family, and the wife of a dissipated husband, was attended, in her fifth or sixth labour, by a careful and competent midwife; who, finding that after matters had gone on favourably for a few hours, the labour-pains ceased suddenly and were replaced by a constant lancinating pain in the abdomen, the patient at the same time becoming faint and anxious, apprehended that rupture of the uterus had occurred, and immediately summoned Mr. Steele, accoucheur to the Ladies' Charity. Upon his arrival, he found the woman in a state approaching complete collapse, and with all the usual symptoms of rupture. The child's head being quite low in the vagina, he at once applied the forceps, and without the slightest difficulty extracted a dead foetus. The



placenta followed immediately. On introducing his hand into the vagina, the os uteri was ascertained to be firmly contracted; but at the upper and back part of the vagina, there existed an extensive laceration, easily admitting the whole hand, and evidently extending into the abdominal cavity which of course was not explored. The posterior surface of the uterus could be quite plainly felt, but no lesion of that organ was discovered. The intestines did not descend into the pelvis. There was considerable *post partum* hæmorrhage from the internal wound, but none from the uterus itself. The woman remained much collapsed for several hours; but fortunately recovered perfectly, and with but little further deviation from the ordinary puerperal course.

The question naturally suggests itself, What caused the laceration? It was alleged that the woman had been severely kicked by her husband in a fit of drunkenness a few days before her confinement; but there were no external traces of injury. Still, it is possible to conceive that a severe blow or kick on the gravid uterus might have caused the laceration. Certainly, if death had resulted, the case would have assumed an important medico-legal character. The facility with which delivery was effected, and the previous collapse, preclude the idea that the injury was caused during the birth; and the known competence and prudence of the midwife render it improbable that she had improperly interfered with the natural progress of labour; but with our recent experience we can readily here discern the elements of a criminal prosecution against an innocent practitioner.

One other case bearing upon my present subject, and I have done with obstetrics. A lady, in her first labour, was delivered by an *experienced nurse* (who had been strongly recommended by two surgeons as quite competent to take charge of a labour) before the arrival of her attendant, who reached her just in time to remove the after-birth, and found all things apparently quite right. He continued his attendance through the usual period of puerperal convalescence; but in a few weeks, just as he was about to take leave of his patient, she told him for the first time that, ever since the birth of her child, she had suffered excessive soreness of the vulva and great pain in micturition. For the concealment of her sufferings she could only give a woman's reason; but particular inquiry elicited the fact that the experienced nurse had endeavoured to facilitate delivery by actually stretching open the vulva with her hands, with so much force as to cause the patient extreme agony. On examination, her accoucheur discovered unmistakable traces of contusion and injury to the mucous lining of the vagina; but, fortunately, the perinæum was not torn.

Several palpable and instructive practical hints may, I think, be drawn from this extraordinary occurrence, for the authenticity of which I can vouch, although, for obvious reasons, I withhold my authority.

As pertinent to Mr. Pollard's case, we may, I think, infer that it is by no means an easy thing to rupture the perinæum by manual force, even if an accoucheur of his experience could be supposed to be so rash and foolish as to resort to so unheard of a proceeding.

There have been several important operations within the last few weeks at our hospitals here.

At the *Royal Infirmary*, on August 19th, Mr. Bickersteth cut for stone a lad aged nine, who had suffered from symptoms of calculus for four years. The ordinary lateral operation was adopted. Rather more than the usual time was occupied in extracting the calculus owing to its having receded with the contracted bladder quite behind the pubes. With this unavoidable exception, the operation was neatly and rapidly performed, and the boy has made a good recovery.

On the same day, Mr. Long tied the femoral artery for popliteal aneurism. The patient, a printer, thirty-two years of age, was also the subject of valvular disease of the heart. The tumour had existed nine weeks. Two or three days previously to the operation he was seized with rigors, and increased pain in the limb affected. The tumour became rapidly enlarged and quite hard, and all pulsation in it ceased. Inflammation of the sac had evidently taken place; and without interference, the case, in all probability, would have run a similar course to that which occurred in a patient in this institution, an account of which was given in my letter of January 11th of the present year, the progress of which showed clearly that, when an aneurism puts on the appearance here described, the operation should not be delayed. The artery was tied without difficulty, and the case is doing well.

On the 2nd of September, Mr. Bickersteth excised the knee-joint in two cases, both boys under twelve years of age. The mode of proceeding in each case was by a single transverse incision across the front of the joint, making extreme flexion of the limb, and removing the ends of the bones, partly with the scalpel, and partly with the saw. In one case, the effects of long-standing disease rendered it necessary to divide a tendon and to remove the patella before the limb could be properly adjusted for union. In the other case, the patella was left. The ease and simplicity of this operation is very striking; but experience has shown that the after-treatment requisite to ensure a satisfactory result is a far more difficult and uncertain matter. Your readers shall in due course be made acquainted with the termination of these cases.

On the same day, Mr. Long again tied the femoral artery for a second case of popliteal aneurism, also in a male patient, and in which, like the first, the disease was on the left limb. This drew from the operator the remark, that he had invariably observed that popliteal aneurism occurred on the left side. Although he offered no explanation of this peculiarity, it is perhaps just worth recording.

From what I have witnessed in this hospital, ligature of the femoral for the cure of popliteal aneurism seems to me so simple and bloodless an operation, and so constantly successful in its results, that the advantages of the cure by compression are perhaps greater in appearance than in reality. Certainly the experience here, as I have observed in former letters, is greatly in favour of deligation.

While on the subject, I may mention that a man, upon whom Mr. Stubbs operated for popliteal aneurism about nine months ago, as reported in my letter quoted above, has returned to the Infirmary with aneurism of



he abdominal aorta. I have not heard whether we are likely to witness a re-enactment of Sir A. Cooper's great feat of tying the aorta; but, should that event take place, and "I am there to see", it shall be duly chronicled for the benefit of your readers.

At the *Northern Hospital*, a few days ago, Mr. Hakes operated for vesico-vaginal fistula of old standing, a former operation having failed. The case is deserving of notice, on account of some peculiarities in the mode of procedure, and an unusual and difficult complication which occurred in the operation. The patient was placed in the position for lithotomy; a single-bladed speculum introduced into the vagina, and a catheter into the bladder, readily brought clearly into view, and within good reach of the surgeon's hand, a circular opening, through which the posterior surface of the bladder protruded. This was pressed back by the catheter; and the operator, keeping the parts tense with the fingers of the left hand, pared the edges of the fissure with the ordinary narrow scalpel, occasionally using the forceps. Six thread sutures were first inserted, and used for the purpose of drawing through an equal number of silver wire ligatures, with which the wound was finally closed. Just before this last step of the operation, a small nodule of mucous membrane, which had escaped the first paring of the wound, was cut off, which unluckily opened into what appeared to be a network of vessels; and profuse and even formidable hæmorrhage ensued, which caused the greatest possible trouble before it was finally arrested by a ligature; which fortunately, however, was so placed as not to interrupt the complete closure of the wound. This unusual addition to the ordinary difficulties of this, which is perhaps always one of the most tedious and trying operations of surgery, proved a severe tax upon the patience and dexterity of the operator and his assistants; but perseverance prevailed; and the patient, owing to the invaluable aid of chloroform, an unconscious sufferer, was sent to her ward an example of the triumphs of modern surgery.

**IRON FORMED BY ANIMALCULES.** The *Journal de l'Instruction Publique* contains a curious article by M. Oscar de Watteville, in which he announces the fact, not generally known, that in the lakes of Sweden there are vast layers or banks of iron, exclusively built up by animalcules, not unlike those that have laid the foundations of large islands in the ocean, by silently and for ages cementing matter with matter, so as to create those beautiful forms known as madreporæ, milleporæ, corals, etc. The iron thus found is called in Sweden lake ore, distinguished, according to its form, into gunpowder, pearl, money, or cake ore. These iron banks are from ten to two hundred metres in length, from five to fifteen broad, and from a fourth to three-fourths of a metre and more in thickness. In winter the Swedish peasant, who has but little to do in that season, makes holes in the ice of a lake, and with a long pole probes the bottom, until he has found an iron bank. An iron sieve is then let down, and with a sort of ladle, conveniently fashioned for the purpose, the loose ore is shovelled into the sieve, which is then hoisted up again. The ore thus extracted is of course mixed with a quantity of sand and other extraneous matter, which is got rid of by washing it in a cradle, like that used by gold-diggers. A man may get out a ton of iron ore per day by this process.

## Progress of Medical Science.

**UNUSUAL EFFECTS OF A DOSE OF QUININE.** Dr. Gelineau states that, on May 14, a lady aged 32, of highly nervous temperament and delicate organisation, having been troubled with an irregular fever during some days, took, early in the morning, without medical advice, a dose of fifty *centigrammes* (about seven grains and a half) of sulphate of quinine. In an hour and a half, she was awakened by violent colic, pressing desire to evacuate the bowels, with anxiety, horriification, general chilliness, icy sweats. The depression increased each minute; the face was pale; the eyes were moved convulsively; the pupils were dilated; the teeth clenched; the limbs heavy and inert; she could not answer questions. When Dr. Gelineau saw the patient, the symptoms had slightly diminished. She answered questions with hesitation, but understood them; her breathing was calm; pulse 60. Dr. Gelineau prescribed affusions of cold vinegar to the head, warm applications to the extremities, purgative lemonade, and an injection of assa-fœtida and valerian when warmth had returned. An hour later, the pulse was 80; and from this time noises in the ears appeared. The catamenia appeared fifteen days before their regular time. The next day, the alarming symptoms had all disappeared, and the patient complained of only a little fatigue and weight in the head. The notable points in this case, Dr. Gelineau observes, are the colic preceding the disturbances of hearing, the slow manifestation of these disturbances, and the sudden and premature appearance of the catamenia. (*Journ. de Méd. et de Chir. Pratiques*, Juillet 1862.)

**TREATMENT OF HYDROCELE BY DRAINAGE.** Dr. Sicard of Nice says that he has seen at Marseilles several cases of hydrocele, in which M. Roux has successfully employed the drainage method. The fluid having been evacuated in the ordinary way by a trocar, a catheter with large eyes is introduced and secured. Any collection of fluid is thus drained off, and a moderate amount of inflammation is set up. (*Gazette des Hôpitaux*, 22 Juillet 1862.)

**DYSTOCIA FROM OBLITERATION OF THE CERVIX UTERI.** Dr. A. Mattei, in a memoir in which he has collected forty-two cases of difficult labour from obliteration of the canal of the cervix uteri, gives the following conclusions:—1. Complete occlusion of the neck of the uterus, either at its orifices or in the cavity itself, may arise from local inflammation; but it is generally produced by the organisation of the plastic plug which is formed during gestation. 2. This obliteration scarcely prevents pregnancy from reaching its full term; sometimes even it causes this to be protracted, and reveals its presence only at the time of labour. Digital examination alone can ascertain its presence; and if one or two fingers be not sufficient to remove doubts, the whole hand must be introduced into the vagina. 3. The occlusion is generally solid enough to resist the natural parturient efforts (thirty-six cases in forty-two); sometimes even (three cases in forty-two) women have died undelivered. In cases where medical aid has been delayed, the child has sometimes died (seven cases in twenty-eight), and sometimes the mother (two in thirty-nine). 4. The means employed to divide the obstacle have been the finger-nail and the female catheter, when little resistance has been offered. These means may be tried first; and if they be insufficient, the scissors or bistoury have been used. 5. The bistoury has been generally preferred; but, as it must be used deep in the vagina, and generally without the aid of sight; as it divides highly



vascular tissues and occasions a loss of blood; as the angles of the wound may enlarge too much; and as, where the head of the fœtus rests closely on the part to be divided, there is a possibility of wounding the foetal tissues; the use of the bistoury is not without danger. 6. In all these cases, the bistoury may be replaced by the end of a grooved sound, applied with some force and at several times, during uterine contraction, to the most dependent part of the tumour. In this way, Dr. Mattei gradually perforates the tissue, without exposing the patient to the dangers which attend the use of the bistoury. (*Gaz. Méd. de Paris*, 2 Août, 1862.)

WHERE IS UREA FORMED? In an essay on uræmia, Dr. Oppler of Berlin relates some experiments which seem to him to throw doubts on the generally received theory that urea is not formed in the kidneys, but only eliminated by them. In an instance in which he extirpated the kidney, two pounds of muscular tissue furnished six *centigrammes* of nitrate of urea; and in another, where the ureters were tied, a pound and a half of muscle yielded two *grammes* of pure urea—about four *grammes* of the nitrate. In the former case, 110 cubic *centimètres* of blood contained a quarter of a *decigramme* of nitrate of urea, while after the ligature of the ureters 200 cubic *centimètres* of blood contained four and a half *decigrammes*. Dr. Oppler concludes hence that the kidneys not only eliminate urea, but also form it, if not entirely, at least in great part. He believes that the secretion is effected by the renal epithelial; founding this opinion on the acknowledged function of the epithelium in other secreting glands; on the diminution and secretion of the excretion of urea when the epithelium is destroyed; and on the fact of the demonstration by Busch and Wittich of the presence of uric acid in the urinary passages of slugs and birds. Creatine appears to have some connection with the formation of urea in the kidneys; for, after the extirpation of these organs, 2·2 *grammes* of creatine were found in two pounds of muscular tissue, while after the ligature of the ureters, a pound and a half of muscle contained only half a *gramme* of creatine. (*Virchow's Archiv*, and *Gaz. Méd. de Paris*, 19 Juillet 1862.)

DEVELOPMENT OF MUSCULAR TISSUE IN VERTEBRATE ANIMALS. In a paper read before the Academy of Sciences on July 7th, M. C. Rouget put forth his views on this subject. In the muscles of animal life, the contractile tissue, at the period of its first appearance, consists of granulated linear striæ, which are only prevented by a certain degree of cohesion from being capable of separation into fibrils similar to those of completely developed muscles. These linear striæ, continuous from one end of the organ to the other, are as it were plunged in a liquid or semiliquid deposit very rich in rounded nuclei; this deposit and nuclei represent the conjunctive tissue of muscle in its embryonic form. At this period it is quite impossible to separate the anatomical elements of the muscle; any attempt made for this purpose only produces violent and irregular separation of fragments of muscular structure, carrying with them one or several nuclei and more or less extensive portions of the connective mucus and of fibrillar striæ. At a later period the uniting substance becomes more coherent, and is condensed into membranes, which undergo a kind of longitudinal segmentation, and enclose a certain number of fibrils, with some semiliquid connective material and rows of nuclei. These channeled cylinders may be completely isolated. They extend, preserving the same calibre, throughout the whole length of the muscle. The nuclei occupy the central part; at first they are rather distant from each other, but multiply until they are pressed together, being separate only by a little connective mucus rich in fatty globules, and form a continuous series in the central canal

of the muscular cylinder. These cylinders are only the first state of segmentation of the primitive muscular mass. They are not directly transformed into primary bundles, by the attachment of the central cavity and the more or less complete disappearance of the nuclei; they correspond, in reality, to the secondary or tertiary fasciculi; and it is by successive segmentation that they are broken up into fibres or primary fasciculi. The primary fasciculi of muscle arise from the embryonic cylinders in the following manner. The cylinder increases in length and in thickness by the growth of the cortical layer of fibrils; fissures parallel to the axis proceed from the central cavity, and divide the cortical layer into more or less distinct segments; at the same time, the connective substance condenses, and is solidified on the walls of the figures, forming a distinct sarcolemma for each segment of the cylinder. The primary sarcolemma of the cylinder also becomes thickened, and, being divided into lamellæ and fibres, forms a true *perimysium*. The embryonic cylinder is transformed into a secondary fasciculus of which the segments, provided with a sarcolemma, represent primary fasciculi or fibres. The nuclei occupying the centre of the cylinder are now at the point of junction, and in the thickness of the partitions of connective tissue. These nuclei may again undergo segmentation; and thus more or less numerous generations of fibres proceed from a single embryonic cylinder.

The muscles of organic life in vertebrata at no period present a central canal filled with nuclei pressed together. With this difference, the mode of development is almost the same. The primary muscular mass is divided into fibres or groups of fibrils, with nuclei and connective substance sometimes at the centre, sometimes at the circumference. The fibres increase in number by successive segmentations of the primary groups of fibrils, by germination from the cellular bodies in the connective substance, and by condensation into laminae and lamellæ.

The development of the muscular fibres of the heart does not differ much from that of other muscles. As soon as the beatings of the heart can be clearly perceived in the chick, the muscular layer, interposed between the large cells of the endocardium and those of the pericardium, is seen to form a complete network with interlacing meshes. This network is semiliquid, and is transformed by pressure or by distension into a confused magma: it is essentially formed of fibrillar, granulated, pale striæ, embedded in a homogeneous connective substance, scattered with fatty molecular brilliant granules, and with numerous nuclei lying near together. The peripheral connecting tissue of the trabeculæ of the network first solidifies, enclosing the fibrillar striæ in a kind of more or less resistant homogeneous sheaths. At this period the fragments of the network, broken up and presenting nuclei, have the appearance which has given rise to the description of branched and anastomosing muscular cells. The ulterior development is confined to the growth and segmentation of the trabeculæ of the network by a process approaching that which obtains in muscles of organic life. The cylinders with central rows of nuclei are absent; the trabeculæ of the network undergo direct segmentation into primary fibres, characterised by a very delicate sarcolemma, and by the presence of plastic nuclei both in the centre and at the circumference of the fibres. (*Gazette Méd. de Paris*, 19 Juillet 1862.)

DIAGNOSIS OF TRICHINA. Dr. Küchenmeister says that the presence of trichinæ in the body may be suspected if the patient be in a semi-typhoid state, without diarrhœa or typhus exanthem, and having no great enlargement of the spleen, but suffering violent muscular pain on the least movement. There may be also difficulty in swallowing, or strabismus or a certain fixedness



the eye, when the trichinæ are accumulated in great numbers in the muscles of these parts. Microscopic examination alone can reveal the presence of trichinæ with certainty. If the patient have a wound, a small portion of muscle may be removed and examined; if not, an exploratory puncture may be made in a muscular part, and a small portion of flesh removed. In the treatment of trichinæ, Dr. Küchenmeister proposes purgative every three days (some calomel with about 1/2 drachm of jalap and the same quantity of powder of male fern). He also recommends the long continued use of small doses of turpentine. Venice turpentine may be given in pills with powder of male fern; from twenty to forty *centigrammes* (about three to six grains) of turpentine being taken three or four times a day. He states that Professor Zenker and Dr. Waldeck have ascertained the presence of trichinæ by a microscopic examination of the faecal matters. The latter has found in the intestinal mucus certain small worms which he regards as trichinæ arrived at the state of maturity. (*Deutsche Klinik*, and *Gaz. Méd. de Paris*, 19 Juillet 1862.)

## Correspondence.

### PYÆMIA.

LETTER FROM ASHBY G. OSBORN, ESQ.

SIR,—So serious is that condition of the system which we term pyæmia, that I venture to hope a few remarks on the management of these cases may prove acceptable to those who have to combat the malady in practice.

I quite agree that our aim should be to support the sufferer's strength by judicious measures and suitable tonics; and I am inclined to think that rum, as a diffusible stimulant, and a spirit which acts principally on the cutaneous circulation, is to be preferred to brandy or gin.

Where the collections of pus are merely subcutaneous, I think that, instead of opening these, we might apply cotton-wool with advantage, as in superficial burns, to absorb the discharge, should the abscesses break, and by acting as a desiccant check further secretion; for I do not see that we get any advantage by merely drawing off the pus from these superficial collections; whilst, if we encourage suppuration of their secreting surfaces, we are draining away our patient's strength. And this brings me to notice that I regard the pus as partly dependent on a defective formative action, and partly brought from a distance by the circulatory system.

If we believed that a certain quantity of pus contained in the blood is being deposited in the organs and tissues as a remedial measure, and that thus the circulatory system, as it flows on, leaves the noxious material where it can do least harm, it would seem that we should be assisting nature by opening these collections and letting the matter freely escape. But, regarding the pathology differently, and thinking that, in the majority of cases of pyæmia, the organic change which causes so much blood to be converted into pus is dependent on an overpowering of the vital power, I am inclined to confine the use of the lancet as much as possible to those abscesses which, from the suffering they occasion, are obviously wearing out our patient's strength, trusting at the same time to general treatment to correct the depression of the vital powers.

Mr. Prescott Hewett, in his interesting paper on Pyæmia in the *JOURNAL* of the 15th March last, has remarked in the concluding paragraph that often cases do well where collections of pus in the joints are let alone; the pus is absorbed with the patient's returning strength, and a flexible joint in time restored. As I have already said, I would carry still further this prac-

tice of leaving the collections of pus to spontaneous absorption.

In these cases, we ought not to yield too readily to our patients' wishes, when they request all collections be liberated as they appear. This, I know, was the case in a melancholy and fatal instance of pyæmia in a surgeon of my acquaintance, who lingered for a long time, but at length sank under the disease.

Another point in this, as in all wasting diseases, is how to prevent bed-sores. From a case of paraplegia in a gentleman whom I attended for some months, and who clothed in flannel and lay only in blankets, I am induced to recommend woollen clothing and blankets in preference to linen or calico dresses and sheets, which are hard, cold, and particularly injurious to tender skin, whenever either the sheeting or patient's dress, especially if it be linen, gets creased or uneven under the part pressed upon. This gentleman lay thus clothed and covered for months, and the skin remained in a better state than I have ever known it.

In conclusion, I should be glad to learn if the experience of any of your readers tends to confirm or confute my views.

I am, etc.,

ASHBY G. OSBORN.

24, York Parade, Northampton, Sept. 30, 1862.

### UNQUALIFIED MEDICAL ASSISTANTS.

SIR,—Lately two letters appeared in the *JOURNAL*, submitting the question, Whether the poor should be attended by qualified or unqualified persons? This is readily answered; but frequently "hard is the lot of the poor". It is true, the articulated pupil, under the superintendence of a legally qualified practitioner, must have a beginning, and, when sufficiently competent, may be allowed to visit cases of minor importance; but what shall be said where a surgeon to a union engages an assistant unqualified in every respect, but for the agreement of a small salary, has the care of the greater part of the poor in his district. When the Poor Law was first formed, the commissioners wished to engage duly qualified gentlemen; but there are those in the staff who, having emerged from behind a druggist's counter, have by some means or other obtained a surgeon's diploma, and become medical officers to some union; and these engage for a mere trifle an uneducated young man, frequently void of everything essential to the medical character, except coarse language and rough treatment to his patients. But I will not dwell too long on this painful subject; yet, to show how little the poor are cared for by some, I will briefly relate to your readers what I have witnessed.

An union surgeon possessing the double qualification, and having a large practice and salary, engaged one of these rough, uneducated young men, and nearly the whole of the poor devolved on his charge; but, what is the worst of all, a large parish at a distance from his residence, wherein a great number of poor lived, was visited occasionally by this *pseudo*; but how were they attended? Mark! there were half a dozen small bottles in a *kitchen window* of a certain house: one contained peppermint-water, another chalk mixture, another rhubarb mixture, another a slight bitter, and a small box of pulvis jalapæ; there was in the same window the usual companion, a jug of aquæ fontanæ. The poor came to the house of this small chemist's shop with their bottles; a little out of one or each of the above was put into them, and filled up with water, with verbal directions for the taking thereof! Sadder still, a young woman of eighteen was frequently the dispenser of these harmless medicines—"Similia similibus curantur".

The question may again be asked, Is this the way the poor are to be treated in the hour of sickness and distress? But I have said enough; the commissioners



should see that the poor shall not be attended by an unqualified man. I am, etc.,

A MEMBER OF THE ASSOCIATION.

September 17th, 1862.

## Medical News.

**APOTHECARIES' HALL.** On October 2nd, the following Licentiates were admitted:—

Bailey, William, Tipton  
Clarke, Caudell, Wymondham  
Edlin, Edward Holberton, Plymouth  
Griffith, William Hughes, Southampton  
Hunt, Albert Dunning, Chagford, Devon  
Lavin, Peter John, Bushey, Herts  
Meacham, Edward, Cheetham, Manchester  
Russell, Charles Martin, Monmouth Road, Westbourne Grove  
Smith, Cleveland, Thornton Street  
Whitehead, John, Trinity Square, Southwark

### APPOINTMENTS.

**BROMLEY, John B., Esq.,** appointed House-Surgeon to the Stourbridge Dispensary.

### ARMY.

**GILLESPIE, Staff-Assistant-Surgeon F., M.D.,** to be Assistant-Surgeon 35th Foot, *vice* W. H. Hill.

**REID, Surgeon F., M.D.,** 5th Foot, to be Surgeon-Major, having completed 20 years full-pay service.

**WALSHE, Surgeon H. C., M.D.,** Royal Artillery, to be Surgeon-Major, having completed 20 years full-pay service.

To be Staff-Assistant-Surgeon:—

**GRAY, H.**

### ROYAL NAVY.

**CRONIN, James D., Esq.,** Surgeon, to the *Meander*.

**FINUCANE, Daniel, Esq.,** Surgeon, to the *Meander*.

**HOLT, James, Esq.,** Surgeon, to the *Meander*.

**MOLLOY, Gerald, Esq.,** Assistant-Surgeon, to the *Nile*.

**PURCELL, Walter P. J.,** Assistant-Surgeon, to the *Dasher*.

**RUBY, Henry G., Esq.,** Assistant-Surgeon, to the *Impregnable*, for service in the *Squirrel*.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

**DALTON, W., Esq.,** to be Surgeon 2nd Administrative Battalion Gloucestershire R.V.

### DEATHS.

**COLLEDGE.** On September 29th, at Cheltenham, aged 12, Robert Inglis, youngest son of Thomas R. Colledge, M.D.

**METCALFE.** On October 1st, at Clifton Gardens, Maida Vale, aged 5 months, Edmund E., infant son of E. Metcalfe, Esq., Surgeon.

**WARD, Thomas Abel, Esq.,** Surgeon, at Watford, aged 68, on Oct. 6.

**PROPOSED SURREY COUNTY HOSPITAL.** Donations to the amount of £5500 have been already received towards the erection of a hospital. Guildford is spoken of as the probable site of it.

**A PUBLIC ANALYST IN DUBLIN.** The corporation of Dublin have appointed a public analyst. There were four candidates, and Professor Cameron had a large majority.

**PATHOLOGICAL SOCIETY OF LONDON.** The first meeting of the Pathological Society for the session 1862-63, will be held at the rooms, 53, Berners Street, on Tuesday evening, the 21st instant, at 8 o'clock.

**VACANCIES.** The following appointments are vacant:—Physician to the Islington Dispensary; medical officer of the Broughton District, Newark Union; medical officer for the Aldborough district of the Erpingham Union, Norfolk; District No. 1 of the Wimborne and Cranborne Union, Dorset.

**LUNACY LEGISLATION.** The Commissioners in Lunacy have issued a notice that "as ample time has, in the opinion of the Commissioners in Lunacy, been now afforded for all persons concerned in the care of the insane to make themselves acquainted with the provi-

sions of the Lunacy Acts Amendment Act, 1862, notice is hereby given that a strict compliance, in all respects with that statute, including the adoption of the forms thereby required, will be henceforward insisted by this Board."

**ARMY MEDICAL SCHOOL.** The winter session of the Army Medical School, at Fort Pitt, Chatham, was opened on Wednesday October 1, when the whole of the students belonging to the school attended in the lecture room. The introductory address was delivered by Professor Parkes. By direction of the War Office authorities the course of study at this school, during the present season is to be confined exclusively to the junior assistant surgeons of the army. On Wednesday, twenty-seven medical candidates for commissions, and six assistant surgeons joined the establishment to go through a course of medical instruction.

**THE WILL OF THOMAS WAKLEY, Esq.,** late M.P. for Finsbury, and coroner for Middlesex, of Bedford Street Strand, and of Matlock Bath, near Buxton, Derbyshire, who died at Madeira in May last, was proved in London on the 18th of September. The personalty was sworn under £12,000, the executors nominated being his son, Thomas H. Wakley, Esq., of Arlington Street Piccadilly, and Thomas Spalding, Esq., of Hendon; the son alone is acting executor. The will, which is of moderate length, was executed in 1861, and is strictly a family nature, directing his estate at Matlock, consisting of messuages and land, and all other real estate to be sold; the net proceeds arising therefrom, together with his personal property, to be equally divided between his three sons. Mr. Wakley was in his 68th year. (*Illustrated News*.)

**PRESERVATION OF MEATS.** M. Martin, after pointing out the evils attached to the usual method of salting meats says: "The method of avoiding these inconveniences is to salt uniformly and not subdivide too far the meat, thus preserving its aroma and its juices. I think that I have found the solution of this problem, and the following are the means which I employ:—If it is a ham which I wish to salt, I introduce, by means of a trocar between the bone and the muscle at the small end, a sound which I attach to a stop-cock, which communicates by a tube with a reservoir of water saturated with salt, in which are added various aromatics and condiments. The reservoir is from twenty-five to thirty-five feet high. When the stop-cock is opened, the liquid by its pressure rapidly separates the muscle, and the two or three ounces of pickle which are necessary for the preparation of one pound of meat are easily lodged in the cellular tissue which surrounds the bone. Thence it forms a kind of reservoir; the liquid spreads, penetrating all the fibres by infiltration, distributing regularly and homogeneously the conservative agent, and producing its first effect upon the part most susceptible of alteration, that which surrounds the bone. The hams thus prepared are put for some days in a pickle bath. The object of this bath is to prevent by its pressure the issue of the liquid injected, besides which it completes the preparation by saturating the surface. When they leave the bath the meat has lost nothing of the weight which it had at its entrance. I then expose them to a current of air at a moderate temperature. When by evaporation they have lost the infiltrated liquid and five per cent. of their normal weight, I expose them to the action of smoke for a time which varies with their weight. This latter operation is not necessary for their preservation, but it gives them a taste which is generally sought for, and effects a reduction of weight. On leaving the smoke-house they have lost from twelve to fifteen per cent. of their weight; before entering they had already lost about five per cent., so that their whole loss is from eighteen to twenty per cent." (*Cosmos*.)



### Varieties.

**DIMINUTION OF PROGENY AMONG HIGHER ANIMALS.** The higher we rise in the animal kingdom," says Professor Agassiz, "the more limited do we find the number of progeny, and the care bestowed upon them by the parents is in proportion to this diminution."

**A PORTABLE STYPTIC.** For the preparation of a convenient styptic, it is recommended by the *Moniteur des sciences Médicales* to soak amadou or German tinder in solution of perchloride of iron of a density of about 255. It should then be dried in the sun, and rubbed between the hands to restore its suppleness and porosity. Small pieces applied to leech bites soon stop their bleeding. They may be held in their places by strips of plaster.

**FLY-TRAPS.** The means of destroying flies are few. No man has been made for shooting flies, nor will it pay to eat them like wolves and set a price upon their heads. You decoy them to their death with treacherous sweets, you attract more flies than you kill. To divert the attention of flies from ripening wall-fruit, beer, and sugar in open-mouthed bottles is a more tempting trap than mere sugar and water; a spoonful of gin increases the efficacy. A simple and effectual way of protecting apricots and peaches from flies and wasps is to wrap each fruit separately in coarse tow or wool. Arsenical and other mineral mixtures expose you to the risk of poisoning, if not yourself and friends, at least your favourite cat. Canvas or wire-work blinds fitted to the open window make you feel as if you were a joint in a meat-safe. Mosquito curtains, adapted to the same, give an apartment the air of a lying-in room or a private asylum. Chloride of lime will send away flies, and even mice; but it ruins your pictures and your lungs. Crushed laurel-leaves, tobacco-smoke, and sulphur, impregnating an atmosphere, are as noxious to man as they are to man's insect enemies. We have all seen scare-crows. An ingenious Florentine gentleman has communicated to the world a scare-fly. He hangs outside his window a net with meshes large enough for three or four flies to pass through; yet not a single fly dares to venture past the net. Perhaps they take it for the web of some gigantic spider. The communicator heard that the monks of a neighbouring convent had discovered the efficacy of this mode of protection. An artist residing in Rome confirmed the fact, stating that, with the net outside, he could leave his windows open, fearless of injury from flies. To ensure success, light must enter the room on one side only. In the *Memoirs of the Entomological Society*, Dr. Stanley gives the result of his own personal experiments. He got made nets of various colours, whose meshes varied from three-quarters of an inch to an inch in width. These nets were stretched before the two windows of a room especially infested by flies (principally blue-bottles), which were attracted by lemonade and honeysuckle trained against the wall. To keep out the flies, the windows had been always shut, even during the hottest days of summer. As soon as the nets were in their place, the inconvenience disappeared; the air penetrated freely; the flies kept outside; no fly presumed to pass through the net. On opening a door which led to an adjoining room, the flies recovered their natural impudence, and immediately passed the net. When driven out of the room, they dashed against the upper panes of glass, resolutely avoiding the net. Another very light net was made, with meshes an inch and a quarter wide; the thread was invisible, and in no way hindered either the light or the view of outside objects. A few wasps were all that attempted to pass through the meshes. Herodotus alludes to this mode of keeping off insects. (*All the Year Round.*)

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

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### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M.: Dr. Cockle, "On Aneurismal Tumours affecting the Neck."

WEDNESDAY. Metropolitan Association of Medical Officers of Health, 4 P.M.

THURSDAY. Harveian Society of London, 8 P.M.: Mr. De Méric, "On Syphilitic Eruptions."

FRIDAY. Western Medical and Surgical, 8 P.M.

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### POPULATION STATISTICS AND METEOROLOGY OF LONDON—OCTOBER 4, 1862.

[From the Registrar-General's Report.]

	Boys..	Girls..	Births.	Deaths.
During week.....	832	855	1687	1229
Average of corresponding weeks 1852-61 .....			1699	1132

**Barometer:**  
Highest (Sat.) 30.296; lowest (Mon.) 29.633; mean, 29.937.

**Thermometer:**  
Highest in sun—extremes (Wed.) 107 degs.; (Sat.) 69.6 degs.  
In shade—highest (Fri.) 71.7 degrees; lowest (Wed.) 43.7 degs.  
Mean—53.1 degrees; difference from mean of 43 yrs.+4.5 degs.  
Range—during week, 28 degrees; mean daily, 15 degrees.

Mean humidity of air (saturation=100), 92.  
Mean direction of wind, S.W.—Rain in inches, 0.64.

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### TO CORRESPONDENTS.

**\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.**

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

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**GRATUITOUS LEGAL SERVICES?—SIR:** I see by to-day's *Times*, that Thomas B. Tanqueray Williaume returns thanks to the Governors of the London Hospital for having been elected Solicitor to the Hospital. Can you inform me whether this is a gratuitous or paid appointment?  
Your obedient servant,  
AN ASSOCIATE.

**MR. HIGGINBOTTOM AND TOTAL ABSTINENCE.—SIR:** To the general practitioner who is desirous of knowing "how to exclude alcohol from our dietary and live", I beg to say that I do not answer any anonymous correspondents. I am, etc.,  
October 6th, 1862. JOHN HIGGINBOTTOM.

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COMMUNICATIONS have been received from:—Mr. CHRISTOPHER HEATH; Dr. HENRY GOODE; Mr. ROOPE; Mr. WM. BOWMAN; Mr. HAYNES WALTON; Dr. ALFORD; Mr. CROSSE; Dr. GRAILY HEWITT; Mr. HIGGINBOTTOM; Dr. P. H. WILLIAMS; Dr. FIGG; Mr. G. RIGDEN; Mr. SOUTHAM; Dr. BRYAN; Dr. W. ROBERTS; Dr. A. T. H. WATERS; Mr. S. A. PARKER; SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mr. C. H. ROPER; Mr. G. P. GOLDSMITH; Mr. SYMPSON; and Mr. T. M. STONE.



## SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, October 1862.

## BOOKS RECEIVED.

1. The Theory of Vital Force applied to the Cure of Disease. By E. Haughton, A.B., M.D. Dublin: 1862.
2. Lectures on the Laws of Health, and their Correspondence with Revealed Truth. By Henry Browne, M.D. Manchester and London: 1862.
3. The Stethoscope: a Quarterly Journal of the Modern Practice in Consumption and Chest Diseases. No. I. October 1862. London: 1862.
4. Remarks upon Artificial Teeth. By Samuel Adams Parker. Birmingham and London: 1862.
5. The Climate of the South of Devon and its Influence upon Health. By Thomas Shapter, M.D. Second edition. London: 1862.
6. Illustrations of Puerperal Diseases. By R. Uvedale West, M.D. London: 1862.
7. On Chronic Alcoholic Intoxication. By W. Marcet, M.D. Second edition. London: 1862.
8. A Compendium of Domestic Medicine. By John Savory. London: 1862.
9. Notes on Surgical Cases. By Ebenezer Fleming, M.D. Edinburgh: 1862.

## ADVERTISEMENTS.

## Williams &amp; Son's Pure Glycerine

SOAP, analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals.

The *British Medical Journal*.  
The *Lancet*.  
The *Medical Times and Gazette*.  
The *Medical Circular*.  
The *Edinburgh Medical Journal*.  
The *Dublin Hospital Gazette*.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP WORKS, CLERKENWELL, LONDON, E.C.

## For Varicose Veins and Weak-

NESS. Very superior SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and *inexpensive*, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working-classes.

ABDOMINAL SUPPORTING BELTS for both Sexes, those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with EXTREME LIGHTNESS—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the

Manufacturers,

POPE and PLANTE, 4, Waterloo Place, Pall Mall, London.

The Profession, Trade, and Hospitals supplied.



## Aloina.—The discoverers of this

(vide "Edinburgh Monthly Journal of Medical Science for Feb. 1851), the CRYSTALLINE PURGATIVE PRINCIPLE OF ALOES, continue to prepare and supply it. They have the gratification of knowing that the most eminent of the profession prescribe it, to the exclusion altogether of the various kinds of aloes. Orders executed direct or through any Drug house, by T. & H. SMITH & CO., 69, Coleman Street, London, and 21, Duke Street, Edinburgh.

## Jozeau's Copahine Mege.

Or SACCHARATED CAPSULES. — Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet" Nov. 6, and Dec. 10, 1852. The Copahine which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Prepay-

ment, in the PURCHASE of NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.

PELLATT and Co. submit the following PRICES of VIALS, for PREPAYMENT only:—

$\frac{1}{2}$ oz., 1 oz., 10 dr., & $1\frac{1}{2}$ oz. per Gross, 6s.	In quantities of not less than Six Gross, assorted to suit the convenience of the purchaser, delivered to carriers in London. No charge for Package
14 dr., & 2 oz. " 7s.	
3 oz. " 8s.	
4 oz. " 10s.	
6 oz. " 15s.	
8 oz. " 18s.	No charge for Package
$4\frac{1}{2}$ oz. graduated in 3 doses " 12s. 6d.	

Breakage at risk of Purchaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full made payable in London.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

PELLATT & CO.,  
FALCON GLASS WORKS, LONDON.

## Great Saving in the Purchase

of NEW MEDICAL GLASS BOTTLES and PHIALS, at the NORTH LONDON GLASS BOTTLE WORKS—I. ISAACS and COMPANY (Proprietors). London Warehouses, 24 and 25, Francis Street, Tottenham Court Road, W.C.

6 & 8 oz., any shape, plain or graduated	Clear	8s. 0d. per gross.
3 & 4 oz. ditto ditto ..		7s. 6d. "
$\frac{1}{2}$ oz. Moulded Phials	Of a very superior quality	4s. 6d. "
1 oz. ditto		5s. 6d. "
$1\frac{1}{2}$ oz. ditto		6s. 0d. "
2 oz. ditto		7s. 0d. "

A remittance not required till the goods are received. Packages free. Immediate attention to Country orders. Goods delivered free within 7 miles. Post-office Orders payable to I. ISAACS and CO., at the Post Office, Tottenham Court Road. Bankers—Unity Bank Western Branch.—Established upwards of 70 years.

NOTICE.—ISAACS & CO. beg to inform the Medical Profession that in order to oblige those gentlemen who favour us with their commands, they have established an Express Department, by which all urgent orders will be dispatched the morning received. All letters marked X on the envelope will have priority.

## Bouchardat's Gluten Bread,

SEMOLA, and CHOCOLATE, for Consumption, Diabetes, and General Debility.

"Gluten Bread may be eaten like ordinary toast with any meal, whilst the Semola may be prepared with milk, and taken separately or in puddings. In the treatment of Consumptive Patients, we attach very great value to the use of these substances. Their action is to increase the activity of all vital functions, since, by so largely increasing the evolution of Carbonic Acid, they must aid in the transformation of Starchy and other Hydro-carbonaceous foods, and at the same time the Nitrogen supplies the element requisite for the formation of the tissues of the body. Hence they increase assimilation."—"Consumption in its Early and Remediable Stages," by Edward Smith, LL.B., F.R.S.

TWINBERROW, Edwardes Street, Portman Square.  
G. VAN ABBOTT & CO, Howford Buildings, Fenchurch Street, E.C.; and all Chemists.



# Original Communications.

## FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

[To the Editor of the BRITISH MEDICAL JOURNAL.]

SIR,—My friend, Mr. M. Berkeley Hill, formerly house-surgeon at University College Hospital, has forwarded to me some papers for publication in the JOURNAL.

They are the result of his study of syphilitic disease during the last year or more in the French and German schools, particularly in the latter; and appear likely to be useful, as epitomising the views of some of our most experienced continental brethren in relation to this subject.

It is interesting to observe how completely, and almost universally, the specific distinctions between the "infecting" and "non-infecting" chancres are recognised by the continental schools. I have long been thoroughly convinced of the extreme value of these distinctions in practice; and believe that they are still far from being sufficiently recognised in this country. They enable us, on seeing a primary sore, often at the first examination, and almost always during an early period of its development, to predict with absolute certainty, whether the patient will or will not be the subject of secondary symptoms; an achievement which can scarcely be over-estimated.

In the session of 1857-58, I endeavoured to illustrate this matter, in a paper read before the Harveian Society of London (subsequently published at length in the *Liverpool Medical Journal*); and since that time I have had abundant opportunities of demonstrating to numerous observers the certainty and the importance of such prognosis among the out-patients affected with venereal disease at University College Hospital. I may add that an epitome of that paper, with the distinctive diagnostic characters of the two species of chancre in a tabular form, was published in the BRITISH MEDICAL JOURNAL of March 27, 1858, pp. 249-50; and I believe it was the first assertion of these views in this country.

It is with the object of again enforcing the value of the distinctions referred to as a guide to our practice, that I have ventured to call attention to the progress of "dualistic" doctrines, as they have been sometimes termed.

This, as well as other important relations of the subject, are well exemplified in the following brief analyses made by Mr. Hill, and containing the most recent opinions of Sigmund of Vienna, of Von Baerensprung of Berlin, of Rollet, and of Diday of Lyons.

I am, etc., HENRY THOMPSON.

Wimpole Street, August, 1862.]

### I.—SIGMUND OF VIENNA.

THE doctrines which formularise the views of different writers and observers on syphilis are so various and contradictory that a short *exposé* of the opinions of some of the most trustworthy observers may prove interesting. Several English surgeons have made the conclusions of Ricord, and of some other French writers, familiar to the medical public of this country; while the opinions of other observers are not so well known, or have been modified since the date of their latest publications on the subject. I propose, therefore, to offer some brief analyses of these, and to begin with

the results of the observations of Professor Sigmund of Vienna, who has charge of the clinical venereal wards in the General Hospital there.

Dr. Sigmund has, from time to time, read papers on syphilitic contagion before the Medical Society of Vienna, in the *Transactions* of which body they have been recorded. In addition to these, the professor condensed his views into an article for the *Vienna Medical Year-Book* for 1861. This article is entitled, "On the Difference of the Contagious Principles, and the Classification of Venereal Affections dependent thereon." It is from this latter publication, and from the lectures delivered in his wards, that I have drawn my information of his views on this subject.\*

Sigmund first eliminates gonorrhœa from the forms of syphilis, as being totally distinct from them. Next, he describes the transmission of the virus.

These are his views on the modes of, and results of, transmission of the virus of chancres, etc.

The vehicles of the contagious principle of the varieties of venereal sores are the pus, blood, and exudation fluids of syphilitic persons. All other fluids can convey this contagious principle only through mixture with one of these three. Transmission succeeds only on broken surfaces; never where there is no breach of continuity. The earliest symptom of inoculation or reception of the virus shows itself in these places as a circumscribed exudation or infiltration in form of an ulcer, pustule, or papule, appearing either very quickly in from one to two days; now and then, five days; or, as a rule, much later, between the fourteenth and twenty-first day; but never later than six weeks after contagion. All these introductory forms are called primary forms. Secondary forms are those which owe their existence to an infected state of the blood consequent on the absorption of the virus propagated on these local primary ulcers, etc.; therefore they appear scattered generally throughout the tissues.

Observations extending over years, of individuals well known to Sigmund before they were attacked by venereal sores, proved to him that this general constitutional affection did not follow every transmission of the contagious matter. On the contrary, many of them suffered repeated contagions on various parts of the skin and mucous membrane, anus, navel, axilla, mouth, nipples, between the toes, tongue, palate, and tonsils, with no injury beyond purely local ulcers and inflammation of the nearest group of glands. To others of them, nevertheless, a single local affection, under the form of a pustule, papule, or ulcer, sufficed to induce constitutional symptoms. The period within which these constitutional symptoms, of which the enlargement of the lymphatic gland is the earliest, succeed the primary affections, is six or eight weeks, and never extends beyond twelve weeks. This exception occurs in persons debilitated by fevers, pregnancy, etc.

In consequence of the similarity of the primary forms in all these cases, it was impossible, in all cases, to distinguish the infected from the non-infected cases until this probationary period was passed, and the appearance or non-appearance of the lymphatic gland enlargement was established.

This indolent enlargement of the greater part, if not of all the lymphatic glands, is the earliest pathognomonic sign of syphilis. To it is owing the impoverishment of the blood, and thence the ill-nourishment of the tissues, etc.

Having thus described contagion and its consequences generally, Sigmund divides venereal sores and affections into three classes: 1. The primary contagious forms; 2.

\* The professor, in answer to a letter from me, asking for any later information he could give, has very kindly set forth his present opinions at some length. In some important respects, he has seen reason to modify his views. These modifications are inserted in the text. His letter is dated July 3rd, 1862. (M. B. H.)



The contagious and infectious secondary forms; 3. Pseudosyphilis.

1. The first class includes the two varieties of chancre, the simple and the infecting.

*Simple Chancres.* These are their characters. They consist of ulcers and abscesses seated on the skin, mucous membrane, and subjacent cellular tissue, usually on or about the sexual organs. They invariably arise through the contact of virulent matter from similar sores with breaches of surface, unbroken surfaces being secure from contagion. The signs of contagion appear from one to two days after application of the virus—very rarely, indeed, the pustule may not appear till the fifth day—as pustules or suppurating wounds; if pustules, they soon become ulcers by increasing loss of tissue, and can thus be repeated far and near on the same individual. The further spread of the ulcer depends on accidental causes or individual peculiarities. Usually, these ulcerations are accompanied by inflammation of the nearest lymphatic glands, with formation of a pus which is inoculable. The course of these ulcers ends with these local complications. So long as they preserve these characteristics, no further affection of the system occurs. They can recur on the same individual indefinitely; they heal without any particular treatment; but they may be severe when occurring in exhausted or debilitated constitutions. These sores are circular, or inclining to circular, and have a sharply cut border. The border and base are at first dense and tough, and are saturated with thick pus; that is, the base is wormeaten and the spongy tissue thus formed is full of tenacious pus. The cicatrix is of similar density as the surrounding tissue. Now and then, long continued inflammation or irritation will cause the base and margin, and even the cicatrix, to thicken; but the glands remain unaffected in these cases, or at most one or two of the nearest group are acutely inflamed.

A certain diagnosis that the soft chancre is a non-infecting one, depends on the absence of hardening of lymphatic glands during six or eight weeks of its course, and on repeated successful inoculations on the bearer during that time.

*Infecting Sore.* Its presence in men is indicated by the hard infiltration (sclerosis) of the skin and cellular tissue, etc. The hard chancre is, as a rule, the first appearance of syphilis; the papule is but an exceptional one.

Ulceration and suppuration are not necessary phenomena of this primary affection; when they occur they are produced by various irritants; for instance, uncleanly habits, allowing sebaceous matter, mucus, etc., to collect, and promote irritation and ulceration of the papule, which is but lowly vitalised tissue. Also pressure or laceration, etc., produce greater or less gangrene or decomposition of this syphilitic infiltration or induration matter. It is wrongly called an ulcer; it takes on a chancreous appearance only where an inoculation of the contagious pus of the soft chancre has taken place on it. The inoculation of the two principles may be simultaneous or successive; hence these cases are "mixed chancres"; on the surface lies the soft contagious ulcer; below, the syphilitic infiltration.

In women, the infecting sore is nearly always at first a papule; the hard chancre is very exceptional; and it remains small and ill-developed, so as to be readily overlooked.

Another peculiarity in women is, that not unfrequently the papule is followed by the appearance in its immediate neighbourhood of similar papules just along the course of the superficial lymphatic vessels; whether by contact with the original one, or by percolation through the vessels, the virus reaches the new localities, cannot be decided. After this the infection may proceed to the glands, causing the usual adenopathy and other constitutional symptoms. Often, however, the process stops

here without further infection; or, at most, there is a slight follicular swelling of the mucous membrane of the fauces, the tonsils, and soft palate, and this slight complication ends the syphilitic disease in these women. No further secondary or tertiary affection at all takes place.

*Mixed Chancre.* "I no longer doubt," writes the professor, "the existence of the mixed chancre, since I have produced it artificially by inoculation. I inoculated the pus of a soft contagious chancre, diagnosed according to the rules laid down in the description of that sore, on the infiltration (or sclerosis) of a hard chancre of which the skin remained unbroken. In from twenty-four to forty-eight hours (now and then a delay of two to three days occurred) an ulcer was formed which possessed exactly the characters of the contagious soft chancre. The pus it secreted I again inoculated on the patient, and on others, and reproduced soft chancres."

(In this inoculation experiment, the professor omits to state whether he first tested the hard chancre by inoculation on its bearer; also if the persons to whom he successfully transferred his soft chancre were previously syphilitised, so that the syphilitic poison, if contained in the secretion of the mixed chancre, would have no effect. Probably that was the case.)

The border and base of this artificially produced ulcer were hard; the infiltration was broader than the ulcer, which deepened if not cleaned and treated suitably at once; then it appeared similar to the chancre which at all times has been called the Hunterian chancre.

The same result is produced by inoculation of the soft chancre on an unbroken papule; and such, doubtless, is what occurs when papules on female genitals take on ulceration.

*Incubation.* The incubation of the simple chancre is almost *nil*; that of the infecting sore is usually from fourteen to twenty-one days, sometimes longer, but never beyond forty-two days. Now and then, exhausting fevers, pregnancy, etc., may cause still more lengthened incubation; but probably further observation will bring such cases within the range of six weeks after the infecting contact.

Consequent on the formation of the hard chancre or papule, whichever may be the primary affection; is the indolent general enlargement of the lymphatic glands. This enlargement occurs about ten or twelve days after the ulcer appears, or about five to six weeks after contagion; but it may also be delayed by exhausting disease until three months have elapsed, but not later.

The diagnosis of an infecting chancre cannot be made without the presence of a progressive adenopathy. Induration of an ulcer is a very deceptive sign. On the other hand, we know no constitutional infection but syphilis which succeeds a local plugging and enlargement of the superficial absorbents—*i. e.*, the chancre—followed by a similar infiltration of the group of lymphatic glands nearest to it, spreading gradually to the distant and most distant groups. If this regular connexion and series of symptoms be not borne in mind, constant errors will be, and are, made daily.

2. The second class contains those affections and eruptions of syphilis which appear subsequently to the primary infecting chancres or papules. They comprise the ordinary syphilitic eruptions, and also the tertiary forms of the disease. Sigmund does not specify how many of them are contagious, but admits without hesitation that certain of them are so. *Plaques muqueuses*, papules, etc., have undoubtedly this property. These affections are almost always slow in their progress, producing wasting and debility of the organs and tissues of the body.

The constitution of the individual has an essential influence on the course of the disease; and, after the normal roseolous and papular eruptions have appeared, all the later affections are governed by the constitution



and surrounding external influences of the individual; among which his treatment must, of course, be included. Treatment has no prophylactic power of preventing the earliest forms of syphilitic affections. Still it will be recollected that Nature cures many patients spontaneously; and treatment may do much to forward her efforts, especially by removing the patients from their ordinary conditions of life, which militate greatly against cure.

The severer forms of syphilis occur in those who have debilitated constitutions, those suffering from tubercle, Bright's disease, etc. The more advanced these affections are, the deeper hold does syphilitic poison take of the constitution.

3. In the pseudo-syphilitic group are comprised those superficial affections which in their mode of origin, seat, and course, resemble syphilitic complications. Lupus, for instance, may have a syphilitic or a scrofulous origin; and there are some papular and pustular eruptions which may be mistaken for syphilitic affections.

According to this division of venereal affections, Sigmund had in his wards, in 1861, 455 cases of gonorrhœa, 375 cases of primary contagious forms, 488 cases of secondary contagious forms, 83 of pseudo-syphilis.

The diagnosis between the second and third of these four classes was not made until the patient had remained some time under observation, and the general induration of the lymphatic glands had become evident. Sigmund, it will be seen, is tolerably well convinced of the existence of two contagious principles; but he objects to the doctrine that the chancres themselves are so different in form and character as to be at once distinguishable the one from the other. On the contrary, it is only when the syphilitic contagion has produced a considerable part of its effects on the system, independently of its action on the site of inoculation, that the distinction can be drawn absolutely. He allows that, in most cases, the distinctive characters show themselves sufficiently early to be of use in diagnosing a particular sore. But the doubtful cases are so numerous, that great caution must be exercised in pronouncing a chancre to be not syphilitic. He insists on the usual absence of induration in women—an opinion completely shared by M. Clerc of Paris, and other syphilitic authorities.

His observations for this view arrange themselves under the following heads:—

1. A chancre remains a certain period soft; another indurates, which induration is accompanied by induration of the glands and constitutional syphilis.

2. A chancre remains soft throughout its whole course; but the cicatrix indurates, and syphilis follows.

3. The chancre and cicatrix remain soft; but the lymphatic glands indurate, and syphilis follows. He assigns to these sores, in which induration is absent, the same localities, namely, the anus, vagina, etc., where Ricord, in his *Leçons sur le Chancre*, allows induration to be ill developed. May it not be objected by the dualist, that he has overlooked the induration in his exceptional cases?

4. There are hard chancres which are unaccompanied by glandular enlargement or secondary syphilis. These occur in anæmic individuals, or where the inflammation has been long continued; and are found on the prepuce and skin of the penis and scrotum.

Specific treatment until symptoms of constitutional affection show themselves—namely, induration of the glands—should be withheld in all cases.

If Sigmund's views on chancre be compared with those set forth by Ricord (*Leçons sur le Chancre*) and others of the French school, he will be seen to agree with them in some respects, but also to differ from them in others. His description of the simple chancre, to its form, absence of incubative course, liability to complications of sloughing and suppuration of the

glands, etc., tallies with that of Ricord, so far as it goes; but it is not so minute as that of the French writer. He allows, but does not dwell on, the multiple character of the simple sore, and the solitary character of the infecting sore.

It is needless to observe that these two characters are strongly insisted upon by other dualists.

He avoids, in this article, discussing the question whether syphilis repeats itself; but in earlier writings he declares he has had patients who, after a long interval, have suffered syphilis a second time. Such cases, he admits, are rare nevertheless. In this opinion he is in accordance with most other authorities, who hold the immunity from syphilis to be like that of small-pox and other contagious diseases, usually but not invariably complete.

He passes over without discussion the supposed contagious power of the blood and non-contagious power of the pus of persons constitutionally syphilised. He is not content, as is Ricord, with the indolent enlargement of the group of glands nearest to the chancre, but requires that the glands shall show induration generally, for the positive diagnosis of constitutional syphilis.

Sigmund's chief conclusions are seven in number.

1. Two contagious principles exist causing venereal chancres; but the presence or absence of induration is not sufficient to decide the syphilitic or non-syphilitic character of a sore.

2. The matter of the soft chancre is the really irritating, ulcer-forming matter. The syphilitic virus does not produce ulceration *per se*.

3. The mixed chancre is a much more frequent occurrence than is generally believed.

4. The primary affection of syphilis may be either a so-called "hard chancre" or a papule.

5. General glandular induration, never delayed beyond three months, and usually distinct in six weeks, is the earliest pathognomonic symptom of syphilis.

6. The distinctive characters of chancres, assigned to them by dualists, are only frequently true, not invariably so.

7. Specific treatment should be always withheld until the pathognomonic sign presents itself; and cicatrisation should be forwarded by cleanliness and local astringent applications; the next potent aid to the cure being a good state of the general health. This general rule suffices for the treatment of ordinary cases; the complications of obstinate ulceration or sloughing require the means usually adopted to relieve them.

When specific treatment is requisite, Sigmund greatly prefers mercury to any other drug; and he holds the inunction of the grey ointment to be the best way of introducing it into the system. He has detailed his plan of treatment at great length in a special pamphlet (*Die Einreibungsur mit grauer Salbe bei Syphilisformen*. Braumüller. Vienna: 1859). The preliminary treatment is to make the skin soft, and more ready to absorb the ointment, by a few warm or vapour baths. The diet should be light and nourishing; the patient, during the inunction, should remain eighteen hours daily in bed, in order to promote perspiration. The inunction should be repeated daily at bedtime, ten or twenty grains being rubbed in gently for ten minutes. The site of inunction should be changed from time to time, so as to avoid too great irritation. From forty to sixty applications, one on each consecutive day, are necessary for a course. When the course is finished, the patient should pass a month or two at a bathing place, to complete the restoration of his strength.

Sigmund has found it necessary, in some very exhausted individuals, to interrupt the treatment, and send them to a warm climate for the winter, and recommence it the next summer. In this way he has succeeded in completely curing most obstinate cases.

Here ends this short notice of Sigmund's views,



which are valuable because they are derived from independent observation, and because to a certain extent they corroborate the doctrines of Ricord and Rollet, though they do not admit all the conclusions of these eminent French pathologists. It appears from this paper that Sigmund does not wish to repudiate the French doctrines; but he believes they have arrived too rapidly at their conclusions, and that they have not succeeded in producing a satisfactory explanation of those cases which apparently upset their theories. This conviction is the more sustained by comparing his later with his earlier writings. In the latter he is more opposed to "dualism" than in the former, where he appears to be anxious to accept the doctrine, if possible; and now at length he has satisfied his scruples, so far as the existence of two contagious principles is concerned.

[To be continued.]

## ON PATULOUS OPENINGS THROUGH THE WALLS OF THE CHEST.\*

By HENRY GOODE, M.B., M.R.C.S., formerly Physician to the General Infirmary, Derby.

IF any deviation be made from the ordinary treatment of common diseases, not groundlessly or recklessly, but improvised from the exigencies of the case itself, such deviation merits a careful record for future guidance. This consideration induces me to describe the details of some cases which were treated in the Infirmary at Derby some years ago, but the account of which has been deferred in the hope of obtaining a history of the ultimate results, and so adding a greater importance to the relation of them. But yet the after-history is not as complete as could have been wished.

The man whose history furnishes the case of most interest, started for Ireland on leaving the hospital at Derby, and was not heard of until lately, when he was reported by a fellow-patient to have been seen walking in the streets of this town; and with this meagre account of the result in his case we shall have to rest in all probability.

In the treatment of effusion into the cavity of the pleura, when the administration of medical remedies fails in restraining the increase of fluid, and the patient becomes exposed to the danger of suffocation from the pressure on the lung, it is time to remove the accumulated fluid by the introduction of the trocar; and it becomes an important question, when the fluid has been withdrawn, whether the opening shall be then closed. The usual method has been to close it at once; but instances are on record, in which patients have recovered by maintaining for a period a fistulous opening; and this method I think to be the safest in a class of these cases we constantly meet with. If the pleuritic effusion is free from any complications of disease in the substance of the lung, as the fluid is gradually withdrawn, the lung may be perceived to resume its natural position, and again fill up the cavity of the thorax. When this is the case, perhaps the opening had better be closed at once, in order to exclude the chance of atmospheric air finding an entrance into the cavity of the pleura, and to take the possibility of the effusion not being reproduced.

But every practical physician is aware that pleuritic effusion is frequently not simple, but associated with inflammation of the substance of the lung, or thickening of its lining membrane; in which case, when the fluid is withdrawn, the lung is incapable of expanding to its natural form, but, being bound down by layers of plastic lymph on its exterior, and internally rendered impervious

to air by the fibrinous deposits, it is constrained to retain the dimensions to which it was compressed by the pressure of the fluid, and very imperfectly fills the cavity of the thorax. Since in this case the lung is rigid, and cannot follow the inspiratory movements of the walls of the thorax, it becomes subjected to undue pressure from within during the inspiratory efforts, and the diseased structures must give way at the weakest part. There is not time for the walls of the chest to fall in, and a passage is burst through the substance of the lung into the cavity of the pleura; sometimes with this peculiarity, that the rent, being made from within, seems to have a valvular form, the lacerated structures of the lung shutting down on the opening, and preventing the air which has once entered the pleural cavity from being again expelled. Hence successive inspirations tend to inflate the cavity with air in a gradually increasing quantity, increased also by the gases of decomposition, until the same symptoms of oppression recur as when the lung was distended by fluid; and, without an operation, death would ensue from suffocation.

There is also another danger to be apprehended of a different kind; viz., the putrefaction of the confined fluid by the presence of the pent-up air, which engenders a poison very depressing to the powers of life. If, however, an opening be maintained with the external air, the cavity becomes ventilated, and the fœtor is kept in check.

I have notes of three cases of pleurisy I had under my care in the Infirmary at about the same time; in one of which paracentesis was performed, and the following is drawn up from them.

J. Attenborough, aged 39, was admitted into the Infirmary December 31st, 1855. He had been for six weeks under treatment previously to his admission, but the course of his disease during this period is not known. On examination, there was found to be complete dulness in all parts of the right side of the thorax, with considerable sharp pain; no vocal thrill; and no respiratory murmur; the sounds of the voice were heard in the apex but modified; the pulse was very rapid; the features livid; and there was œdema of the cuticle of the throat and upper part of the chest.

He was treated by blistering, calomel with opium, and salines, without much alteration of the symptoms; but early on the morning of January 4th, he was seized with violent dyspnoea, and increased lividity of the face, the pulse being feeble and fluttering, and the skin bedewed with a cold clammy sweat, which continued until, in the course of the day, a trocar was introduced into the hinder part of the chest between the fifth and sixth ribs, and five pints and a half of purulent serum were drawn off, and the opening closed. This operation much relieved him. He was put upon the use of stimulants and salines; and on the 8th, four days after, it is noted that his pulse was 120, tolerably firm; the tongue clean, and slightly tremulous; and the breathing easy.

On the 10th, he began to complain of cough; and on the 12th, at 9 p.m., he was found very low, with the pulse at 150; with urgent dyspnoea; and the dulness on the right side returned. Three pints of purulent fluid were evacuated, which again produced relief; and he passed a good night, and was better next day.

On the 25th, it was noted that the œdema of the cuticle had subsided, the breathing was easy, the cough was but slight, and the tongue clean; but the pulse was rapid.

After this the respiratory sounds underwent a change, so that it was noted on February 4th, that there existed a slight pain below the right mamma; the percussion sounds were resonant; and a cracked-pot sound was plainly to be detected, when he lay in the recumbent posture, which disappeared on sitting erect. The percussion-sounds then changing from resonant to dull, and the respiratory murmur becoming more distinct.

\* A portion of this article formed the subject of a paper read before the Midland Branch at Nottingham, in June 1860.



inct. These symptoms were taken to indicate the presence of gas in the cavity of the pleura.

This condition remained, the pain continuing, and resisting all treatment, until, on the 25th, it was noted that the breath had become offensive, exhaling the odour of putrid serum; and tubular respiration was detected at the posterior part of the right side of the thorax. In two days afterwards he died.

His lung was examined after death, and presented a somewhat anomalous condition, not easy to explain without a review of the history of the case. The right lung was universally adherent to the walls of the chest; and it contained a large cavity, holding about three pints of offensive watery fluid. The left lung was also diseased, being partly solidified, with grey spots resulting from pneumonia scattered through its substance pretty thickly. The condition of the right lung we may explain on the supposition that, when the rent occurred, which allowed the air to pass from the lung into the pleural cavity, the opening remained patulous, and allowed the serous fluid to pass through into the substance of the lung, the adhesions taking place during the month prior to his decease, after the percussion-sounds began to become changed.

There was probably too much disease in this case to allow of the possibility of a cure; but its history has an important bearing on the modes of tapping the chest, in showing how the condition of diseased lung with pleurisy may be rendered worse by the formidable complication of a patulous opening between the substance of the lung and the pleura; the lung becoming drowned, as it were, in the pleural serum, and such portions as might have been still serviceable becoming choked up.

The next case is that of a female, aged 41, who was admitted into the Infirmary on March 17th, with the statement that she had been ill for three months. She had acute pain, and great tenderness on the left side of the chest, with a short and frequent cough, and marked dulness over the whole of the left side of the chest; the intercostal spaces were bulged out, and the heart was pushed over towards the right side; the respiration was laborious, and there were copious sweats.

On March 26th, the operation of paracentesis was performed in the usual way with the trocar, and five pints and a half of clear serous fluid were evacuated. She was relieved by this operation; but, in a week's time, it was noted that the fluid was again accumulating, and the former symptoms began to recur; so that the benefit from the operation was very inconsiderable. She was, however, reluctant to submit to any further operative interference; and, as her general health seemed too much broken to allow of the hope of an ultimate benefit, the matter was not pressed. She lingered in the hospital for some time in much the same condition; and, having gone out, died of diarrhoea, about four months after the date of her admission.

In this case the operation, as performed, was nearly futile.

The next case is that of an Irish labourer named Owen Reilly, aged 23, admitted into the Infirmary on February 24th, 1855. He had been ill for twelve months prior to admission, and complained of a bad cough, with shortness of breath, and copious expectoration, but no sweats. On examination, the left lung was found to be dull on percussion in all parts, the vocal thrill and respiratory murmur deficient. Occasionally blood was seen in the expectoration.

He was put under treatment, but without relief; and, on March 28th, it was noted that his heart was displaced to the right side, and heard beating to the right of the sternum. The walls of the thorax were bulged out by the pressure of the fluid, and the breathing became much oppressed. He had been brought under the influence of mercury without avail; and, on April 12th, it was found absolutely necessary to relieve him by drawing off the fluid. The trocar was introduced through the lower

part of the walls of the chest behind, and nearly nine pints of clear serum were withdrawn. He was examined two days afterwards, and it was noted that since the tapping he had been doing well; the dulness on the left side was much less marked; and in the apex the respiratory murmur was audible, with strong resonance of voice, both in front and behind; and the heart was returning into its normal situation. This was on April 14th; but, by May 12th, the fluid had begun to accumulate again, and the heart was again displaced to the right of the sternum; there was slight vocal thrill in the apex, before and behind, none below. His general health seemed good.

On May 17th he was again tapped, but the quantity of fluid withdrawn was not measured. By an ingenious contrivance of Mr. Dolman, who was then house-surgeon, a pliable tube was fitted to the cannula, with the extremity dipping into a vessel of warm water; so that during the inspiratory efforts, towards the end of the operation, the chance of air entering the cavity of the pleura might be avoided. Hence the serum was mingled with the water. He went on well; and five days afterwards the vocal sounds were well heard in all parts of the left side of the thorax, and the respiratory murmur deficient, showing the consolidation of the lung.

There was slight hepatitis on May 24th; and on May 26th, signs of air in the cavity of the pleura were first detected, metallic tinkling being then noted. The chest on the left side became perfectly tympanitic; and the breathing became as much oppressed by the pressure of the air as it had been previously by the fluid. It became necessary to relieve him; and on June 2nd a trocar was pushed through in front between the second and third ribs, and a quantity of foetid air and pus were evacuated. The cannula was left in the wound for a week, and then withdrawn, leaving the wound open; the discharge still continuing, though the foetor was lessened, and the character of the discharge improving. From the nature of the expectoration, there was judged to be an open communication between the bronchi and the pleural cavity.

On June 13th, the opening closed; and the symptoms noted the next day were as follows:—The tongue clean, copious sweats, and urine scanty. The opening was reopened; and the discharge was found to be more offensive and purulent—no doubt, in consequence of the closure.

The silver cannula of the trocar had, of course, quickly become corroded by the sulphuretted hydrogen; and, as his life seemed to depend on an opening into the pleural cavity being permanently maintained, a gold cannula was provided, and retained in its place by an elastic belt. He was put upon a tonic plan of treatment, and slowly improved in his general condition. When he got up in the morning, it was his custom to obtain the discharge of the fluid accumulated in the pleural cavity by leaning his chest forwards, so as to allow the fluid to flow out; and he experienced but little inconvenience from the aperture.

He was kept under observation in the Infirmary for two months more, with nothing remarkable in his symptoms, except that on July 2nd he was seized with a rigor, but no particular change was detected following this attack; and he finally left the Infirmary to go to his home in Ireland on August 23rd, with some reasonable hopes that his youth and constitution would enable him in course of time to make a final recovery.

The ultimate history of this case has never been obtained. He was reported to have been seen walking briskly in the streets of Derby about two years after his discharge from the Infirmary; but this statement is scarcely reliable.

In considering the several consequences that may follow the operation of paracentesis, it appears, then, that some may ensue which should lead the judicious



practitioner to be ready to adopt at once the method of maintaining a patulous opening through the walls of the chest, rather than to wait until the accidents of the disease call for such an assistance. This I think to be demonstrated by the history of these three cases; and the indications for this proceeding have been in part set forth—viz., the inability of the lung, from solidification or adhesions, to expand sufficiently to fill up the thoracic cavity. It has been suggested likewise that some ground for discrimination might be taken from the nature of the serum when withdrawn; as a clear fluid would indicate but little organic change of the pleural membrane; while, on the other hand, turbidity from pus might be assumed to mark thickening, and loss of elasticity in this membrane. In this case, the admission of atmospheric air would aggravate the symptoms but little, if at all, on the one hand; while, on the other, the danger of the lung becoming lacerated by non-expansion is greatly increased; and therefore a turbid fluid becomes one of the indications for maintaining a patulous opening, though this symptom would not of itself be conclusive in determining the propriety of closing the opening, unless at the same time evidence were obtained by stethoscopic signs of the degree of expansibility of the lung.

It only remains to make some remarks on the best position for making the opening. It is sufficiently obvious that, for withdrawing the fluid in the first instance, the most convenient spot for the introduction of the trocar would be low down towards the base of the thoracic cavity, and at the posterior part, because we should usually find the fluid collected at that part, and the lung, if free, floating on the top of it, out of the reach of injury from the trocar; but, for a patulous opening, the lower part is not so convenient as the summit, on account of the discomfort which would be caused by the incessant dripping of the serum; the most convenient mode of effecting the discharge being at voluntary intervals, as was done in the last case described. But, since circumstances would not always allow of an opening in the upper part, each individual case must furnish its own indications for the choice of the proper situation for maintaining the aperture.

It occasionally happens, in cases of pleuritic effusion, that Nature herself prolongs life, and effects a relief of the symptoms by the establishment of a spontaneous opening through the walls of the chest. I possess details of two such cases, and will describe them. The history of the first is taken from the notes of Mr. Dolman, who was house-surgeon to the Infirmary when the subject of the account became an in-patient.

Thomas Gilbert, aged 50 years, became an in-patient of the Infirmary at Derby, on account of injuries received by having been knocked down and kicked by a horse. There was a severe scalp-wound, and doubtless internal injuries besides; since pain on the left side of the chest and other pectoral symptoms followed the injury, and required treatment.

On June 29th, it was found that there was very marked dullness on the left side of the chest, and the intercostal spaces bulged much. A swelling began to form just above the left mamma, below the fifth rib, which fluctuated, and on July 7th was punctured, and about three pints of puriform fluid were evacuated. On the 11th, a second discharge was obtained of about one pint and a half of fluid. The opening remained, and continued to discharge; and on the 21st it was noted that there was considerable flattening below the left clavicle; but the percussion-sounds were more resonant than before, and the respiratory sounds more distinctly heard. There was ægophony at the posterior and inferior part of the chest. The expectoration was muco-purulent, and not offensive; the discharge from the wound purulent, and not offensive, thinner in consistence than it was at first, and decreased in quantity.

On the 31st, he was much the same; the opening occasionally closing for a short time, and then reopening again, until it healed up sometime in September; and towards the end of that month, respiratory sounds were found to have returned in the apex anteriorly and posteriorly. At this time, two years after the accident, the respiratory sounds can be heard throughout the chest; and the flattening, which remained for some time afterwards, is now but slight; though, as might be expected, the chest does not expand so fully on the left side as on the right, and the sounds of the voice are somewhat modified by the thickening. But the man enjoys very good health, and is able to pursue his avocations as usual.

For the second case of spontaneous patulous opening, I am indebted to Mr. Fearn of Derby, who kindly drew my attention to one of his patients, by name John Bult. This man has borne this condition for a number of years, and with it has pursued the avocations of a scripture-reader, requiring, of course, considerable exercise of the organs of voice. He states that he became the subject of pleurisy sixteen or seventeen years ago, at about the age of twenty-four, when he was a powerful and robust young man; and he gives the following account of the course of his disease; viz., that he was seized with a very sharp attack of pleurisy, which confined him to his bed; and, being very ill from the effects of this, and much oppressed by the distension of the fluid in the right thoracic cavity, he one day felt himself nearly suffocated by a copious rush of liquid from the bronchi into the mouth, consequent, no doubt, on a perforation having been formed through the lung-tissue, which proved to him a spontaneous relief. Subsequently, an abscess appeared in the axilla, and formed an opening through into the pleural cavity; and the serum was discharged by that channel, instead of by the mouth. But disease was progressing still in the bony structure of the ribs; for a second opening formed at about the position of the third rib, immediately to the right of the sternum, through which some pieces of bone came away, leaving an opening which still remains patulous, while the opening in the axilla has closed long since. The present opening, however, has not been patulous during the whole of the sixteen or seventeen years since it was first formed; for it appears that it subsequently closed up altogether for a time; and a physician in London, on examining the chest, assured him that all had again become sound. But there can be but little doubt that the right lung was already at that time shrunk and useless; and that the expansion of the left lung towards the right side enabled some distant respiratory sounds to be heard, and produced the deceptive appearance of a partial restoration of the right lung. After remaining closed for a short period, the opening became again patulous, and has now continued so for a series of years.

At present the aperture is of a circular form, about an inch in diameter, excavated through the bony structure of the ribs, which have quite fallen together, so that the intercostal spaces cannot be perceived. Through this opening the mediastinum is very distinctly visible, bulging out into the hollow space originally occupied by the right lung. This man used to close the hole with a plug of cotton; but, thinking that inserting this into the hole caused enlargement of it, he has adapted a pad with a spring, which answers the purpose of perfectly closing it. Every morning he leans forward, and, by an effort somewhat similar to the act of coughing, he discharges from the chest the accumulated fluid, which is greenish and glairy, of a faint odour, without fœtor, and amounts to about four or five ounces; but by closing the hole he can at pleasure discharge the serum through the mouth, showing that the passage through the bronchi yet remains patulous. On examination by the stethoscope, there is now no respiratory sound to be



heard on the right side; and, in fact, the space where the lung should be is plainly visible through the hole to be vacant and hollow. Measurement round the chest above the mamma gives  $16\frac{3}{4}$  inches on the left side, and  $14\frac{1}{4}$  on the right. He maintains his appetite, and sufficient strength, as has been said, to do duties which might appear incompatible with disease of the lungs, as his avocations as a scripture-reader require considerable exercise of the voice; but his strong muscular development and originally robust frame enable him to carry on with one lung all that is required of him. He is troubled, however, with one ugly symptom, by which he is occasionally quite disabled; and this is an occasional loss of blood by rupture of a blood-vessel in the pleural cavity, causing an escape of blood amounting to a pint at one time, which he gets rid of in coagulated masses when he empties his chest. These attacks are followed by a great temporary increase of the secretion of serum; but they occur at intervals sufficiently distant to allow him to recruit his strength in the meantime.

This case shows in a very conclusive manner how completely the patulous opening may exist, and with what comparative immunity the functions of life may be carried on in spite of it, and furnish additional proof of the propriety of producing the same thing by art when emergency may require it.

## Transactions of Branches.

### MIDLAND BRANCH.

#### A CASE OF TÆNIA TREATED BY THE ARECA NUT.

By EDWIN MORRIS, M.D., Spalding.

[Read June 18th, 1862.]

My attention was first called to the treatment of tænia by the areca nut, by an able article from the pen of Dr. Barclay, of Leicester, inserted in the *BRITISH MEDICAL JOURNAL*, August 1861. Dr. Barclay says: "The areca nut is the kernel of the fruit of the species of palm called *areca catechu*, it is commonly called the betel nut, being used along with the leaves of the betel pepper for chewing in eastern countries. It requires to be ground and then pounded. The dose I give is usually four, five, or six drachms, which is easily taken stirred up in milk. The worm is usually discharged four or five hours afterwards alive. The taste of it is simply astringent; but with all remedies I have found the necessity for a smart purgative the day previous to their administration, and for a fast the evening before the vermifuge is taken."

Hitherto, all remedies administered for the expulsion of tapeworm have been so disagreeable to take, or uncertain in their effects, as to make any medicinal substance more palatable to the patient and more certain in its action, very desirable; and when I first read Dr. Barclay's paper I was so struck with the simplicity of the remedy as well as with its cheapness, that I readily availed myself of the following case for its administration.

John T., aged 46 years, for several weeks past had been losing flesh, had occasional headaches, nausea, and feeling of faintness, with loss of appetite. The month of April last, he had passed several pieces of tapeworm. After fasting from breakfast the previous day on April 30th, at 6 A.M., four drachms of powdered areca nut was taken in milk. Within two hours afterwards he passed six yards and a half of worm. For more than a week afterwards, no more worm coming away, four drachms more of the areca were taken in a similar manner. Within an hour six yards more of worm were passed. From the flat regular size of the worm, it was evident that the head had not yet been expelled. After previously fasting, a purgative was given; and early the next morning six drachms of the areca were given as before, and in a quarter

of an hour two yards and a half more worm were passed alive, making altogether fifteen yards. Upon examining the worm, it gradually tapered down to a small bulb about the size of a pin's head. The man has been much better since, and no more joints have been passed.

For the expulsion of tapeworm a variety of remedies have been used—and successfully.\* Those, however, which have been found of the greatest service have been oil of turpentine, koussou, oil of male fern, and lastly, areca nut.† Whatever remedy is used, it will be utterly useless unless the head is expelled; for the worm renews itself rapidly after portions of it have been removed, by the formation of new joints at its neck; and will very soon regain its original size. It therefore follows that those medicinal substances which expel the head, are the most valuable. It is a singular fact, that few medical men have ever seen the head of the tapeworm, notwithstanding that the disease is frequent enough. The *Edinburgh Medical Journal* for 1852, contains an account of a conversation between five eminent medical gentlemen respecting the tapeworm as follows:—

Professor BENNETT. "Did you find the heads of the creatures; *i.e.*, tænia?"

Professor CHRISTISON. "No. That is no easy matter; I have been looking for a tapeworm head all my life, but have not yet found one."

Dr. ROBERTSON. "Nor I!"

Professor SIMPSON. "Nor I!"

Professor BENNETT. "Nor I. For that matter, did you ever know any one who had found one?"

Professor SYME. "Yes. I knew Rudolphi."

Professor BENNETT. "But, if you did not find the head in your cases, you can scarcely say the patients were cured."

Professor CHRISTISON. "So it is pretended; but I doubt the authority. The head of the tænia solium—the only species met with here, is so small that it must be extremely difficult to find one; as we often see half dissolved joints following in a day or two the expulsion of the chief mass of the worm, it is very plain that the head, by much the smallest portion of the creature, must be very apt to disappear altogether, and, suppose it is entire, I should like to see a successful hunt for so minute an object in the evacuations, if there be not a goodly length of joints attached."

If you will take the trouble to examine the preparation I have placed before you, and observe the thread-like substance of the neck to which the head is attached, you will not wonder at the difficulty there is in finding the head, and how rarely it is obtained; you will be more likely to succeed in expelling the head, if a brisk purgative is given before the areca is taken.

I was fortunate in having obtained so long a piece of the neck of the worm, as it enabled me to easily find the head when placed in water; having removed the head with a portion of the neck attached, and placed it under the microscope with a one-inch power, I readily examined it as a transparent object. The neck is narrow and flat, terminated by a small bulb (cephalic bulb) with black

\* In the French Journal of Practical Medicine, etc., for 1858, Dr. Cazin, of Boulogne-sur-Mer, states that the seed of the common pumpkin will expel tapeworm. He gave a child an ounce of the seed triturated with sugar, and twelve hours after the worm was expelled.

† Since writing the above, I have been much amused, by the announcement in the pages of the *Lancet* for June 7th, in answer to a correspondent, of another mode of getting rid of tapeworm. It is as follows. "Wager has not been misinformed. In the Patent Office of the United States are deposited a specification and model of a 'tapeworm trap'. The latter is a very small hollow tube of gold, so arranged as to contain a small piece of cheese for a bait. The patient, after a fast of four or five days, is ordered to swallow the trap, with a string attached. It is stated by the inventor that, after a long-continued fast, the worm will ascend into the stomach, and greedily seize the cheese, be thus caught in the trap, and can be easily pulled up by the string. For further information upon this ridiculous idea, our correspondent may refer to the *Philadelphia Medical and Surgical Reporter* of April 26th."



specks, which is the head of the worm; upon carefully examining the specks, they are found to be the four suckers, and are funnel-shaped and easily recognised. The necks of the two extreme suckers ramify in various directions, and appear to join the other suckers. Upon using a higher power (Smith and Beck's fifth) several hooklets may be seen, by which the worm attaches itself to the mucous membrane of the bowel before applying its suckers. I have made a sketch of the head as it appears under the microscope, which gives a tolerably accurate representation of the head with its four suckers and hooklets.

### EAST ANGLIAN BRANCH.

#### TWO CASES OF ENCHONDROMA.

By T. W. CROSSE, Esq., F.R.C.S., Norwich.

[Read June 27th, 1862.]

THE wax model and the moist specimen which I now exhibit, are good illustrations of cartilaginous tumours affecting the hands.

The former refers to the case of a lad, aged 14, who, four years since, was accidentally struck with considerable violence on the back of the left hand with a stone. The skin, however, was not much abraded, nor was there much contusion; but on the following morning he observed a small hard swelling between the distal extremities of the first and second metacarpal bones. This gradually increased in size, and when I first saw it in February 1861, was as large as a marble. Iodine was applied for several months without any effect; and the tumour continued to grow until it became of the size of a pigeon's egg. It was hard, immovable, painless, except when firmly pressed upon, could be distinctly felt through the palm of the hand, and widely separated the metacarpal bones, between which it was situated. There was also a small one on the outer side of the second internodium of the first finger.

On the 4th of April last, I removed the tumour, readily separating it with the handle of the scalpel from the first metacarpal bone, from which it sprung; the external investing capsule was soft and fibrous; and the internal structure translucent and semisolid, consisting of pure cartilage. There was free hæmorrhage, but it was easily restrained by pressure. The limb was placed upon a hand splint, water dressing was applied, and a rapid recovery took place. The smaller growth from the fore-finger was not interfered with.

The moist specimen is a section of the finger of a girl, aged 12 years, which was three years ago removed by Mr. Nichols, at the Norfolk and Norwich Hospital. But little could be learned of her previous history, as she was an illegitimate child, and was unable herself to give a very clear account of her complaint; but she stated that she had had tumours on her hands as long as she can remember, but which had not until recently given rise to any pain or inconvenience. The following was the condition of her hand on admission.

On the outer side of the metacarpal bone of the little finger of the left hand was a tumour, of great hardness, larger than a filbert; on the first phalanx was a circular growth, measuring four inches and a half in circumference; and on the second phalanx was also one of a smaller size. The three joints are perfectly free in their movements. The tumour on the first phalanx grew from the radial side, and consequently pushed the little finger outwards, so that the tips of the ring and little fingers were three inches apart. There was also on the outer side of the second phalanx of the ring finger, a projection, about the size of a bean, and another on the upper surface of the second phalanx of the middle finger. These tumours were dense, smooth, and immovably attached to their respective bones; the skin over them was tense and slightly reddened; those on

the little finger were rapidly growing, but no increase in size had taken place in the others. The little finger was therefore alone removed. There was some trouble from secondary hæmorrhage after the operation, but a good recovery took place.

On making a section of the finger after amputation, these tumours were found to be soft in their structure, but of a firm consistency, and of a pinkish white colour. The growth in the metacarpal bone appeared to have commenced in the centre, and to have uniformly expanded the surrounding structures. Both articulations are free, and the bony texture at the distal extremity appears to be gradually lost in the periosteal covering of the tumour. The growth in the first phalanx is of softer consistence, and has grown in a lateral direction. There is scarcely any bony structure to be discovered, except at one or two points, and it appears to be simply covered with the periosteum. The growth on the second phalanx, though smaller, is similar in every respect.

It will be observed that the disease stops short of the articulation, a peculiar feature of this affection; and, indeed, I believe there is but one case on record where the articular surfaces have been involved. Under the microscope, the same appearances were observable as in foetal cartilage: round, oval, and seminucleated cells, embedded in a semifibrous basement membrane, being the chief characteristics.

These tumours are supposed to hold a position intermediate between the innocent and malignant; for, although partaking in most part and in a greater degree of the character of the former, yet in their rapidity of growth and recurrence after removal, as well as in their occasional coexistence with medullary cancerous tumours, and the diversity of their microscopical forms, they manifest a remarkable affinity to the malignant tumours.

But little is to be said as to the cause of their formation. The propriety of their removal is, however, somewhat influenced by the fact, that they sometimes ceased to grow at the period of manhood. Of course, there can be no doubt as to the proper course to take, when they occasion great deformity or hinder the free movements of a limb.

In addition to their situation in the present instance upon the hands and fingers, I may venture to remind you, that cartilaginous tumours affect soft parts also; having been found in the mammary and parotid glands, the testicle, and lungs—parts, as it will be observed, completely detached from bone.

[Mr. Crosse here exhibited a preparation of a cartilaginous tumour removed from the parotid region.]

CANADIAN PARTRIDGE. The poisonous quality of these birds is said to depend upon the fact of their feeding on the berries of the *Kalmia*, which they are sometimes tempted to feed upon during winter. A case of poisoning from eating these Canadian partridges was published three or four years ago, by Professor Christison. Further information on the subject may be found in Miss Edgeworth's tale of *To-morrow*, and the work on medical jurisprudence, by Dr. Beck, of New York. A correspondent in the *Times* says:—"I myself witnessed exactly the poisonous symptoms in a lady who had dined upon one of these birds. She was very ill—indeed, so ill that her medical attendant had almost given up all hopes of her recovery. A servant who ate a part of the same bird was affected in the same manner as his mistress, but in a much less degree. A cat which ate some of the bird afterwards was also made very ill, but I do not know what were exactly the symptoms under which she laboured. Soon after this case occurred, a gentleman to whom it had been reported called upon me, and informed me that he and a friend of his had also been affected by symptoms a good deal similar to those under which the lady had suffered, after partaking of one of these birds."



# Introductory Lectures.

## CHARING-CROSS HOSPITAL.

DR. HEADLAND reminded his audience that ten years ago he had delivered the introductory address in the same theatre. The pursuit of any one of the three learned professions demanded a certain amount of patient industry, as well as a degree of ability somewhat beyond the average. There were points of resemblance between the three pursuits—physic, law, and divinity. There were matters in which their cooperation would be of advantage to the community. In diseases of the mind connected with disorders of the body the priest might ask the aid of the physician; and in the reverse case the physician might receive assistance from the priest. The lawyer might commend to the charge of his medical friend those who seemed to have erred through the defect of organisation; while the incorrigible drunkard and profligate might not improperly be transferred from the care of the doctor to the salutary restraint which alone would suffice to correct them. Plato, in his *Republic*, drew a curious parallel between the functions of the physician and the judge. "They are to bestow their services," he says, "on those only of the citizens whose bodily and mental constitutions are good and sound, leaving those who are otherwise as to the state of their body to die, and actually putting to death those who are naturally corrupt and incurable in soul." This method of procedure would save both professions from a vast amount of trouble; but it could hardly be conscientiously recommended for general adoption. It was they who were sick who needed the physician, but a few were strictly whole. The greater part of mankind fell naturally under the guardianship of the practitioner of medicine. He described him in turn as the discoverer, the teacher, the healer, and the reformer. The physician must always be at the same time a man of science. Some part of his art was capable of far greater perfection than it had yet attained to. There was yet much to be done in the investigation of the chemistry of disease. When we understood that better, we should be better able to apply our remedies. Most of the applications of our drugs had been discovered by happy accidents. A better knowledge of their mode of application would enable us to make a wider use of these weapons of our armoury. Dr. Headland could not anticipate much from the plan of concerted observation proposed at a late meeting of the British Medical Association, and deprecated the encumbrance of our national pharmacopœia with a host of American herbs of doubtful credentials. As to veratrum, said to resemble digitalis, Dr. Headland would discard from practice all remedies whatsoever that restrained the action of the heart. The greatest improvement to which he could point in modern medicine was the substitution of a supporting regimen for lowering treatment in inflammations and fevers, the discontinuance of venesection, and the disuse of that pernicious system of over-physicking with which our ancestors, *secundum artem*, dismissed the sick man from the scene of his earthly trials. The duties of the physician as teacher of the multitude, who often did not know what was good for them, as a sanitary and social reformer, were next dwelt upon. The rewards which the physician might expect for a life of toil and self-devotion were not the highest the world had to bestow. In the esteem of mankind at large a man who had made two men live where but one lived before was not worthy of any special praise. The improver of the breed of oxen was held in more honour than the improver of the breed of men. The man who had removed the duty from some trivial article of import—he who had been sent as ambassador to conclude a treaty of amity and commerce with the King of the Cannibal Islands—

such men received peerages and statues. A man who should rescue our youth from the scourge of consumption, or discover a method of preventing small-pox, might seem to them scarcely less worthy. Yet the pitiful memorial which in the public square hard by (Trafalgar Square) had been raised to Jenner had been banished even with ignominy from that honourable neighbourhood of men esteemed great because they killed their fellow-creatures, whereas he only saved them. But it did not matter much. A thousand years hence it would be of small importance to them in what estimation they happened to be held by the world. Dr. Headland alluded to the death of Dr. Shearman, and to the changes that had recently taken place in the staff of the college and hospital, and concluded by hoping that none of the students would have cause hereafter to regret their selection of their medical school.

## WESTMINSTER HOSPITAL.

THE inaugural address was delivered by Dr. ANSTIE. The lecturer laid great stress on the necessity from the very first moment of the student's career of giving prominence to the practical part of his education. But if early attention was requisite to the practical working of sciences which lay at the foundation of medicine, still more necessary was it that the actual treatment of disease should be studied from the very first in presence of the living facts of clinical medicine. The student was urged to take from the first an active part in the practical work of the hospital, by filling successively the different clinical appointments, in which he would be able to learn with competent guidance the difficult art of medical observation. The practical physician was like a man who fought in the gloom of twilight with foes who seemed innumerable, from the impossibility of defining their shapes or their exact position. Only after a long and trying combat, after many sighs for clear sunlight, did he learn that the gloom might be pierced by eyes which had grown familiar with it, and that the foes were not so numerous nor so terrible as fancy painted them at first. Along with clinical work must always go the sedulous use of the microscope and of chemical tests; and above all, the habit of preserving notes, in which careful numerical tabulation of morbid phenomena and the results of treatment were included. The lecturer next dwelt on the necessity of acquiring, in addition to technical knowledge, the elements of a really good general education. No calling demanded so high a standard of general acquirements in those who followed it as did the profession of medicine; except, indeed, that of the church. The power of commanding the sympathy of a number of patients in different ranks of life was absolutely necessary to considerable professional success; but it was not possible to do this simply by force of the most amiable disposition, or the most genuine kindheartedness. There must be the power of intellectual communion with many different minds, and this could only be gained by a varied intellectual training. It would be absurd to say that the most diligent study of mere technical matters could atone for deficiency in an acquaintance with such important subjects as mental philosophy, the principal events in the history of our race, and the chief developments of its theology, literature, and fine arts. Still more necessary was a good working knowledge of the physical sciences. And in these days of free intercommunication of ideas, it would be wrong to omit from the list of accomplishments which the medical man should cultivate, a good knowledge of the French and German languages. The lecturer then proceeded to make some observations on the importance of the constant cultivation of the moral qualities of courage, foresight, perseverance, self-denial, and, above all, truthfulness. The concluding portion of the address was occupied with a sketch of the present state of pathology, and the ten-



dencies of modern English therapeutics. Great and important changes had taken place of late years in both these branches of medical science; and the late Dr. Todd was eulogised for the conspicuous share which he took in these movements. It was unfair to the memory of that great man to associate his name with any special system of medication. His real merits were to be found in his constant and successful efforts to procure an acknowledgment of the fact that it is Nature herself who performs by far the most important part of the work of cure, while the physician was only her humble servant, who should be always reverently watching her movements, and, if necessary, aiding the efforts which she herself made. Dr. Chambers had propounded the theory that all diseases consisted in a deficiency of vital power, and that therefore all true remedies must be such as directly or indirectly aid the work of nutrition. Whatever might be the ultimate verdict on this theory, it was certain that an immense number of facts, both in physiology and pathology, which had latterly become familiar to us, appeared to give it a general support. The discovery by Virchow of the similarity between an immense number of morbid products and the lower kinds of healthy tissue, fortified as it was by the recent observation of Rhindfleisch, that the development of tubercular matter in the brain of a child presented many points of resemblance with that of the so-called connective tissue; the important observations of Kussmaul and Jenner on the production of epileptiform convulsions by the abstraction of arterial blood, and the development which this fact had received at the hands of Dr. Radcliffe, who had demonstrated the superiority of the nutritive treatment of convulsive disease over every other plan—these, and a host of other facts, seemed to be leading them in the same direction. It was most important, then, for the student to understand that his attitude must be one of vigilant and earnest inquiry into the phenomena of nature, and searching, though respectful investigation of all therapeutical traditions which had come down to them. There need be nothing of the spirit of perverse and insolent scepticism in this. Such a spirit was much more likely to be found among the blind adherents of doctrines which they had never had the courage to test; and there need be no feeling of discouragement, even though their increased knowledge robbed them of some of the credit which they had fully attributed to their own efforts—for the future of medicine was at this moment more bright than it had ever shone before.

### LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

THE Introductory Address was delivered on October 1st, by Dr. EWING WHITTLE.

The lecturer urged those students who were only just commencing their studies to ponder well the views which led them to make choice of medicine and surgery as a profession; because in adopting it they would have to look rather to the social and moral reward accruing from its honourable and persevering pursuit, than to the prospect of power, wealth, and influence, such as often followed on a life of commercial and manufacturing industry and integrity. Unlike the kindred professions of law and divinity, medicine had neither woollucks nor mitres to offer as rewards; but, on the other hand, it had the advantage of being often able to do that which neither of the other professions could, and of being equally useful and appreciated in all parts of the world, and to an honourable and industrious man it was sure to afford at least a competency. To those who, discarding mere monetary considerations, pursued knowledge and truth for their own sakes, medicine afforded peculiar advantages, as its study embraced the whole

range of natural science, and each would choose according to his taste the particular subject which he intended exclusively to study; for, to attain scientific eminence, there must be concentration of thought and attention. Although there was no doubt about this fact, still the lecturer reminded them that, in the course of their profession, they would be expected to give sensible opinions upon a great diversity of subjects, and their success would be in proportion to the ability with which they satisfied the great exactions of the public in this respect. It was necessary to always keep in mind that there was a great deal more to be attended to in the routine of a surgeon's life than interesting showy operations, and that hard toil and plodding industry were the only sure guides to success. In addition to this, they must expect, after all, to sometimes receive nothing but ingratitude in return for the care and skill bestowed. Presuming that deliberate choice of the profession was made, the lecturer went on to portray the pleasure derived from a contemplation of the wonderful contrivances of nature for the support, locomotion, and enjoyment of each individual organism. Going on to dilate upon the development of organic bodies, Dr. Whittle remarked that, although the subject was occupying the attention of some of the master minds of the day, it was possible that they might never be able to decide the question—how far, if at all, external conditions had the power of determining growth so as to mould the germs originating from one species into the development of another and distinct species. For, whatever labour was bestowed, and however carefully the experiments made might be conducted, the question of the origin and nature of life must for ever elude their grasp. With reference to the most profitable mode of study, Dr. Whittle impressed upon his hearers the importance of having fixed principles upon which to base their progressive studies, to which principles they could refer in all cases, and by which they would be enabled to understand the phenomena around them. In illustration of his meaning, the lecturer traced the common origin of different parts of plants, and the similarity in certain points of plants of different species; and, taking the animal kingdom, showed how different organs branched off as it were from a common origin, and how the same bodily functions were performed, although by different modes, by all animals, of whatever genera, from the zoophyte up to the warm-blooded mammal. By adopting the principle he had referred to, they would simplify labour by bringing everything round a common centre, and thereby be enabled more readily to analyse the phenomena presented to view; and at the same time they would not lose sight of the immense diversity which existed amongst what, in the mass, might be considered unity. Dr. Whittle concluded by urging his hearers to devote their time and attention to study before the duties of active professional life prevented them from doing so.

COMBUSTIBILITY OF PETROLEUM. Dr. Robert Angus Smith writes in the *Manchester Examiner and Times*:—"Explosion takes place when the vapour is mixed with air, and this occurs chiefly when there is evaporation in an enclosed space. Experiments made in the open air do not necessarily cause explosions. The two great facts to be remembered respecting the volatile petroleum are: First—That the vapour rising at the ordinary temperatures ignites readily, and when mixed with air explodes. It mixes with air like gas, and in this lies its hidden danger. Secondly—When water is thrown on the oil, the oil floats on the water and still burns; whereas spirits mix with water, become diluted, and cease to burn. Having made many trials of these oils, I thought it well to guard against some of the conclusions drawn from the experiments alluded to."



## Reviews and Notices.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, in Treatises by Various Authors. Edited by T. HOLMES, M.A. Cantab., Assistant-Surgeon to St. George's Hospital and Surgeon to the Hospital for Sick Children. In Four Volumes. Volume the Third. Pp. 916. London: 1862.

MR. HOLMES'S *System of Surgery* is approaching completion at a much more rapid rate than is usual in works of the kind. With the disadvantage—which is great, however much good may arise from the division of labour—of being obliged to depend on the punctuality of a number of fellow-labourers engaged in active employment, he has brought out this his third volume so soon after the second, that the apology for slight delay which he makes in his preface is almost unnecessary.

The subjects taken up in this volume are: Operative Surgery; Diseases of the Organs of Special Sense; of Respiration; of Circulation; of Locomotion; and of Innervation.

In the department of Operative Surgery, Mr. Thomas Smith begins with an article on Minor Surgery, in which he treats of bandages and their application, of the immovable apparatus, of sutures and their application, of counterirritation, issues, bloodletting, vaccination, caustics, and the strangulation of nævi and other tumours.

The next article—one on Amputation—is by Mr. Joseph Lister, who first gives in a very complete form the history of his subject, and other general matters connected with it, and then speaks of special amputations.

Mr. Lister also furnishes a chapter on Anæsthetics. After speaking of the benefits of chloroform in suspending the functions of the nervous centres and obviating shock, the writer proceeds to notice the occurrence of death from its use. This event he believes to be so rare that the use of chloroform is practically free from risk; in support of which opinion he mentions that Mr. Syme has given this anæsthetic about five thousand times without ever meeting with a death; and also that, as far as he is aware, its use has been equally innocuous in the practice of Dr. Simpson. Mr. Lister, indeed, is not at all disposed to charge chloroform with being the actual cause of death in many of the cases in which this event is said to have occurred under its use; nor will he even admit that, in cases where the heart has been diseased, this condition and the chloroform have conspired in the production of death. In the only fatal case which he has seen—one of intended amputation of the penis for cancer—chloroform was not given to such an extent as to produce its full effect; and, just before the operation, the chloroform having been removed, the pulse was ascertained to be good. As soon as the knife was used, the patient gave a start—and died. His heart was found to have undergone extensive fatty degeneration. Mr. Lister believes that death “was a consequence of the shock of the operation acting on a diseased heart”; that if chloroform “had been pushed to the usual degree, the fatal occurrence would have been averted”; and that the case.

“May be regarded as typical of a considerable class in

which death has taken place suddenly at the commencement of an operation with imperfect administration of chloroform, which stands to the fatal event in the relation of an accidental concomitant, or rather a preventive insufficiently used.”

He also refers to cases in which death has occurred during or immediately after operations in a manner which, had chloroform been used, would probably have led to this agent being regarded as the cause.

As to the safest mode of administering chloroform, Mr. Lister differs from the late Dr. Snow, who believed that there was danger in administering the anæsthetic by means of a cloth, on account of the vapour being inspired in too concentrated a form, and who, therefore, devised a well known apparatus for regulating the amount of chloroform in the inspired air. Mr. Lister states that, from an ingenious experiment which he describes, he finds the amount of chloroform given off from the under surface of the cloth, and mixed with the inspired air, to be 4.5 per cent.; 5 per cent. being the proportion which Dr. Snow aimed at attaining as being safe and effective.

The real cause of death from chloroform—as far as concerns the administration—Mr. Lister believes to be that the anæsthetic has been too long administered, and that thus an overdose has been given. He remarks that in most of the cases in which death has occurred, the operations have been trivial.

“The only rational explanation seems to be that, when some great operation is to be performed, like the amputation of a thigh or the removal of a stone from the bladder, plenty of well qualified assistants are present; and each of them, including the giver of the chloroform, is duly impressed with the importance of his office, and bestows the requisite pains upon it. But when some trifle is to be done, the whole affair is apt to be regarded too lightly, and the administration of the anæsthetic is perhaps confided to some unsuitable person, who also allows his attention to be distracted by other matters.”

As a test that the patient has taken sufficient chloroform, the most convenient plan, Mr. Lister observes, is to ascertain that winking no longer occurs when the eyeball is touched with the tip of the finger. When strongly stertorous breathing indicates interference with the respiration, or when breathing becomes more or less suddenly obstructed, Mr. Lister attaches great importance to pulling forward the tongue firmly by means of a pair of artery-forceps. If this be done sufficiently soon, the respiration proceeds freely, and all is well.

*Apropos* of stertorous breathing, Mr. Lister gives an interesting account of some observations which he has made on himself by digital examination and by the laryngoscope with the object of investigating the conditions under which it occurs. He finds that stertor is of two kinds; the *palatine*, which consists in vibrations of the velum palati; and the *laryngeal*, which is the stertor essentially concerned with chloroform. This laryngeal stertor does not depend on change in the position of the tongue or of the epiglottis, but on

“Vibration of the portion of mucous membrane surmounting the apices of the arytaenoid cartilages, *i.e.*, the posterior parts of the arytaeno-epiglottidean folds (thick and pulpy in the dead body, but much more so when their vessels are full of blood), which are carried forwards to touch the base of the epiglottis during the stertorous breathing, and are placed in still closer apposition with it when the obstruction becomes complete.



I was able to observe the effect of drawing forward the tongue under these circumstances, and saw that firm traction induced the obstructing portions of mucous membrane to retire from it for about an eighth of an inch, while the epiglottis itself was not moved forwards in the slightest degree."

Should the obstruction in the breathing be allowed to proceed, paralysis of the nervous centre concerned in the respiratory movements is liable to occur. If this take place, the tongue should be pulled forwards to clear the way for artificial respiration, which is the chief means to be depended on; if necessary, the crico-thyroid membrane must be opened. Cold water should be occasionally dashed on the face and chest. Galvanism may be applied, one pole of the battery being placed over the upper cervical vertebræ and the other to the præcordial region; Mr. Lister, however, has not much faith in the efficacy of this agent, and regards it as more likely to do harm than good, if used in too intense a form.

It is the respiration, in Mr. Lister's opinion, which is mainly to be attended to in cases of danger from chloroform: the circulation he regards as of comparatively small moment, and even objects to the prevalent opinion that the pulse furnishes the most important symptom in the administration of the anæsthetic, as well as to preliminary examination of the chest, which he believes to be more likely to induce syncope by alarming the patient than to avert it.

We have given Mr. Lister's views on chloroform at some length, because it is desirable that the opinions of all practical surgeons on the subject should be laid before the profession. Whether Mr. Lister be right or wrong in all his conclusions, it cannot be denied that the labour which he has bestowed on the investigation of the matter entitles his opinions to consideration.

Plastic Surgery is the next article, from the pen of Mr. Holmes Coote. The author opens with a notice of the origin of the plastic art three centuries ago, under Tagliacozzi; who, by his then wonderful performances in the formation of new noses, lips, and ears, gained for himself a reputation—which one would have thought to be dangerous—for sorcery among some, and for mendacity among others. He, however, removed all mystery by explaining his practice in a large folio work, *De Chirurgiâ Curtorum per Insitionem*. After his death, a marble statue of him, with a nose in his hand, was erected in the anatomical theatre at Bologna, in the university of which city he had been professor of anatomy and medicine.

Mr. Coote then makes some remarks on the principles of plastic surgery, and treats in succession of rhinoplasty; operations for harelip, restoration of the lower lip, and restoration of the upper lip; plastic operations on the ear; on the penis; and the treatment of contracted cicatrices within the vagina, and from burns. He objects to all interference with cicatrices by means of the knife. In cases of vaginal contraction, from inflammation and sloughing, gradual dilatation by sponge-tents is the remedy; and, where a contracted cicatrix affects some external part, mechanical extension, by means of suitable apparatus, worked by cog-wheels, may be depended on; while in other cases, which are indicated, direct pressure is found efficient, sometimes being used in conjunction with extension.

"The results of this treatment are mostly satisfactory; and failure proceeds from want of patience, which substitutes forcible, and as it were spasmodic efforts, for persevering and unremitting gentleness."

In the division on Diseases of the Organs of Special Sense, Mr. James Hinton first supplies an article on Diseases of the Ear, and is followed by Mr. Ure with an essay on Diseases of the Nose; after which comes an article on Diseases of the Larynx, by the late Mr. Henry Gray. The diseases treated of are, acute laryngitis; œdema of the glottis; erysipelatous laryngitis; diffuse inflammation of the cellular tissue of the larynx; syphilitic ulceration, tumours, and hysterical affections of the larynx; spasm of the glottis; and chronic laryngitis.

Mr. Gray's article was left in an unrevised state, in consequence of his sudden death; and therefore the editor has removed from it all the observations on the Laryngoscope, which were especially fragmentary, and has entrusted the writing of an article on this subject to Mr. A. E. Durham.

Mr. Durham commences by giving the proper amount of credit to Liston, Avery, and Garcia; and then gives an account of the laryngoscope as it has been brought under professional notice by Türck and Czermak; to whom, while refusing to both the claim to priority, he accords "the full merit of having done far more than any of their predecessors to improve the construction of the instrument and teach the method of its use".

Regarding the general practical utility of the laryngoscope, Mr. Durham admits that its use may have to remain in the hands of the few; but, to compensate for this, he believes that "in the hands of the few, this simple but beautiful instrument is destined to do much good to the many".

The notice of the remaining portion of the work must be deferred to a future number.

[To be continued.]

INFANTICIDE: ITS LAWS, PREVALENCE, PREVENTION, AND HISTORY. By WM. BURKE RYAN, M.D.Lond., F.R.C.S.; Fothergillian Gold Medallist for an Essay on "Infanticide in its Medico-Legal Relations". Pp. 266. London: 1862.

In this work, Dr. RYAN gives us the result of a long continued series of research, and much reflection, on the subject of Infanticide. In 1856, he informs us, the Fothergillian Gold Medal of the Medical Society of London was awarded to him for an essay on the subject: in 1858, he published in the *Sanitary Review* an article on "Child-murder in its Sanitary and Social Bearings:" and in October of the same year, encouraged by the expression of a desire on the part of Lord Brougham, he read a paper on the subject of infanticide before the meeting of the Social Science Association in Liverpool.

The first part of the work consists of the paper last mentioned. In it Dr. Ryan takes up the subject in reference to the legal difficulties attending the proof of infanticide; to its causes, its frequency, and its prevention. The state of the law regarding the proof of live birth, the obligations of the supposed father, and other matters, he regards as being in the highest degree unsatisfactory. At the end of this part, Dr. Ryan thus sums up:

"I would, in conclusion, ask: 1. That, in cases of infanticide, proof that the child has been *wholly born* be



no longer required, but that in all cases it be sufficient to prove that the child met its death by violence. 2. That, as in the French law, the jury may find upon the capital charge, '*with extenuating circumstances*'; and that punishment according to the nature of the circumstances attending the crime be justly meted out. 3. That, in order to enable the mother of an illegitimate child to free herself for future exertions, the putative father be obliged, according to his circumstances, to pay such a sum as will enable the woman to put the child out to nurse; and that this sum vary, from the present amount as a minimum, to seven shillings and sixpence per week, according as circumstances of aggravation, which the law may not otherwise be able to meet on behalf of the woman, may appear." (P. 44.)

In the second and third parts, Dr. Ryan gives, with other matter, a sketch of the extent to which infanticide prevails and has prevailed among many ancient and modern nations.

We recommend Dr. Ryan's book to the attention of all our readers. Those who take an especial interest in the subject of which it treats, will find here much information that can scarcely fail to be of value to them.

## British Medical Journal.

SATURDAY, OCTOBER 18TH, 1862.

### MEN OR MONKEYS?

Is it not high time that the annual passage of barbed words between Professor Owen and Professor Huxley, on the cerebral distinctions between men and monkeys, should cease? Surely the British and every other Association have heard enough of the *personality* side of this discussion. Continued on its present footing, it becomes a hindrance and injury to science, a joke for the populace, and a general scandal to the scientific world. Both parties have said all they can say; and the more they say, the more firmly do they retain the correctness of their original propositions and opinions.

Putting aside the personality of the discussion, we would observe that it seems to us very remarkable that no learned naturalist present should, at the discussions referred to, ever have referred to the views so ably represented and maintained by M. Quatrefages, respecting the distinction between man and the lower animals. We find, indeed, that this year again, as on the occasion of the last annual Huxley-Owen controversy, it has been left to the *Times* newspaper, of all journals in the world, to vindicate for man his true position in the great scheme of creation. Last year that journal asked of the disputants whether it was not "far more orthodox to discard such trifling considerations" (as a little more or less of toe, or brain, or heel), "and seek the true characteristics of our race in those mental attributes by virtue of which man towers so high above his inferior companions on earth"? And this year, on the similar occasion, it makes a similar

appeal to the man of science. We believe the popular journal to be far more scientific in its general conclusion than are the disputing men of science; and therefore it is we regret that no one gave the views of M. Quatrefages on the occasion. As we all know, M. Quatrefages is one of the most distinguished of French naturalists, and has deeply investigated the natural history of man. He has examined man, just as he would an animal, or a vegetable, or any other specimen of natural objects; and has arrived at the conclusion that man occupies a *special* position in the animal kingdom; that, in fact, man possesses qualities which make him to differ from animals just as animals differ from vegetables, and so on. In order to justify his conclusion, he has, of course, to show that man is gifted with certain special characteristics which animals do not possess, and which distinctly separate him from them. He first examines the anatomical structure and physiological actions of man and animals, and in these he fails to find differentiating phenomena. Then he reviews their mental qualities; and here, again, he finds vast differences in degree of perfection, but nothing different in kind. An animal thinks, wills, remembers, and reasons, and often exhibits extraordinary correctness in judgment; and in these respects, indeed, animals offer widely marked degrees of capacity. Neither, moreover, is that highest manifestation of intelligence, the "human voice divine", a distinctive sign of difference between man and animals. It is true that man alone is gifted with articulate language; but animals have their accents of pleasure, of pain, of alarm, etc.—in fact, they have a voice, rudimentary though it be, which suffices for *their* purposes. Again, animals love and hate, like man; so that, in the faculties of the instinct and the intelligence, they are still allied.

Wherein, then, asks M. Quatrefages, lies that special sign which draws the broad line of a well-marked difference between men and animals? *It lies*, he says, *in man's abstract knowledge of right and wrong, of good and evil*. No human society, no savages, have ever been visited, in whom this prime characteristic of the human race was absent. To this faculty or quality M. Quatrefages gives the name of *morality*, just as we give the name of *sensibility* to the faculty of perceiving sensations.

Moreover, he discovers in man another constant and unvarying quality; viz., a belief in the existence of a divinity. No nation has ever yet been met with which did not possess this idea of a divinity and of a future state. To this attribute of man he gives the title of *religiosity*. Nothing similar to these qualities, *religiosity* and *morality*, has, we need hardly say, ever been observed in animals.

Man, therefore, according to this naturalist, is distinguished from animals solely by the possession of moral and religious sentiments.



We took occasion, in the JOURNAL of May 4th, 1861, to call the attention of our readers to the calm and philosophic discussions of M. Quatrefages on this subject; and we think the *controversialists* would do well to read his admirable papers before they again, *coram publico*, attempt to link in one continuous chain of being man and monkeys. We must add, that there is something in the views of the French philosopher which, as he himself says, finds an echo in our highest inspirations; just as there is something painfully humiliating in the levelling views of scientific revolutionists.

As a mere brute, man is subjected to the physico-chemical forces. He has an organised frame, and so have animals and vegetables. He is, like animals, sentient, and possesses voluntary motion. In his material being he is nothing more than an animal, more perfect in some particulars, and much less perfect in other particulars, than the various species of brutes. His intelligence is truly infinitely superior to theirs; but it merely elevates him above them; it does not separate him from them. But he does possess distinctive qualities, morality and religiosity; and by these he is most assuredly separated from animals. The naturalist must, therefore, perforce, place him in a natural kingdom of his own—the human kingdom. “Man”, says M. Quatrefages, “loves to proclaim himself the legitimate sovereign of all things on the surface of the earth—that he is monarch of all he surveys. Is it not then satisfactory to find that his anthropological characters sanction and ennoble this sovereignty in placing by the side of the notion of might which springs from his intellectual superiority, the notion of duty which flows from his *Moralité* and *Religiosité*?”

#### PROFESSOR SIGMUND ON SYPHILISATION.

PROFESSOR SIGMUND of Vienna, the *Gazette Médicale de Lyon* says, has lately given the profession the benefit of his experience concerning syphilisation. As professor, he has considered it his duty to study syphilisation; and has, therefore, tried it experimentally as a method of treatment. In 1853 he tried it, but without satisfactory results. In 1858 he again experimented with it, and on this occasion in a more complete manner. In 1858 he operated during nine successive months on thirteen *syphilitic* subjects, twelve adults and one new-born infant. The twelve adults suffered from indurated chancres, papular eruptions, and syphilitic maculæ; the child had numerous tubercles.

M. Sigmund could only operate successfully with the pus of simple chancre. He never succeeded in producing chancres with the pus of indurated chancres. The inoculations were practised at first on the outside of the arms; then successively on the sides of the thorax, the thighs, and the legs.

Every three days, three, five, six, seven, or at most nine punctures, were made. No medicine was given, and the local treatment was simple attention to cleanliness.

M. Sigmund found that the inoculated chancres required three, four, and five months for cicatrization. Consecutive adenitis never resulted, and the cicatrization always took place in a regular way. In the leg, however, the ulcerations were longer in healing. The immunity was never perfect; it was only local; that is to say, chancres could still be inoculated on the leg, when the results of inoculation on the thorax were negative. But this partial immunity was only temporary.

M. Sigmund never succeeded by this practice in curing syphilis, although in one patient he had made as many as six hundred punctures. The negative results of his experiments may be classed as follows:—1. No cure; 2. Imperfect cure; 3. Partial recurrence of disease; 4. Complete recurrence.

These results, therefore, as far as they go, authorise us in preferring mercury, iodine, and other therapeutic agents, to syphilisation, which leaves the patients covered with scars, and requires six months of inoculations.

M. Sigmund concludes with the statement that syphilisation is not a dangerous practice, and that it has no evil effect on the constitution.

These results of his, M. Diday says, confirm experimentally the doctrines of the Lyonnese syphilitic school. It shows, in addition to the duality of the chancre-virus, the existence of the mixed chancre; for it occasionally happened that M. Sigmund obtained soft chancres in inoculating syphilitic subjects with the pus of indurated chancres.

#### THE WEEK.

EVERYBODY talks of the existence of alum in bread; but the demonstration of the fact by chemistry does not appear to be a very easy process. Indeed, it would seem that bakers are, sometimes at all events, a very ill-used set of men. Here is an illustration of this lying before us, and we notice it as a warning to impulsive men and non-deliberative chemists. A Mr. Hart of Ridgway is summoned before the magistrates to answer to the charge of one of his customers, of adulterating his bread with alum. When he appears, the summoner of him requests the magistrate to give the summons the go-by, because he has, on further inquiry, ascertained that his analyst, who was originally positive as to the existence of alum in the bread, now at last doubts and retracts his original positively-given opinion. Mr. R. Oxland, of Plymouth, F.C.S., writes on the 17th September: “I have examined the samples of bread; they all contain alum”; and again, on the 26th September, “I have quite satisfied myself as to the pre-



ence of alum in the flour." And on the strength of this assertion the summons is taken out. But immediately follows the retraction. On the 27th September, the F.C.S. writes :

"On further consideration, I thought it undesirable to leave any possibility of error unexplained, and have therefore prepared a sample of flour from wheat by grinding it myself. On subjecting the flour so obtained to the same process of analysis as that adopted for the other samples, I find, much to my surprise, that I obtain like indications to those considered to prove the presence of alum, although I know there is none present in this sample."

DR. STOKES gives the following report of the condition of the insane in the Mount Hope Institution in Baltimore since the breaking out of the war. The ill effects of political agitation on the minds of the people are strikingly exemplified. It must be remembered that Baltimore is, and has been from the first, the centre of warlike agitation :—

"In most of the cases occurring since the 19th of April, 'excitement of the times' has entered more or less directly into the causation of every attack. Our experience therefore fully corroborates the remark of Pinel, that it would not be difficult to retrace, among the admissions into our insane establishments, the form of insanity especially appropriate to the exaltation of ideas prevalent at each epoch. One is the victim of the monomania of fear, and entertains the delusion that he is suspected of being a spy. He passes his days and nights in constant apprehension of being arrested and imprisoned. Fearing to go to sleep, he lies awake listening to every noise, and as his ear catches the sound of the distant footstep, he becomes dreadfully terrified and alarmed. His morbid and affrighted imagination conjures up before him the dreaded spectre of an officer intent upon his arrest. He begs to be permitted to deliver himself up to the authorities, and yet trembles when the desired opportunity is promised him. Another entertains the belief that he is suspected of disloyalty to the Government, and imagines that the eyes of every passing stranger are specially directed upon him—watching and watching his every word and action. Dreading the confiscation of his property, he assigns over all he possesses to his friend. Then, to escape the dreaded disgrace of imprisonment, he eludes the vigilance of his family, and in a short time is brought back, having made an unsuccessful attempt to drown himself. A third loses his mind in consequence of the startling events of the 19th of April. He conceives the idea that he is believed to have taken an active part in the movement of that day, and to escape arrest, imprisonment, and execution, he makes a desperate attempt at suicide. With a razor he makes a ghastly gash in his throat, severing the trachea, but missing the carotids. For a whole month after this, this terrible fear overshadows his mind, and the suicidal propensity abates nothing of its determined character. Three several times he tears the wound asunder, by the violent moving and twisting of his head, though his hands are confined in the muff, and he secured in his bed. By keeping his head firmly planted and nestled in an apparatus well wadded and stuffed all around, and by having an attendant beside him night and day, the wound is maintained in position, and finally perfectly healed. It united, leaving scarcely a scar, and the patient fully recovered his mind. A fourth is the subject of aural delusions. As soon as he drops off to sleep at night, he is roused from his slumbers by awful sounds in the far distance. Night after night he passes in intently listening to the terrible clash of armies in

deadly strife. He imagines he hears the distant roar of artillery, the heavy tramp of thousands of horses, and the deadly rush of cavalry. Then reach his ear, with frightful vividness and distinctness, the moans and groans of the wounded and dying, the shrieks of captive women and their cries of anguish and horror."

THE *Gazette Médicale de Lyon* writes as follows :—

"Advertisements, which are in France properly refused by some scientific journals and tolerated by many of our colleagues, are in England a most important product. Even medical journals, or we should rather say especially in medical journals, they take up nearly one-half of the space, which the subscribers have a right to see filled with scientific information. Judge from one example. Of the sixty pages composing the *Lancet* of September 20th, thirty-two are filled with advertisements ; and there are not less than 502 advertisements."

The *Gazette* points this fact out not, he says, to blame, but as a striking trait of English manners. He considers it his duty to do so more especially as these manners and customs of the English have a tendency to become the manners and ways of the French.

THE Italian medical advisers of Garibaldi do not, it seems, yet assent to the proposition that the ball which injured his ankle is not lodged somewhere in the joint or its neighbourhood. At a consultation lately held, a report was issued on the present state of the General's wound, of which the following is the conclusion :—

"From the general course of the illness, and from all our foregoing observations, we think we may anticipate a favourable success, notwithstanding the degree of ankylosis which may manifest itself ; but we are still of opinion that the wound is serious—1, because the important articulation of the foot with the leg is open, and the internal ankle is fractured ; 2, because the presence of the bullet is not disproved ; 3, on account of the arthritic disposition of the sufferer,—all circumstances which might give rise to morbid complications of such a nature as to prolong and even to aggravate the complaint. As to the cure, we deem it expedient to persevere in the treatment hitherto followed.

"RIPARI.

"PRANDINA.

"FERDINANDO ZANETTI

"G. BASILE.

"GHERINI

"E. ALBANESE."

"CORRADO TOMMASI.

From this we may conclude that the saving of the limb does not yet appear anything like a certainty.

THE results of the ovariectomy operations of the English surgeons Backer-Brown, Spencer Wils, and Teyler Smith, we read in a foreign medical journal, have opened the eyes of the Parisian surgeons. They have, therefore, set to work to give their own country the benefit of the operation.

On the 3rd inst., a new military hospital—L'Hôpital St.-Martin—built on the site of the ancient Hospice des Incurables, was opened. There are, therefore, now three military hospitals within Paris—Val-de-Grâce, Gros-Caillou, and the one just opened.



Numerous hypotheses have been offered explanatory of the explosion of gas in tubes and pipes. M. Provat of Metz at last offers what appears to be the true explanation. He shows that acetylure—a mixture of copper and acetylen (one of the ingredients of coal-gas)—is formed in the gas-pipes; and that this compound explodes spontaneously, and especially when it contains a portion of oxide of copper. Consequently, it is of importance that copper be not employed in the manufacture of pipes used for conveying gas.

At Valencia, in Spain, some members of the profession have been condemned to prison for twelve years, and with twenty-four years loss of civil rights for having granted certificates whereby a lady of *haute société* was confined in a lunatic asylum. The lady escaped; brought her action; and with the above results.

The contractility of the large veins, and especially of the inferior and superior venæ cavæ at their openings into the heart, in some lower vertebrata, has long been known; but now M. Colin informs us that the venæ cavæ of mammalia, at their openings into the heart, possess rhythmic and pulsatile movements similar to those pointed out by M. Flourens as existing in the veins of batrachia.

Dr. Bruno has been nominated to the chair of surgery left vacant by the death of Riberi.

## ON THE PREVALENCE OF SUICIDE IN ENGLAND.

THE following are notes of a paper read by Mr. Radcliffe, before the Social Science Congress.

During the five years 1852-56, according to the Registrar-General's returns, 5,415 suicides were committed in this country (including Wales), shewing an annual average of nearly 6 suicides (5.87) to 100,000 persons living at all ages, and of 26 to 10,000 deaths from all causes.

In 1838-40 the annual average of suicides amounted to a fraction more than 6 (6.2) in 100,000 population, and to 28 in 10,000 deaths from all causes. It would seem, then, that in the two periods, 1838-40 and 1852-56, the tendency to suicide was nearly stationary. There would appear, therefore, to be no sufficient reason for the very prevalent belief that suicide has of late years largely increased in the kingdom.

Again, the belief that England is "the classic land of suicide"—can no longer be entertained in the face of these figures. The number of suicides in France, during the seventeen years 1836-52, averaged about 8 (8.3) in 100,000 population—1 in 12,013 inhabitants. In England, as we have seen, the proportion in the two periods, 1838-40, 1852-56, was 1 in 17,039 and 1 in 16,129 inhabitants. But then the English statistics of suicide are at the best imperfect. The Registrar-General's returns do not show, probably by one-tenth, the whole amount of suicides actually distinguished as such at the time of death.

The Home Office returns of suicide now, however, extend over five years, 1856-60, and show an annual average of 6.7 per 100,000 population, or 1 in 14,906 inhabitants; a proportion in excess of the Registrar-General's returns

for 1852-56, still comparing most favourably with those for France.

The positive records we possess, certainly show that as far as our present information extends, England holds only a second or third-rate position in the suicide scale among civilised nations.

The justness of this conclusion will become still more apparent by a glance at the Prussian statistics of suicide. In 1834, according to Dr. Morel, the proportion of suicide in that kingdom was 1 in 9,941 inhabitants, and in 1843 1 in 8,081. In the three years 1850-52 the number averaged 38 in 100,000 deaths from all causes. Even France, then, as well as England, must yield the sad precedence to Prussia in this matter, unless the progress of suicide in France since 1852 has been such as to overtake that which had previously been observed in Prussia.

It is very noteworthy that the most recent statistical return on the health of the army shows a proportion of suicides occurring among the troops on the Home Station more than *double that found in civil life*! The proportion of suicides occurring among 1,000,000 males of the military age (20—40) in civil life, may be estimated approximatively, according to the Registrar-General's returns for 1852-56, at 124.6. But the proportion occurring in the troops on the Home Station in 1859 (20 in a strength of 71,715 men) shows a ratio of no less than 278.8 in 1,000,000! It is difficult to escape the conclusion, even if subsequent returns prove that the proportion of suicide in 1859 was exceptional, that the causes leading to so extraordinary an excess of suicide among the troops at home, and those which have given rise to the recent outbreak of murders by soldiers, have much in common. However this may be, there can be no question that the army returns of suicide confirm the necessity, made too apparent by the late murders, for a careful inquiry into such grievances as may exist among the troops.

The returns of suicide in the navy show also an excess over those occurring in civil life, but not so great as in the army. The average proportion of suicides annually occurring among the sailors on the Home Station, to 1,000,000 of the strength, was, in the three years 1856-58, 135.4. (*Social Science Review*.)

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual Autumnal.]	Infirmary, Aylesbury.	Thursday, Oct. 23rd, 1 P.M.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A general meeting of this Branch was held in the Medical Department of the Birmingham Library, on October 9th, 1862; HENRY DUNCALFE, Esq., of West-bromwich, President, in the Chair. There were also present eighteen members.

*New Member.* Mr. J. S. Gamgee was elected a member of the Branch.

*Papers.* The following papers were read:—

1. Observations on a Successful Case of Compound Comminuted Fracture of the Patella; and on one of Compound Comminuted Fracture of the Os Calcis. By J. H. Houghton, Esq. (The patients attended.)

2. A Demonstration of the Use of the Laryngoscope was given by F. Jordan, Esq.

3. Encephaloid Cancer of the Breast. By Oliver Pemberton, Esq.



## Reports of Societies.

### BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ANNUAL MEETING.

[Held at Cambridge, October 1st to 7th, 1862.]

*The Zoological Significance of the Brain and Limb Characters of Man, with Remarks on the Cast of the Brain of the Gorilla.* By RICHARD OWEN, D.C.L., R.S. Professor OWEN exhibited two casts, one of the human brain, which had been hardened in spirits, and had, therefore, not preserved its exact form; but it could serve as an illustration of the human brain. The other cast was taken from the interior of the cranium of the gorilla. From an examination of these the difference between the brain of man and that of monkeys was once perceptible. In the brain of man the posterior lobes of the cerebrum overlapped to a considerable extent the small brain, or cerebellum, whereas, in the gorilla, the posterior lobes of the cerebrum did not project beyond the lobes of the cerebellum. The posterior lobes in the one were prominent and well marked; in the other deficient. From a very prolonged investigation into the characters of animals, he felt persuaded that the characters of the brain were the most steadfast; and he was thus induced, after many years of study, to propose his classification of the mammalia, based upon the differences in the development of their brain structure. He had placed man—owing to the prominence of the posterior lobes of his brain, the existence of a posterior cornu in the lateral ventricles, and the presence of the hippocampus minor in the posterior cornu—in a distinct subkingdom, which he had called archencephala, between which and the other members of the mammalia the distinctions were very marked, and the rise was a very abrupt one. The brain in his estimation was a far better guide in classifying animals than the foot; but the same difference that existed between their brains was also observable between their feet. The lecturer referred to a diagram which represented the feet of the aye-aye, the gorilla, and man, pointing out the chief differences in the structure of the skeleton.

Professor HUXLEY observed that the paper just read appeared in no way to represent the real nature of the problem under discussion. He would, therefore, put that problem in another way. The question was partly one of facts and partly one of reasoning. The question of fact was, what are the structural differences between man and the highest apes? The question of reasoning, what is the systematic value of those differences? Several years ago, Professor Owen had made three distinct assertions respecting the differences which obtain between the brain of man and that of the highest apes. He asserted that three structures were peculiar to and characteristic of man's brain; these being the posterior lobe, the posterior cornu, and the hippocampus minor. In a controversy which had lasted for some years, Mr. Owen had not qualified these assertions; but had repeatedly reiterated them. He (Professor Huxley) on the other hand, had controverted these statements; and affirmed, on the contrary, that the three structures mentioned not only exist, but are often better developed than in man, in all the higher apes. He discussed the relations of the foot of man with those of the apes; and showed that the same argument could be based upon them as on the brain; that argument being that the structural differences between man and the highest ape are of the same order, and only slightly different in degree from those which separate the apes one from another. In conclusion, he expressed his opinion of the

futility of discussions like the present. In his opinion, the differences between man and the lower animals are not to be expressed by his toes or his brain, but are moral and intellectual.

Professor ROLLESTON would try to supply the members of the Association with the points of positive difference between the human and the ape's brain. For doing this we had been abundantly shown that the hippocampus minor and the posterior lobe were insufficient. As differentiative they must be given up at last. But as much had recently been done for the descriptive anatomy of the brain by Gratiolet and others as had been done for astronomy by Stokes and Adams, and for language by Max Müller; and that this had been ignored in this discussion was little creditable to British science. This analysis of the brain's structure had established as differentiative between man and the ape four great differences—two morphological, two quantitative. The two quantitative are the great absolute weight and the great height of the human brain; the two morphological, the multifidity of the frontal lobes corresponding to the forehead, usually, popularly, and, as this analysis shows, correctly, taken as a fair exponent of man's intelligence, and the absence of the external perpendicular figure. This had been abundantly shown by Gratiolet. No reference to these most important matters had been made by Professor Owen. If he had expressed himself with any unnecessary vehemence, he was sorry for it; but there were things less excusable than vehemence, and the laws of ethics and love of truth were things higher and better than were the rules of etiquette or decorous reticence.

Mr. W. H. FLOWER, looking at the subject solely in an anatomical view, and as a question of fact, stated that the result of a considerable number of dissections of brains of various monkeys was that the distinction between the brain of man and monkeys did not lie in the posterior lobe or the hippocampus minor, which parts were proportionately more largely developed in many monkeys than in man; and that if these parts were used in the classification of man and the monkeys the series would be—first, the little South American marmosets, then would follow the baboons, the cercopithea, macaque, then man must be placed, followed by the anthropoid apes, the orang-outang, chimpanzee, and gorilla, and last the American howling monkey.

Dr. HUMPHRY and the Rev. W. MOLESWORTH having said a few words,

Professor OWEN said that Professor Rolleston had led the meeting to conclude that he had not paid any attention to the convolutions of the brain of mammals, and that the investigation of this subject was the exclusive property of the German anatomists; whereas, almost at the very time that Leuret wrote his memoir on this subject, he had delivered a course of lectures on the convolutions of the brain, which, he regretted, had not been published, owing to the pressure of other labours; but the diagrams were still in existence, as his successor could testify, in the museum of the Royal College of Surgeons.

*Observations made at Sea on the Motions of Vessels, with reference to their Effects in Producing Sea-Sickness.* By J. W. OSBORNE, Esq. Mr. OSBORNE stated that the interest he took in the subject was not that of a medical man; but rather that he regarded the investigation as likely to lead to important results illustrative of the effects produced by mechanical movements, whether exerted or originated by the person himself or by forces acting upon him from without. He thought the inquiry important, because of the undisputed connection of cause and effect, the motion of the vessel being the primary cause. It was necessary, however, to define the amount and intensity of the cause to give it expression in figures, and this he accomplished by the contrivances he had made. The first instrument was a spring balance, into the pan of which a weight was placed. This weight and



balance were elevated and depressed alternately by the action of the sea; but it would be found that when this instrument was suspended from a portion of the vessel the index did not register a constant amount upon the scale, which was sometimes more and sometimes less than what would represent the real weight used, so that bodies were heavier at one time than another. The second instrument was a means of measuring the angle the ship made in pitching and rolling. The third instrument was designed to measure the plunge the vessel gives when running against a head sea. Mr. Osborne showed a voluminous series of observations made with these instruments.

*On the Pauperism and Mortality of Lancashire.* By F. PURDY, Esq. The main object of the paper was to bring before the section certain statistical facts relating to distress in the cotton districts; but did not profess to throw any light on, or to draw any conclusion from, the facts. He stated that Lancashire, during the last fifteen years, had been thrice visited with distress. In 1846-7, the expenditure for the relief of the poor in Lancashire rose over the average of preceding years by £261,363, or eighty-three per cent., and at the same time the deaths in the year increased by thirty-six per cent. over the three previous years; and a similar result occurred in another period of distress in 1857; whereas, in the present period of distress, with two exceptions, Manchester and Bury, the death-rate was in an inverse ratio to the increase of pauperism. Referring to the relative death-rates and pauperism, he exhibited the following table:—

Unions.	Difference per cent. in the number of deaths.		Difference per cent. of pauperism.	
	1857-8.	1861-2.	1857-8.	1861-2.
Stockport.....	18.6	17.2	33	251
Bolton .....	1.8	1.6	26	25
Oldham .....	13.9	13.6	37	80
Wigan .....	32.1	10.1	30	22
Ashton-under-Lyne .	26.6	40.0	32	313
Rochdale .....	0.3	57.0	21	108
Blackburn .....	28.2	14.4	38	301
Preston .....	19	6.4	63	264
Macclesfield .....	10.3	4.2	49	225
Bury .....	11.4	19	19	91
Salford .....	8.1	19.1	56	75
Manchester .....	8.1	14.1	80	117
Burnley .....	7.9	5.3	43	119
Liverpool .....	20.3	0.9	11	62
West Derby.....	26	13.7	16	12

This showed that, with one or two exceptions, the pressure on the poor-rate was much more severe now than in 1857-8; but that of the unions enumerated three exhibited the same rate of increase in mortality that they did in 1857-8, seven showed less, and six more.

A discussion ensued, in which the Rev. Mr. Molesworth, vicar of Rochdale; Colonel Sykes, M.P.; Alderman Veild of Manchester; and Mr. Chadwick, took part. It was suggested that the decrease in the death rates probably arose from the change from excess to moderation in diet, and to the removal of the workmen from the foul air of the mills. Some further observations were made to show that the result might be very different when the people reached the starvation point, which might be anticipated, and that if any epidemic visited them at the present time there might be a vast increase in the mortality.

*Colour as a Test of the Races of Man.* By J. CRAWFURD, Esq., F.R.S. Colour in different races appeared to be a character imprinted upon them from the beginning, because, as far as our experience goes, neither time, climate, nor locality has produced any change. Egyptian paintings four thousand years old represent the people as they are now. The Parsees in India, who went from Persia, are now the same as when they migrated a thousand years ago. African negroes that have

for three centuries been transported to the New World remain unchanged. The Spaniards settled in tropical America remain as fair as the people of Arragon and Andalusia. He contended that climate had no influence in determining colour in different races. Fins and Laplanders, though further north, are darker than the Swedes; and within the Arctic circle we find Esquimaux of the same colour and complexion as the Malays under the Equator. Yellow Hottentots and Bushmen live in the immediate neighbourhood of Black Caffres and negroes. There is as wide a difference between the colour of an African negro and an European, between a Hindoo and a Chinese, and between an Australian and a Red American, as there is between the species of wolves, jackals, and foxes. The arguments for the unity of the human race drawn from anatomical reasoning would also prove that there was no difference between hogs and bears, the bovine and equine, and the canine families.

Sir CHARLES NICHOLSON could not agree in Mr. Crawford's conclusions. The variety of the human races, as they now are, had doubtless existed for a long time. Tombs of very great antiquity showed this. But there is now in India a race of Jews perfectly black; and in China the Jews had long become the same in physiognomy as the Chinese, and the Jews never intermarry. Among the natives of America there was an evident approximation to the Red Indian in physiognomy; they were assuming the hatchet face and losing the beard. The same effect could be discerned among the European population of Australia; and Sir Charles stated his opinion that the question was to be settled on philological rather than ethnological grounds.

*On Conditions affecting One Thousand Consumptive Patients when in Health.* By EDW. SMITH, M.D., F.R.S. Dr. Smith read a paper on a vast variety of conditions affecting a thousand consumptive patients when in health, with a view to show if any peculiarities exist in that class of the community, and to afford data of value to life assurance offices. The inquiry was of great length, and the following are some of the facts obtained:—*Parental Conditions: Percentage Quantities.* 54 had lost the father, 46 the mother, and 28 both parents. In 25 only were both parents living. The average age at death was 50.8 years. The most frequent age of death was 35 to 55 years, while only 11 died under 35, and some lived upwards of 95 years. 18 had experienced feeble health before the birth of the patient, and 34 throughout life. In 22.7 one or both parents had led unsteady lives; 21.1 of the parents, and 23.3 of the brothers or sisters had died of consumption; 22 had had rheumatism, 9 asthma, 9 liver-disease, and 7.2 gout. In only 6 cases was there consanguinity of the parents. The age of the parents at the birth of the patients was in half the cases from 25 to 35 years. The number of the children in a family was as large as 7.5, and in some families there were 23 children. In 20 per cent. the patient was the first child; 40 per cent. of the parents' children had died. *Personal Conditions: Percentage Quantities.* The average age was 28.8 years, 8.8 could not read or write, 14.4 had been badly nourished, 30 had been born in London, 36 had lived chiefly in London, and 53 had lived in London during the last three years; 62.1 had light or medium brown hair, 74 had grey or blue eyes, 60 had florid complexions, 46.7 had fleshy habit, 72.5 had excitable temperament, 24 had been feeble at birth, 22 had feeble general health, and 17 had generally defective appetite. 12.6 had always delicate lungs, 2.5 had been dry nursed, 25.4 had too freely perspired, 55 had cold extremities, and 25 had never worn flannel next the skin; 43.5 were married, and of these 13 were childless. The average age at the birth of the first child was 20 to 25 years, and in only nine were they under 20 years. The number of the children per family was one and two in 44, and one, two, and three in 55 per cent.; 38 per cent. of the children had died, and in 43 per cent. their health was bad.



9.6 had led a bad life, 24.5 had drank to excess, and 48 had smoked tobacco; 70 had suffered from their occupation, and of these 32.1 from exposure, 28.6 from long hours, 24.4 from close and hot rooms, 20 from bending posture, and 15.8 from dust or fumes; 9 had taken much mercury, and 54.4 had been bled at the arm from one to twelve times.

*On Secret Poisoning.* By GEORGE HARLEY, M.D. Dr. HARLEY stated that although he had no wish to engender groundless suspicions, or excite unnecessary alarms, yet he was sorry to say he could not but repeat the statement he made last year in a paper on slow poisoning, read before the Royal Medical and Chirurgical Society of London—namely, that he believed the cases of secret poisoning that are discovered form but a small percentage of those that actually occur. Nay, more, he even went a step further, and declared that he not only believed that we magnified the difficulty of perpetrating the crime, but that we were also inclined to exaggerate the facility of its detection. No doubt, modern discoveries in physiology and chemistry had enabled us not only to distinguish between the effects of poison and natural disease during life, but likewise to detect and extract the poison from the tissues after death. But modern discoveries had also made known to us many poisons with which we were hitherto unacquainted. It was in toxicology as in naval warfare, no sooner was a projectile discovered that is considered irresistible than our engineers set about discovering armour plates more invulnerable than their predecessors. So, no sooner does the criminal find a new poison that he can use with impunity than the experts set about discovering a means for its detection. Dr. Harley remarked that the great desire of the poisoner was to get hold of a poison the effect of which would so closely resemble that of natural disease as to be mistaken for it. Fortunately, however, this was attended with extreme difficulty, as the effects of poison were generally sudden in their onset and rapid in their termination, for the poisoner seldom had time or opportunity of administering the poisonous agent in so small a quantity and for such a length of time as is requisite to produce an artificial state of disease, which may be mistaken at least by the accomplished physician for real disease. It had been asserted that in all cases of poisoning where death occurred, the poison ought to be found in the tissues after death. Professor Harley, however, pointed out that this was not strictly true, for even in the case of arsenic, which was supposed to be the most persistent of all poisons, if the patient only lived long enough the mineral might be entirely eliminated by the excretions before death, and afterwards not a trace remain to be detected in the body. He said, that as the not finding poison in the system after death is no absolute proof that the patient did not die from its effects, the symptoms observed during life, in conjunction with the morbid appearances observed after death, even when no poison is discovered by chemical analysis, ought to be sufficient to convict the poisoner. And even the symptoms alone, if there be good circumstantial evidence, especially if combined with proof of a motive, ought to convict, just as was done at Palmer's trial. He concluded by saying that in all cases of suspected murder, great care should be taken to avoid telling the persons around the patient of the suspicion. The patient himself should be the first confidant, for if there was no motive for suicide, he was the most likely to be aware of a motive in the persons surrounding him. The next confidant should be the doctor, who, by obtaining some of the secretions and having them carefully analysed by a competent person, would soon be enabled to decide if it was a case of secret murder, and perhaps also even to detect the criminal.

*Human Entozoa.* By T. SPENCER COBBOLD, M.D., F.L.S. Dr. Cobbold offered remarks on all the known forms of human entozoa, illustrated by an extensive series of original drawings. He stated that the human

body was liable to be infested by no less than thirty species of internal parasites; and he communicated the results of his studies and researches into the history, structure, habits, mode of development, and migrations of each individual form. He demonstrated the possibility of checking the progress of several fatal entozootic diseases; and he appealed to the Association to support him in his experimental researches into the mode of production of these remarkable animals. From the investigations which he had already carried on independently, Dr. Cobbold appeared to have obtained results of great importance, both in a social and economic point of view.

*Tobacco-smoking, and its Effect upon the Pulsation.* By EDWARD SMITH, M.D., F.R.S. Dr. Smith had ascertained that tobacco-smoking causes a large increase in the rate of pulsation in some persons, while in others no increase occurs; and hence that there is a diversity in the mode of action of this substance, as there is in the admitted good or evil effects upon the body. He pointed out that the only period in which the inquiry could be made is at about 10 p.m.; when there has been no food taken after six o'clock; since at that period the rate of pulsation naturally falls, and an increase could be due to the tobacco only. He had experimented upon Mr. Dale and other medical men at Scarborough, and had found that the effect upon Mr. Dale was as follows: During the first six minutes the effect was very small, only an increase of four beats per minute; but after that period there was a steady and rapid increase until the twenty-first minute, when the tobacco was consumed. The average increase from the sixth to the thirteenth minute was nineteen pulsations, and thence to the end of the experiment was thirty-one and a half pulsations per minute; but the total increase in one minute was thirty-seven and a half pulsations. Whether a further increase would have been attained was not ascertained; but, from the order of the increase, it was probable that such would have occurred within narrow limits. It was found that, after the smoking had ceased, the rate of pulsation fell in a few minutes, but it yet remained ten or fifteen pulsations higher than was natural for two hours. There was less effect produced upon the pulse when the tobacco was smoked in a hookah. In this class of cases, tobacco acts as a stimulant, and may supply to the literary man the state of system at night which would be induced by a moderate quantity of alcoholic stimulants; but, when the body is of full habit, it must lead to disturbed sleep, and may lead to apoplexy.

*On the Question whether Oxide of Arsenic taken in very minute Quantities for a long Period is injurious to Man.* By JOHN DAVY, M.D., F.R.S. The author gave an account of a small mountain stream in Cumberland, Whitbeck by name, which contains a minute quantity of arsenic, and which has from time immemorial been used by the inhabitants of an adjoining village without any marked effect, either bad or good, on man and other animals, with the exception of ducks, to which birds the feeding in it has proved fatal. The author attributed the innocuity of the stream to two circumstances: first, the extremely minute quantity of arsenic present; and, secondly, the little tendency that arsenic has to accumulate in the organs of animals—the duck probably having less eliminating power than others. He mentioned instances in which arsenic in equally small quantity, derived from rivers in the Lake District, had proved fatal to the char. He presumed that arsenic existed in many other streams, the water of which was used with impunity, the arsenic being derived from arsenical pyrites, a very common mineral, by the action of air and water, and, as in the instance of Whitbeck, comparatively harmless; and this owing to two circumstances—the very slight solubility of the oxide in cold water, and the fact of the harmlessness of the oxide in infinitesimal quantities.



## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 1ST, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

*Case of Spina Bifida, followed by Hydrocephalus.* By D. RICHARDS, Esq., Brighton. In this case, the child (a female) was born with both legs doubled up to the shoulders, with spina bifida, angular curvature of the spine, cleft palate, and talipes varus of both feet. The birth took place on April 4th, 1860; and on May 2nd, the left leg descended from its abnormal position; and a fortnight afterwards the right leg came down. From the time of birth, the opening in the spinal canal began to close, the integument having been absent, as well as the spinous processes of the three lower dorsal vertebræ. As the opening diminished, however, the head gradually enlarged. Subsequently, the aperture in the spine completely healed, and the size of the head somewhat diminished, but the child died from exhaustion on October 11th, 1860.

*Imperforate Rectum: Attempt at Relief by Operation: Death.* By WILLIAM TILBURY FOX, M.D. On June 5th, the author was requested to take charge of the following case. William M., aged 4 days, had passed nothing since birth *per anum*; he was apparently free from actual pain, but exhausted. Vomiting of offensive dirty fluid was constant, nothing being retained in the stomach. The surface was cold. Flatus and urine were passed. The belly was greatly distended, tympanitic, and tender. On examination, was found a small but normal-looking anus; a probe, however, passed about an eighth of an inch only into a *cul-de-sac*. The most careful examination failed to detect anything like the impulse or feel of a distended rectum. A trocar (with its cannula) was passed in the direction of the rectum for the distance of an inch and a half, and the trocar withdrawn. Nothing passed through the cannula, which was then removed, and warm water injected along the course of the wound, which was subsequently dilated with a bougie. However, no fecal matter was seen. The friends took time to consider the suggestion made to open the colon, and before the next visit the child died. On *post-mortem* examination, there was found to be general peritonitis. The rectum terminated in a *cul-de-sac*, about one inch from the anus, with which it was connected by cellular tissue, and its lower part was empty and flaccid; but above it was distended by feces, and this condition fully explained the non-exit of feces, through the cannula, although the trocar had entered the bowel exactly in the centre of its termination. Had any evidence of the presence of the rectum been forthcoming, the gut would have been found and brought down to the level of the anus.

The case showed an exceptional condition which may frustrate the detection of the gut when it terminates only a short distance from the anus, and is within easy reach—viz., the impaction of the upper part by feces, and the consequent non-distension and emptiness of the lower part of the rectum. It moreover pointed out the desirability (and safety) of making an exploratory search with the trocar, and injecting fluid through the cannula before, and not along the track of the wound after its withdrawal.

*Ruptured Vagina during Labour; Child in Abdomen three hours and a half; Pelvic Cellulitis; Recovery.* By J. H. BELL, M.D. (Communicated by Dr. Tanner.) The patient, aged 28, had previously had normal labours. The labour proceeded apparently naturally at first, but there being cessation of pains for seven hours, ergot was given in two doses of half a drachm each, with half an hour's interval. Shortly after she felt "a tear, a burst, and a flow," and thought the child was born; there was a great discharge of blood. The head was found to have receded considerably, and the hand passed with it into the abdominal cavity. Dr. Bell first saw her three-quarters of

an hour after the rupture; the child was in the abdomen, but the patient not suffering from collapse. The forceps were applied, but it was not found possible to deliver thus, and finally the child was turned and extracted. The rent was found to have occurred in the left antero-lateral reflection of the mucous membrane of the vagina, the os uteri being entire. The patient felt "nicely" after the completion of the operation and extraction of the placenta. Subsequently the patient passed safely through a critical illness, pelvic cellulitis having occurred. She was quite well at the end of two months.

*On the use of Medicated Pessaries in the Treatment of Uterine Disease.* By T. H. TANNER, M.D. The great value of a variety of local applications in the treatment of uterine disease seemed to be insufficiently appreciated by the profession at large. The chief reason, perhaps, for the non-employment of medicated pessaries had been the difficulty of so making them that they can be efficiently applied by the patient herself. This difficulty was overcome by the use of the butter obtained from the theobroma cacao nut, as a material for holding the drugs together, instead of wax and lard. Mr. White Cooper had shown the utility of this butter as a basis for ophthalmic ointments, and it will be found equally valuable for pessaries and suppositories. Though it has the consistence of wax while cold, yet it becomes liquid in a few minutes when introduced into the vagina. After alluding to the cases of uterine, ovarian, and bladder disease in which medicated pessaries are of great service, the communication ended with certain formulæ which the author was in the habit of prescribing. The following are examples:—Mercurial ointment, four scruples; extract of belladonna, one scruple; cacao butter, four drachms; olive oil, one drachm. Mix; divide into four pessaries, and order one to be introduced into the vagina every night.—Iodide of potassium, one drachm; extract of conium, four scruples; cacao butter, four drachms; glycerine, one drachm. Mix; divide into four pessaries.—Boxes of these pessaries, prepared by Mr. Cooper, of 26, Oxford Street, were placed on the table for the inspection of the Fellows of the Society.

*Singular Case of Unsuspected Pregnancy and Awkward Delivery.* By J. SHORTT, M.D., Zillah Surgeon, Chingleput, Madras. The case was that of a lady, aged 40, who had had two children, the last nine years before. She had been at first actively treated by speculum and caustic as for inflammation of the womb, and had taken much medicine with the idea of removing what was considered to be a dropsy of the abdomen. The patient was in entire ignorance of her pregnant condition. The escape of a watery fluid for two days was considered as evidence of rupture of the ovarian cyst. At the end of the two days severe pains set in, for which she was directed to be placed in a warm hip-bath and opiates given. While she was in the hip-bath, however, delivery of a mature living child occurred, to the great surprise of the patient and her friends.

MANCHESTER ROYAL INSTITUTION:  
MEDICAL SECTION.

WEDNESDAY, OCTOBER 8TH, 1862.

E. LUND, Esq., in the Chair.

*Vascular Tumour.* Mr. GREAVES exhibited a case of congenital vascular tumour, in a middle aged woman. It involved the greater part of the right temporal, parietal, and frontal regions, was slowly increasing, and had given rise on former occasions to considerable hæmorrhage. Some discussion took place as to its pathological nature; it consisted mainly of venous enlargement, a communication existing with the temporal artery.



*Cataract.* Mr. T. WINDSOR exhibited a case of successful extraction of cataract from an old man, when he had, in order to facilitate extraction, removed a portion of the iris a short time previously. The sight was good, and the pupil efficient.

*Pannus.* Mr. T. WINDSOR also exhibited a case of pannus in the first stage of inoculation by purulent matter, intending to show the result on a future occasion. He had previously exhibited one or two most successful cases.

*Diabetes Insipidus.* Dr. ROBERTS read notes of a case of diabetes insipidus, with remarks on the *post mortem* appearances; and referred to one or two others in the practice of Dr. Bates and Dr. Bowman. They were all in young people, and complicated with convulsions. In his own case, there were found two tubercular masses in the brain, one in the cerebellum, and one near the longitudinal fissure of the cerebrum. He intended further to develop his views on the subject; but, in the mean time, expressed the opinion that there were at least two distinct forms of diabetes insipidus: the one, met with in young tubercular subjects, with convulsions and cephalic lesion as salient points; the other, most common in adults, connected with a form of renal atrophy, and more amenable to treatment.

*Aneurism, bursting into Pericardium.* Dr. THORBURN read a communication on a case of aneurism of the ascending aorta, rupturing, without previous symptoms, into the pericardium. The first shock was almost fatal, but the patient completely rallied. By his own imprudence, feeling quite well again, he caused a fresh rupture with intense collapse once more. Hemiplegia of the left side occurred at the same time from embolus. The patient, though suffering intensely, survived for another week, or twelve days from the first rupture. The pericardium was enormously dilated, and the innermost clots were firm and decolorised. There was also pericardial exudation present. The writer was able to find only two cases recorded where death had been delayed for any considerable time under similar circumstances; one by Dr. Stokes, the other by Dr. W. T. Gairdner; in neither of which are the exact dates mentioned. The most prominent symptom during dilatation of the pericardium was hiccough, due to tension of the phrenic nerves. The interrupted flow of blood was caused by the smallness of the orifice, and not by pericardial adhesions, as in Dr. Stokes's case.

*L'ECOLE DE MÉDECINE.* Among the monuments being at present repaired in Paris one of the most remarkable is the Ecole de Médecine, which was originally the school of surgery, and was commenced in the year 1769 by the architect Goudoin on the foundation of the ancient College of Bourgogne. It was finished in 1776. The architectural style of the building is simple and elegant. It is composed of a centre and two wings, which are connected by a colonnade supported by pillars of the Ionic order. There is a large courtyard in the centre, surrounded by a covered gallery, and supported by pillars, likewise of the Ionic order. The lecture-hall is at the bottom, and accommodates 1,200 pupils. The origin of the Paris School of Medicine is as ancient as the foundation of the University, but it was not until the year 1472 that the faculty were placed in possession of a building. The first was in the Rue de la Boucherie, in which a lecture-hall was constructed in 1618, which was enlarged in 1744. The School of Medicine was removed in the year 1776 from the Rue de la Boucherie to the Rue St. Jean Beauvais, where it remained until the 8th of August, 1792, when it was suppressed. The School of Medicine was reorganised on a new basis by the law of the 19th Ventose, year 11, and clinical professors as well as surgical were appointed. All distinctions between physicians and surgeons were then removed.

## Correspondence.

### DR. INMAN'S VIEWS ON ALCOHOL.

LETTER FROM JAMES FOWLER, ESQ.

SIR,—May I be permitted to express the disappointment I feel on not finding in your JOURNAL of to-day any criticisms on the very original views of Dr. Inman, laid before the British Medical Association at their last meeting in London. Under the circumstances, I feel called upon to offer a few suggestions; not with a view, however, to the support of any of the generally received theories, but merely to the consideration of that advanced by Dr. Inman, and published in your last number.

The first position is, that Nature has provided every mammal with an apparatus "for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place." Why, "we have no evidence" that five hundred changes which might be mentioned do not take place in the body; but who thinks of arguing, because a change may ensue, that therefore it does, unless the contrary can be proved? Dr. Inman speaks much of "logical" conclusions. If by these he means "scientific inductions", I may say that the above is not a true induction of any kind. Induction does not beg a question, and then deduce facts, and tell us there can be no doubt about them. If induction is "the setting out from particulars already known to arrive at a conclusion", and the preliminary verification of each step of every induction is absolutely necessary, and "the anticipation of Nature" is, as Bacon says it is, "a rash and hasty thing", it is idle to attempt to advance true science by telling us that "the lungs *may* be the fermenting vats of the animal economy", or that "the above deduction is probable", especially when the confession is made that "as yet alcohol has not been demonstrated to exist in the arterial blood of animals". We are ready to admit that it *may* be possible that "all food" *may* be converted "into alcohol"; but it will never do in science to make *assumptions* in order to explain phenomena which may be thought otherwise (whether truly or falsely it matters not) inexplicable. If having something to explain is sufficient proof of the correctness of an explanation, one might at least with equal justice fancy that fattening after alcohol is caused (as Ambrose Paré would say) "by the craft and subtlety of the devil".

With respect to the cases brought forward, I have only to say that "cases", like "facts", as they are called, do not necessarily produce irresistible conviction in the minds of readers. "Cases", like "facts", are only valuable in proportion to the value of the verification to which they have been submitted, and at best are susceptible of very various explanations. In the history of science—and in no science more, or perhaps so much, as in medicine—we find "facts" and "cases" constant; but theories change continually. I will not here be so unmannerly as to reject all Dr. Inman's cases because one is the loose report of a woman, or four of them second hand, but am disposed to take them all as verified—their sources of fallacy all carefully examined. I shall not attempt to criticise Dr. Inman's own case, but will merely place side by side with it *my own* case, and that of others, who—their stomachs not having been disordered by abuse of such drinks—find a glass of brandy and water, or wine, or beer at dinner "a relish" to induce them to take more solid food, rather than cause "a less amount of the latter to suffice for the wants of the system". I have seen many patients eat food heartily with a glass of beer, who could not be induced to touch it without

The remaining cases—though in the highest degree interesting—are, I think, useless for the purpose for



which they are adduced, when we consider the extraordinary, but very carefully verified, instances given in Dr. Brierre de Boismont's admirable book on *Hallucinations*, and other works, of persons who in ecstasy, catalepsy, and insanity, have lived for a length of time not "on any form of alcohol alone", but—more wonderful still—without either meat or drink of any kind. But, if this be not thought conclusive, I will take up the argument on Dr. Inman's own principles. If alcohol nourishes, and "one form of alcohol or another is available for the support of life", and saccharine and amylaceous foods only "nourish" because they are changed into alcohol by the salivary glands, the liver, and the lungs of every mammal, a dog ought to be able to live on sugar. But Magendie's elaborate experiments prove exactly the contrary, as also those of Mr. Simon in this country; the latter of which I had the honour and satisfaction of witnessing, while connected with St. Thomas's Hospital. I may add, that the urine taken out of the bladder of one of these dogs after death could not be proved, by the most careful chemical testing, to contain a trace of alcohol.

Certainly the argument above seems, as I re-peruse it, to be a very strange one. It is so; but it is from Dr. Inman's own premises. "There is no essential atomic difference between a sweet cake, and brandy and soda-water; nor is there any *primâ facie* reason to believe that the constitution cannot assimilate one as readily as the other. Nay, experience in medicine has even demonstrated . . ." are Dr. Inman's own words. As well might he argue that atmospheric air and nitric acid, or a shoe-sole and a slice of beef, "may be assimilated one as readily as the other".

But I must now refer to Dr. Inman's last case. "At the end of twelve months she still kept up her flesh", but "her nervous system was thoroughly exhausted". How could her "flesh" keep up? If flesh means flesh, and the lady really "subsisted wholly on bitter ale and brandy and water", I do not believe that she did keep up her "flesh". It is impossible. And how could her nervous system be otherwise than "thoroughly exhausted"? I ask, in the name of chemistry and reason, how could a brain and a muscular system, the solid parts of which contain respectively six, and ten, and eighteen and a half per cent. of nitrogen and phosphorus, be nourished by alcohol, which does not contain an atom of either the one element or the other? And how could the albumen and phosphates of the blood, saliva, and urine, be supplied by bitter ale, which contains so small a percentage?

With respect to the "increased power" of the brain induced by alcohol, I can only say that I have never seen it, though I have had peculiarly good opportunities of doing so, if it had been to be observed readily. The effect of alcohol which I have witnessed, has rather been that blunting of sensation which Dr. Chambers so well describes, and which, on superficial examination, might so easily be mistaken for increased brain function.

Whatever may be the real physiological action of alcohol, there is one drawback to its use which appears to me to have been overlooked by Dr. Inman; namely, its property of preventing the healthy textural drainage of the body. It used to be said that alcohol prevented the waste of tissue; but this was never proved, and it is a theory, I believe, which is now pretty nearly effete. It is true that the urine, sweat, and expired air of the drunkard contain less nitrogenous matter than those of the temperate; but it does not follow from this that the drunkard has less waste to be excreted. There is a deficiency of uric acid in the urine before a paroxysm of gout; but do the masses of urate of soda found in the tissues after the explosion, justify the conclusion that therefore there had been less uric acid in the body to be excreted? Mr. Simon seems to have placed the matter in the right light, when he says that "alcoholic stimu-

lants retard the excretory changes of tissue, and tend to produce an artificial diathesis in which the organic substance is unduly loaded with refuse". This explains why consumers of alcohol are so liable to affections universally attributed to imperfect defecation of the body so very peculiarly predisposed to inflammation; so subject to high degrees of inflammatory fever; so apt to suffer from gangrene and sloughing; so prone to die from speedy exhaustion!

In conclusion, may I be allowed to state, that I have never known any one who thought that alcohol was stimulant of exactly the same kind as Cayenne pepper or a tonic exactly like gentian; or that one might not eat too much meat; or who denied that a "lying child" or a "bloody Turk" both might be teetotallers. To raise up castles of this kind simply for the purpose of demolishing them, is "to contend without an opponent and to triumph without victory."

I am, etc., JAMES FOWLER,  
Formerly House-Surg. to St. Thomas's Hospital, London  
October 11, 1862.

## Medical News.

ROYAL COLLEGE OF PHYSICIANS. The following gentlemen passed the first part of the Professional Examination for the License of the College, on October 10th:—

Carter, Richard, Charing Cross Hospital  
Forman, Elijah Baxter, Guy's Hospital  
Frost, Walter, Charing Cross Hospital  
Greatrex, Adolphus Burnell, St. Bartholomew's Hospital  
Haward, John Warrington, St. George's Hospital  
Lyle, Thomas, St. Mary's Hospital  
Moore, Harry Gage, Guy's Hospital  
Nash, Walter Llewellyn, St. Bartholomew's Hospital  
Terry, Septimus, St. George's Hospital

APOTHECARIES' HALL. On October 9th, the following Licentiates were admitted:—

Bennett, James Edward, Arlington Street, Camden Town  
Horton, Henry, Wednesbury, Staffordshire  
Miller, William, Scotland Road, Liverpool  
Oswald, James Waddell Jeffreys, Berwick-on-Tweed

### APPOINTMENTS.

LEE, William E., Esq., appointed House-Surgeon to the Middlesex Hospital.

### ROYAL NAVY.

Cox, William B., Esq., Acting Assistant-Surgeon, to the *Nile*.  
LILBURN, James, Esq., Surgeon, to the *Leopard*.  
MACDONNELL, Henry, Esq., Assistant-Surgeon (confirmed), to the *Virago*.  
RAYNER, F. M., Esq., Surgeon, to the *St. Vincent*.  
RIORDAN, John, M.D. } Acting Assistant-Surgeons, to the  
ROBERTSON, Adam, M.D. } *Royal Adelaide*, for Plymouth  
SIMPSON, John, M.D. } Hospital.  
ASHFORD, John W., Esq. }  
BRISBANE, Thomas, M.D. } Acting Assistant-Surgeons, to the  
DONOVAN, Daniel, M.D. } *Victory*, for Haslar  
MORE, Robert, M.D. } Hospital.  
SHARWOOD, Edward J., M.D. }

### DEATHS.

BECK, Edward, M.D., at Ipswich, on October 10.  
CHALMERS, William, M.D., late Surgeon H.E.I.C.S., at Brighton, aged 76, on October 13.  
CHATTERTON, James T., Esq., Surgeon, of Kingston-on-Thames, on October 10.  
EARLE. On October 13th, at Woodbury, Devon, aged 74, Wilhelmina Sophia, widow of the late Henry Earle, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital.  
LEDGER, Mathew, Esq., Surgeon, of Harrow Road, at Hastings, aged 37, on October 12.  
MORLEY. On October 10th, aged 44, Elizabeth, wife of \*John Morley, Esq., Barton-on-Humber.  
NASH, Charles S., M.D., at 1, Cromwell Terrace, Harrow Road, on October 7th.  
SAVAGE. On October 9th, at 101, Gloucester Place, Sophia, widow of John Savage, M.D.



**BEQUEST.** The City of London Hospital for Diseases of the Chest, Victoria Park, has just received a legacy of £500, under the will of the late Mr. Richard Attenborough.

**THE PUCKETT SUBSCRIPTION.** Mr. Griffin, who has acted so energetically in behalf of the family of the late Mr. Puckett, gives the following account of his stewardship:—There have been subscribed £1016:19:6, which, minus expenses, has been placed in the hands of trustees. The trustees have invested £810:9:8 in East India stock, which will bring in £37 per annum, and on November 24th, the anniversary of Mrs. Puckett's birth, they intend to sink with the Norwich Union Life Office, where the deceased had insured his own life, the sum of £161:7:8, for which the widow will receive £15 per annum, thus securing for her an annual income of £52. The trustees reserve the arrangement for the final distribution of the fund until after the death of the widow, fearing that if a vested interest were given in the money, the trustees would have no power to prevent its anticipation; they however trust that no cause will arise to prevent its equal distribution amongst the four children of the deceased, or, in case of death, their representatives.

**UNIVERSITY COLLEGE HOSPITAL.** At a meeting of the Hospital Committee the receipt of the following legacies was reported: £300 by Mr. John Watson, and £100 by Mr. Charles Cope. Notice was also received that the late Miss Charlotte Chitty, had left to the hospital a legacy of £500. At the same meeting the committee had under consideration the proceedings for providing an improved system of nursing for the wards, and for procuring for the sick inmates, by means of a special fund, many additional comforts for which the general resources of the hospital were inapplicable. It appeared that the contributions to the special fund having been sufficient to authorise the execution of the desired improvements, they had far advanced towards completion; that the receipts on account of the special fund had amounted to £830; that the committee had made themselves liable to an expenditure for the purposes mentioned of at least £1,000; consequently further subscriptions to the amount of £170: were required.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** From Midsummer-day 1861 to Midsummer-day last, this institution has received £14,135:13 from the following sources of income, viz.:—classical examination of candidates for diploma of member, £180; primary and pass examinations for diploma of member, £11,429:15; certificate of qualification for the navy, £5:5; certificates of qualification in dental surgery, £126; licences in midwifery, £99:15; fellowship, £451:10; certificates of having received diploma, £15:15; fee on admission to council, £21; rent, £697:2:6; list of members, catalogues, etc.; £12:6; incidental, £5; dividends on investments in government securities, £1092:4:6. This sum of £14,135:13 is an excess over the receipts of last year of £241:2:8. The disbursements amounted to £14,290:7:6, divided under the following heads, viz.:—college department, including council, court of examiners, dental board, midwifery board, auditors, fellowship, diploma stamps, list of members, salaries, wages, coals, law expenses, etc., £8035:11:7; museum department, including catalogues, specimens, spirit, bottles, salaries, wages, etc., £2012:5:7; library department, including purchase and binding of books, salaries, etc., £620:17:6; miscellaneous, including taxes, insurance, furniture, pensions, etc., £1041:7:3; repairs and painting, £598:6:10; under deeds of trust, including oration, lectures, prizes, etc., £176:18:9; investment in government securities, £1805.

**EVIDENCE OF EXPERTS.** At the recent meeting of the British Association it was stated that the committee of the Association recommended that by a legislative Act

judges should be empowered, on application from a suitor, in causes of a technical character, to convene skilled assessors, the number of whom should be limited to three, and who should give their opinions on the statements of the witnesses, in such manner as they should be required to do by the judge, previous to his adjudication of the cause. A court so constituted might see a necessity in some cases for independent evidence of the facts on which either party relied. The allowing the judge to call in witnesses independent of the parties in such cases, as was done on various occasions by the Courts of Chancery and by Parliamentary committees, had been suggested by a high judicial authority, and would, in the opinion of the committee, be a valuable supplement to the preceding provision. Mr. Whiteside observed that in criminal cases the Crown already possessed the proper power; but in civil cases he feared the report of the committee left the evil untouched. He did not think Parliament would sanction the appointment of assessors. The length of these investigations had undoubtedly led to public scandal. But the law entrusted nothing to be decided by experts. It was a question of fact whether a man's eccentricities amounted to insanity, and practically he thought a fair result was attained in such inquiries. Mr. Napier thought it would be a great improvement of the present system, in questions of conflicting scientific issues, that the judge should have the benefit of one or two assessors, not to control or coerce him, but to give him the best assistance in their power. In criminal cases the real remedy would be found in the appointment of a public prosecutor. He entirely approved the recommendation of the committee. The President Mr. E. Chadwick, thought the French practice was preferable to what prevailed in this country. In cases involving any question of mechanical science it was usual to give the parties their election as to who should determine the question; and it would be well to give greater latitude for that purpose than was now sanctioned.

**LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.** The prizes in the several classes of this institution were distributed on October 1st, by Robert Hutchison, Esq., Mayor of Liverpool, to the following successful candidates:—*Senior Anatomy*—Certificates, Mr. W. Cross and Mr. G. Griffith. *Junior Anatomy*—J. H. Gornall, silver medal; Mr. Warburton and Mr. Leigh, certificates. *Surgery*—Mr. Nash, silver medal; Mr. J. M. Johnson, certificate. *Medicine*—Mr. Nash, silver medal; Mr. J. M. Johnson, certificate. *Chemistry*—Mr. Visick, silver medal; Mr. Houghton, certificate. *Practical Chemistry*—Mr. J. H. Gornall and Mr. Griffith (equal), prize of books. *Midwifery*—Mr. Warburton, silver medal; Mr. Lowndes, certificate. *Materia Medica*—Mr. J. H. Gornall, silver medal; Mr. Houghton, certificate. *Medical Jurisprudence*—Mr. Cross and Mr. Lowndes, prizes of books. *Pathology*—Mr. Irvine, silver medal; Mr. Cross, certificate. After the distribution, the Mayor addressed the students, congratulating those who had been successful. To themselves it must be an incentive to increased exertion to attain the highest honours in their profession; and to their friends an earnest that, by the blessing of God, the exertions which they were making would confer honour upon them, and redound to the credit of those who were directing their studies with anxious solicitude. To those who had not been successful in obtaining prizes, he would say, "be not discouraged; though all run, one only can obtain the prize." In the very success which had crowned the efforts of their fellow students, they had encouragement to persevere, and to indulge the hope that upon a future occasion they too might win distinction. There was one other class of students to whom he would venture to offer a few words of encouragement—those who have not possessed sufficient confidence to go in for an examination for honours. He attributed this—not to a conscious-



ness that they had not paid attention to their studies; but to a feeling of distrust (groundless in many cases) in their own powers, and to a want of that self-reliance, which is so marked a characteristic in the man of enterprise, and so necessary to the achievement of success in every walk of life. He would earnestly entreat those who were in such a case not to be disheartened by misgivings and apprehensions of failure. A child, in its first attempts to walk, gets many falls; but by repeated efforts it at length walks erect, and by continued practice at last attains the desired end. Application, and perseverance, and a firm determination to excel, never fail in the accomplishment of their object, and such a course of action he commended to their earnest consideration. In consenting to speak a few words to the body of medical students present collectively, he would remember that he addressed the nurslings of a noble profession—a class, whose power and influence, for good or evil, could scarcely be overrated. He, therefore, earnestly urged upon them ever to bear in mind the high destiny to which they were called. To the student of a thoughtful, philosophical, and investigating turn of mind in any profession, but more particularly in the medical, there was presented that master heresy of the mechanical and inventive age in which we live, the heresy of dealing with man as a mere piece of materialism. He feared that this mischievous opinion had a strong hold on the mind of many anatomists, and lay at the root of much popular infidelity. The habit of dealing with the material properties of human nature, of examining the manner in which we are acted upon by mechanical forces, of tracing certain functions to their apparent origin and source, was apt to lead the intellectual student, by its plausible appearance, its fascination, its beguilement of the imagination, and a delicate and subtle logic, to imagine that a man is a mere mass of well compacted earth; and unless the inquiry were pursued in a reverent and religious spirit, it had a tendency to land the superficial, and especially the evil disposed, in a withering and blighting scepticism. Such a course of reasoning undermined the first principles of moral duty, and lent its aid to every corrupt and degrading passion. He held it, however, to be a great advantage as a corrective to such baneful effects, and one of the most important features of this institution, that it enabled young men to prosecute their studies in medical science whilst still residing under the eye and guardianship of their parents and friends; and thus, whilst enjoying the succour and the solace of the paternal roof, to be removed as far as may be from the full force of those temptations to which the isolated student is peculiarly exposed, when removed far away from those wholesome and endearing restraints, which the affectionate ties of a well regulated family, and those only, can effectually supply.

**BIOLOGICAL SCIENCE IN THE BRITISH ASSOCIATION.** In the lecture of zoology and botany, the president, Professor Huxley, in his inaugural address subdivided the science into the four heads of morphology, physiology, distribution and ætiology, or investigation of the laws which concern the origin, development, and extinction of all organic beings. He narrated the history and progress of each branch, and specially adverted to the fact that almost all the valuable progress had been made during the last fifty years. In the lifetime of the present generation he anticipated a still more brilliant and startling progress. The Professor affirmed that Mr. Darwin's work was as perfect in its logical method as it was accurate in its scientific facts. He concluded by inculcating the importance of promoting the advance of biological science, and insisting on the advantages which had been already attained by the examinations conducted by the Department of Science and Art. He made a warm appeal to the Universities of Oxford and Cambridge no longer to confine their fellowships and the

other great advantages of their endowments to success obtained in classics and mathematics. He trusted that before long, biological science would receive a practical recognition in both Universities. In the sub-section of physiology, the president, Dr. G. E. Paget, remarked on the limited cultivation of physiology in Cambridge, and referred the cause of its comparative neglect to the most able students being attracted by the prizes, scholarships, and fellowships which had hitherto been given almost exclusively for proficiency in classics or mathematics. He described its prospects as improving under recent academical changes, and particularly the establishment of the Natural Sciences Tripos. He eulogised the labours of Dr. Clark, and referred to the elaborate discourse by Dr. Sharpey, read before the British Medical Association, on the progress of physiology as a reason for abstaining from the usual course of addressing the section on that subject.

## Varieties.

**THE PHARMACOPEIA COMMITTEE v. THE METRIC SYSTEM.** The pupils of the London University make their calculations by the *gramme*. Professor Miller, of Cambridge, is asked, "How long has the metric system been introduced in scientific operations?" He answers, "As long as I can remember. I should think that, since the year 1836, no chemist ever made use of weights which were not decimally divided." Mr. Graham, Master of the Mint, states that "the divisions of the metric system form a sort of common language for scientific men; and that where it is not used in English scientific papers," those papers remain unnoticed in France. He adds, that it is also beginning to find a place in elementary scientific works in England." (*Athenæum*.)

**SMALL-POX IN SHEEP.** In his introduction address at the opening of the Veterinary College, Professor Simonds said that small-pox in sheep was less familiarly known than small-pox in man, but it was more fatal. Before the year 1847 the malady had never been observed among the flocks of this kingdom. It had long, however, been prevalent and well-known in several of the great sheep districts of the Continent. One sheep would infect a flock; a flock would infect a district; and in this way the malady would be spread over the area of a vast country. In the case of the human small-pox, we possessed a simple, efficacious, and an almost harmless means of prevention in vaccination; but it was not so in the case of small-pox in sheep. Vaccination afforded them no protection. Where the separation of the affected animals from the healthy ones proved insufficient to stay the disease, there remained only inoculation to be had recourse to. Nothing was more efficacious than this for securing the ultimate welfare of the flock. It had been forgotten that in the case of sheep we had no option between vaccination and inoculation. Wide and extended experience had shown that vaccination was valueless as a protection against small-pox in sheep; and had on the other hand shown the great value of inoculation. Small-pox first appeared among the flocks of England in 1847. It had been introduced by foreign sheep sold in Smithfield Market. The disease spread rapidly, and committed frightful ravages in several countries during the years 1847-48-49 and 1850. Since 1850 the malady had not been heard of among our flocks until the month of July last, when it broke out at Allington, near Devizes. The introduction of the disease into Mr. Parry's flock was still left in uncertainty. At the present moment there was good hope, thanks to the preventive measures adopted, that the malady had been stayed in the vicinity where it had first showed itself. The nature of the disease and the period of the year alike forbade a hasty conclusion



the matter. He trusted that the malady was stayed, he could not conceal from himself the probability—a probability taught by bitter experience—that the disease might still spread more widely, and that our flocks might ultimately suffer from as calamitous a visitation as that which befel them in 1847-50.

FLIES. Spanish flies, and cantharides, are also beetles. Pisa, certain (uncertain?) flies are found which give an agreeable odour. They feed on orange and lemon rinds, and resemble bees; they have four wings, and therefore are not real flies. A saw-fly carries a saw on its back; a scorpion-fly has terrible pincers, like scorpions' pincers, in its tail. The destructive Hessian fly is a tipula, or daddy-long-legs. The May-fly is the ephemeral beauty which lives, as a caddis-worm, for months in the water, and only a single day in the air. A house-fly is one of the winged scourges which must have been included among the divers sorts of flies which decimated the Egyptians. Swarms of flies, in houses and on the ground, are thus acknowledged to be a plague. It is not man alone that suffers from them. In several parts of the world, insects end the existence of cattle. Perhaps Paraguay offers the most curious instance of this; neither cattle nor horses nor dogs have ever run wild there, although they swarm southward and northward in every state; and Azara and Rengger have shown that this is caused by the greater prevalence, in Paraguay, of a certain fly, which lays its eggs in the navels of those animals when first born. The increase of these flies, numerous as they are, must still be habitually checked by some means, probably by birds. Hence, if insectivorous birds could increase in Paraguay, flies would decrease, and cattle and horses might run wild. (*All the Year Round*.)

OPERATION DAYS AT THE HOSPITALS.

SUNDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
MONDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.  
TUESDAY.....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
WEDNESDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
THURSDAY.....Westminster Ophthalmic, 1.30 P.M.  
FRIDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

SUNDAY. Medical Society of London, 8.30 P.M.: Dr. Cotton, "On the Therapeutics of Consumption."  
MONDAY. Junior Medical Society of London (Charing Cross), 8 P.M.: Mr. Frank W. Cooper, "Some Points in the Treatment of Delirium Tremens."

POPULATION STATISTICS AND METEOROLOGY OF LONDON—OCTOBER 11, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 901 Girls.. 856 }	1757 1121
Average of corresponding weeks 1852-61 .....	1801	1156

Barometer:  
Highest (Sun.) 30.183; lowest (Sat.) 29.916; mean, 29.980.  
Thermometer:  
Highest in sun—extremes (Mon.) 110.1 degs.; (Tu.) 92.7 degs.  
In shade—highest (Mon.) 70 degrees; lowest (Sun.) 47.7 degs.  
Mean—56.3 degrees; difference from mean of 43 yrs.+4.2 degs.  
Range—during week, 22.3 degrees; mean daily, 14.9 degrees.  
Mean humidity of air (saturation=10 )..89.  
Mean direction of wind, N.E.—Rain in inches, 1.22.

TO CORRESPONDENTS.

\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE GEOLOGY OF LINCOLN.—SIR: In the abstract of my address, which appeared in the JOURNAL for August 2nd, the clay over which a part of Lincoln is built is mentioned as "Oxford" clay; whereas it is really a bed belonging to the lias—lias-clay. I much regret this error, which was owing to my having relied on the accuracy of the Report of Mr. Giles, C.E., on the Drainage. Should you deem the mistake a matter of sufficient importance to notice, perhaps you will oblige me by setting it right.

I am, etc., T. SYMPSON.

S.D.—We cannot believe that the following extract is from the work of any man who can legitimately write M.R.C.S. after his name:—

"A Novel Test for Worms. There exists in nature an agent equal to the destruction of intestinal worms, far superior in power, certainty, and safety, to all the medicines with which I am acquainted, and which I have found unerring as a test of the presence of the parasite—the living trout. In the Vale of Cleveland, probably elsewhere, the custom has existed, for at least one hundred years, of applying to children, either known or suspected to be infested with worms, a trout in the following manner:—A fresh lively trout is inclosed in a linen bag, and applied to the surface of the abdomen at bed-time, and the condition in which it was found the following morning determines the presence or absence of the parasite. Should the trout be taken off merely dead, and in appearance similar to one killed in the ordinary manner the same time previously, worms do not exist; on the other hand, should it be removed dark-coloured, decomposed, and offensive, the case can be as unhesitatingly pronounced one of worms, and the operation of a purgative will expel the intruders. I profess no theory here beyond this—the fish absorbs the vitality of the worm." (*The Mortality of Childhood*, by Mr. Crummy, M.R.C.S.)

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Mr. M. B. HILL; Dr. FOWLER; Dr. STIFF; Mr. RICHARD GRIFFIN; Dr. WALKER; Dr. DAY; Mr. G. RIGDEN; Dr. HUGHES BENNETT; Dr. KIDD; Mr. JAMES FOWLER; THE HONORARY SECRETARY OF THE JUNIOR MEDICAL SOCIETY OF LONDON; Dr. DAVEY; THE HONORARY SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mrs. BAINES; Dr. MITCHINSON; Dr. P. BOULTON; and Mr. MORRIS.

BOOKS RECEIVED.

1. Transactions of the Medical Society of London. Volume II. London: 1862.
2. An Introductory Address on the Future of St. Thomas's Hospital. By J. S. Bristowe, M.D. London: 1862.
3. La Médecine et le Monopole. Par le Docteur Romain Vigouroux. London: 1862.
4. Air and Water: their Impurities and Purification. By Henry B. Condy. London: 1862.

ADVERTISEMENTS.

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JAMES McBEAN, M.A., Secretary.

St. Andrew's, 7th October, 1862.

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(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital. 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe, and think very highly of it. Yours faithfully,

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WM. FERGUSSON

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# Therapeutical Inquiries.

## I.—ACUTE PNEUMONIA.

Reporter, J. HUGHES BENNETT, M.D., Edinburgh.

### INTRODUCTION.

BEFORE entering upon the special duty allotted to me at the last annual meeting of the Association, I beg to address a few general remarks to the members in what may be regarded as a first attempt to render their united labours of advantage to medical science. The value of cooperation in a therapeutical inquiry must be obvious. A very slight, but at the same time well directed, effort by each of our two thousand members would produce more accurate data in a year, than the irregular and ill-arranged observations of the whole profession for a century. All that seems necessary is, that the plan of united operation be such as to exclude the chance of gross fallacy. Did every member, for example, only furnish one well observed case of pneumonia in the course of the year, a body of facts would be accumulated of incalculable value. But if, in addition, we give us the results of his practice in that disease for several months, so as to avoid the possibility of communicating only remarkable instances of the disease, I believe many of the problems which have long remained unsolved in connection with one of the most important forms of inflammation might be permanently and satisfactorily determined, when the Association next meets at Bristol. The same observations, of course, apply to all the other subjects of inquiry recommended by the Committee. No doubt great differences of opinion do, and probably always will, exist as to the method that ought to be pursued in an inquiry of this kind. These differences, indeed, were fully represented in the Committee, which, however, judiciously came to the conclusion that it was not desirable to oblige any body of men to concur in one particular plan in all cases. On the contrary, it was considered advantageous to admit a variety of thought and action; and hence various subjects and different plans are to be put forth by their separate advocates. The following remarks, therefore, as introductory to the whole inquiry, express only my own views.

When we ask ourselves why medical men should differ with regard to the treatment of any particular disease, the question that at once suggests itself is, do they all understand the same morbid condition by the same name? Every disease, so far from being a simple, is, in fact, a complex thing; so that not only may various persons attach the idea of that thing to part instead of the whole, but may understand by the same name it bears very dissimilar meanings. Thus, apoplexy is defined by some to be sudden loss of consciousness, motion, and voluntary motion; by others, hæmorrhage into any organ; and hence the expressions, apoplexy of the spinal cord, apoplexy of the lungs, etc. I need scarcely point out that no two ideas of the same disease can be more different. It is of the utmost importance, therefore, at the onset of any inquiry into the effects of treatment, that those who take part in it should consent to the de-

finition put forth by the member of committee who takes charge of any special subject, whether they themselves think that definition strictly correct or not. For example, if epilepsy be defined to be *loss of consciousness combined with convulsions recurring in paroxysms*, then, every case that does not include these three essentials should be rigorously excluded. It is only in this manner that we can escape fallacy.

Although we are still obliged to define many disorders by groups of symptoms, it is always better to fix, if possible, upon pathological states, rather than symptoms, as constituting diseases. The tendency of modern investigation is first to determine the nature of a disease by anatomical, histological, and chemical inquiry; and, secondly, to detect it with exactitude in the living body. Just in proportion as we have accomplished these two things, has our knowledge advanced. The group of symptoms of which epilepsy consists may depend on various morbid states—a circumstance which must perplex the practitioner. On the other hand, the nature of an aneurism, a pneumonia, or a phthisis, is now ascertained, and much of our perplexity is removed. But the art of detecting lesions in the living body is more or less perfect, according to their seat. Cancer, tubercle, and inflammation, are with difficulty distinguished from one another within the cranium; but in the lungs this is comparatively easy. The value of any therapeutical inquiry must be considerably influenced by the degree in which the nature of a particular disease is known and capable of being detected.

The nature of the disease being known, and its seat recognised, the next point to be determined is its natural progress; that is, are its tendencies destructive or towards recovery. It will be admitted a cancer has the one, and a simple erysipelas the other. In either case, the probable time in which the first will prove fatal and the second disappear, must be known before it is possible to determine the value of any therapeutical agent in arresting or modifying its course. This is exactly the information in which we are still very deficient; but in which, now that pathology and diagnosis have made such advances, we may soon expect to make great progress. It is already certain that some diseases always run their natural course, such as variola, scarlatina, and measles. A broken bone is not cured by the surgeon; it is simply allowed to unite in a certain time, and placed in the most favourable circumstances for doing so. Should not the same rule hold with other lesions of texture? On the other hand, many diseases are really cured by remedies; such as ague by quinine, psoriasis by pitch ointment, and scabies by sulphur ointment. A tapeworm is expelled by some medicines and not by others. Every therapeutical inquiry should recognise these distinctions; so that in those diseases that run a certain course, we may determine what can be done either to shorten their progress or alleviate their symptoms; whilst in those the natural course of which is indefinite, it may be further ascertained how they can be arrested and removed.

Treatment, therefore, is palliative or curative; the former directed to relieving symptoms, the latter to removing the pathological state or disease. Treatment is also general and special; general as regards the nature of the disease; special as regards its seat. The great problem in conducting any given



case is to carry out both indications, so that one does not interfere with the other. It is here that modern medicine points out what has previously been overlooked; viz., that the violence of general and local symptoms bears no relation to the fatality of a disease. Thus, an acute pneumonia or a febricula may cause the most violent symptoms and perturbation of the economy, and yet spontaneously terminate favourably in a few days; while a phthisis, a pleurisy or pericarditis with effusion, or even a pneumothorax in which the lung may be permanently destroyed so as to cause death, may come on imperceptibly and produce only trifling functional symptoms. To the pathologist, therefore, such symptoms are no longer the same guides to treatment that they used to be. They do not so much excite his regard as the causes or morbid alterations which produce them, because he knows they will disappear when the latter are removed. It need not, therefore, excite surprise that as our knowledge of pathology has advanced and our means of diagnosis have improved, we direct our attention more to the pathological states or diseases, and less to the functional symptoms or temporary effects. In this way, it has, in many cases, been made manifest that, so far from doing good by relieving symptoms, we are positively keeping up the disease, or making it worse. Of what advantage, for example, can sedatives and cough mixtures be in checking phthisis? The true indications for treatment are to strengthen the appetite, increase the nutrition, and invigorate the frame. Medicines which temporarily lull irritation, create nausea, destroy appetite, and favour diaphoresis, however they may relieve symptoms, can never arrest the disease. Again, what benefit can aconite and other sedatives produce by diminishing the heart's impulse in organic diseases of that organ? The pulse is rendered strong in these cases from the necessary effort to overcome obstruction. Nothing but an unacquaintance with pathology and diagnosis could induce the desire to lessen that which, under the circumstances, is the salvation of the economy. Modern medicine abounds in similar instances. Pathology suggests the absurdity of continuing the empirical treatment of our forefathers, and recent experience in many cases has demonstrated the great advantage of abandoning it.

It has long been thought, that the proper method of improving treatment is to try the effects of drugs on animals, then try them clinically in various diseases, record the cases, and so on. But, although valuable information may be thus arrived at, it can never conduce to our knowledge of correct treatment until we are capable of recognising with exactitude the disease, and of knowing its nature and natural progress. These steps must be preliminary to our future advance in therapeutics; and that they have not hitherto been made so is at once the explanation of past failure and the indication for future success. The true promoters of therapeutics, consequently, are those who direct all their energies to improving diagnosis, and advancing pathology. This conviction is gradually forcing itself on the minds of those who seriously consider this subject, and is what renders most earnest and truthful students physiological pathologists. It teaches us—1. That an empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong; 2. That a knowledge of physiology, pathology, and thera-

peutics, and not experience alone, is the real foundation for the practice of the medical art; and 3. That a true experience can only have for its proper aim the determination of how far the laws evolved during the advance of these sciences can be efficiently made available for the cure of disease.

I am aware it has been argued that many of our triumphs in practical medicine have no such scientific foundation, and were discovered as the result of accident. But of these I would remark that, although the mere remedy may have been so applied in the first instance, still the cause, diagnosis, and course of the disease were accurately known, and that from these the pathology could be correctly inferred. For example, in ague and scurvy the diagnosis is easy. The cause—malaria in the one case and improper diet in the other, and the pathology—a morbid state of the blood—were known. The progress of these diseases was also recognised to go on from bad to worse so long as the cause continued. Then it was ascertained that Peruvian bark and lemon juice removed these morbid conditions. Why then one should be removed by the first remedy, and the other by the second, has still to be discovered. All I contend for is, that such cases only support the principle now put forth, viz., that therapeutical trials, in order to produce permanent and correct results, must be preceded, 1. By an accurate diagnosis of the disease; 2. A knowledge of its pathology; and 3. An acquaintance with its natural progress.

In conclusion, I would remark, that these therapeutical inquiries may be expected to give rise to considerable correspondence and discussion in the pages of the JOURNAL. So long as this is carried on with courtesy, and with the sincere desire to further the end proposed by the Association, it may be expected to be useful, and will give fresh interest to our periodical. All infusion of the personal element in the discussions should be carefully avoided. I consider it will be an especial task of our Editor carefully to read through all letters before publication, and mercilessly to cut out from them all passages and expressions likely to offend. He must while giving every reasonable liberty, firmly regulate any controversy which may arise, and keep it strictly to the question. Conducted in this manner, I can anticipate nothing but good from the undertaking which we owe to the suggestion of Dr. Handfield Jones, and which I have the satisfaction of now commencing. Organising our Association, through the medium of its JOURNAL and annual meetings, for such a purpose, cannot but add to its dignity and usefulness. I trust, therefore, it will stimulate every member to unite in this effort to advance medical knowledge, that it may impart a fresh interest to our periodical literature, and add new zest to our annual meetings, at which the reports embodying the results of our inquiries must in future take a prominent place.

#### THE SCHEDULE.

The accompanying schedule has not been arranged so as to include all the circumstances that could throw light on the statistics of pneumonia, such as a particularisation of each symptom, sign, cause, etc. To do this, more than one schedule would be necessary. It includes only the leading facts, with a view to determine the results of the treatment; and the columns refer to the following particulars.



1. *The Number of the Case.* Although the two cases inserted are numbered 1 and 2, it will be well for every observer to commence the new cases with No. 1. It will facilitate future calculations.

2. *Name of the Patient.* I think it of importance that the name of the patient should be inserted. It promotes accuracy; and, if future reference be necessary to the case, it is facilitated. Initials are apt to escape the memory. None of these cases will be published, so that there can be no objection to their insertion in the schedule.

3. *Sex.* This is indicated by the letters M. and F.

4. *Age.* A most important fact in the history of the case, and should never be omitted.

5. *Previous Health.* This also is a matter of great importance, especially when taken in conjunction with the general appearance of the patients as stated in the observations. It is indicated by *good*, when the strength has not been impaired; *weak*, if such be not the case; or by other terms at the discretion of the practitioner. If subject to any chronic or other disease, it should be stated.

6. *First seen after Rigor.* It is very necessary that the commencement of the disease should be accurately fixed; and this is done in cases of acute pneumonia, as in those of all febrile diseases, by the rigor or feeling of coldness. It is a symptom rarely absent; and, when it is, the duration of the disorder cannot be ascertained with certainty. As a general rule, it will be found that the sooner the patient's treatment commences after the rigor, the more satisfactory is the result. This is especially the case if, instead of going to bed, he continue to pursue his usual employment, and struggle to overcome the disease.

7. *Convalescence after Rigor.* This is more difficult to determine with exactitude than the onset of the disease. By some it is considered that disappearance of the fever or cessation of pain marks recovery. If so, it frequently occurs, on the fifth or sixth day, even in severe cases. Others have thought convalescence to be established as soon as the patient can take a little beef-tea. But, in my own practice, I give beef-tea very early, and this has ceased to be a test of recovery. I would suggest, therefore, that marked diminution in the physical signs with disappearance of the leading symptoms, such as local pain, rusty sputum, cough, and rapidity of pulse, should indicate the commencement of convalescence. I say marked diminution in the physical signs, because it may sometimes be observed that, although in most cases the returning crepitation has ceased, in others capillary bronchitis or pleurisy may keep up certain noises in the chest long after recovery from the pneumonia.

8. *In Hospital or under Treatment.* This column tests the duration of the convalescence as distinguished from the duration of the disease. In weak, it is more prolonged than in vigorous persons. It is also liable to be continued in consequence of sequelæ, or the existing complications. In private practice, excessive care tends to its duration; whilst, in hospital practice, it is often prolonged by accidental circumstances, such as the presence of a skin-disease, as scabies, or the want of clothes, shoes, etc. As a general rule, the convalescence may be said to terminate when wine and extra nutrients are no longer necessary. In the majority of cases, I believe this period to be unnecessarily prolonged.

9. *The Pulse.* The state of the pulse was formerly held to be the circumstance which should regulate the use of blood-letting and antiphlogistics. It now governs the employment of wine and nutrients. It is not a strong but a weak pulse which is the source of danger. The former may be safely left to itself, while the latter requires all our vigilance for its support. In the column the moment chosen for recording the number and quality of the pulse is when the patient is first seen, which, in reference to treatment is the most important one. Should anything remarkable be subsequently observed regarding it, it may be noticed in the observations.

10. *The Respirations.* The amount of dyspnoea is also important as regards treatment. It is seldom very urgent, however, unless both lungs be involved, or unless the pneumonia be complicated with bronchial or cardiac disease. In this latter case I have from the first maintained that a small bleeding, say to the extent of from four to eight ounces, may be practised as a palliative, if not counterindicated by exhaustion.

11. *Extent and Side affected.* The extent of lung inflamed, and whether on one or both sides, materially influences the symptoms, the duration of the disease, and its termination. It can only be accurately stated as the result of a careful examination of the chest by means of percussion and auscultation.

12. *Complicated.* All complicated cases are to be distinguished in this column by a  $\times$ , to facilitate the separation afterwards of simple from complicated cases of pneumonia. The nature of the complication is to be stated in the observations.

13. *Result.* In this column is to be placed the termination in recovery or death. In the latter case, every effort should be made to obtain a *post mortem* examination, the general results of which should be recorded in the observations.

14. *Treatment.* For the reasons which I stated in a paper read to the Association at its annual meeting last August (see JOURNAL, Aug. 33rd, p. 195), I consider that an acute pneumonia cannot be cut short by bleeding or antiphlogistics, and that the object of judicious treatment is to conduct it to a favourable termination. The records of 105 cases therein detailed give also the results of my practice, and show only three deaths from grave complications. The end now to be desired is an appreciation of the influence of antimony, moderate blood-letting, supporting diet, and stimulants, in diminishing the progress of the disease. All these remedies have their supporters; and the opportunity is now offered to them of recording the results of their practice, and having them ultimately compared with one another. An expectant or dietetic treatment may also be tried. It would be well if the advocates of these different systems of treatment would take an interest in the question; cause to be recorded, as the result of actual observation, as many cases as they can; and, to prevent confusion, let their practice be as little complicated as possible. By writing in one corner of the schedule, "*Antimonial, stimulant, or other treatment*," facility would be given to the classification. The nature of the treatment and the doses given, with their frequency, must be accurately recorded in this column. Under the general head of *nutrient treatment* may be understood beef-tea given as early as possible, and rapidly succeeded by solid food.



15. *Observations.* In this, the widest column of the schedule, are to be recorded the leading facts of the case, as in the two examples printed. When all the functional symptoms and physical signs of the disease have been present, this should be stated. The former include rigor, followed by fever, quick pulse, dyspnoea, pain in the side, cough, rusty expectoration, and absence or diminution of chlorides from the urine. The latter are, dulness on percussion, advancing crepitation, tubular breathing, increased or pealing vocal resonance (bronchophony), returning crepitation, and friction when pleurisy is present. The absence of one or more of these should be noted. When all these symptoms are well marked, especially with the full strong pulse, it constitutes the *exquisite case* of Gregory and other writers. The nature of any complication ought to be particularly described, and the rapidity of the recovery; although this will be determined by columns 6, 7, and 8. Lastly, when a *post mortem* examination of a fatal case is made, the nature and extent of the lesions found should be shortly stated.

16. The last column takes note of where the record of the case is to be found. It may happen that further particulars of any given case may be required, or the return may be of a kind that renders its classification difficult. It will be then probably necessary to communicate with the practitioner, and his memory will be refreshed by such record. At the same time, if no written memorandum of the case exists, it will be sufficient then to write in the column the word *none*.

Each schedule should have the name and address of the practitioner attached, before it is sent to the Reporter.

So much for the schedule. A few observations yet seem necessary to complete the general consideration of acute pneumonia.

#### GENERAL REMARKS ON ACUTE PNEUMONIA.

*Definition.* By acute pneumonia should be understood a disease consisting of exudation of the liquor sanguinis into the tissues and air-vesicles of the lung, producing, by its coagulation, condensation of the organ. It is preceded by local and general changes, accompanied by various phenomena and physical signs; and runs its general course in various periods, according to the extent of the disease and general vigour of the constitution.

No doubt the act of exudation is preceded by congestion in the lungs; and the idea for a long time existed that, if a large blood-letting was practised at an early part of the disease, it might be cut short or strangulated at the onset. But it is impossible to recognise with any certainty mere congestion of the lungs in the living body. The late Professor Alison maintained that an inflammatory was to be distinguished from other congestions by its *tendency* to exudation. But if, on bleeding largely in any given case, no exudation follows, how can it ever be known that the tendency was there? Whereas, when, as most frequently happens, exudation occurs, and continues to spread notwithstanding bleeding, it is then only we have any proof that such tendency existed; together with the certainty that, in all such cases, the remedy has failed to fulfil its supposed function. All cases of supposed strangulation of pneumonia are assumptions, which never can admit of proof. Whilst, therefore, all undoubted in-

stances of this disease are characterised by the existence of exudation, we must regard that as its essential phenomenon. For what is further known on this point, with an account of the blood-letting controversy of 1857-8, I must refer to my *Clinical Lectures on the Principles and Practice of Medicine*, 3rd edit., p. 268, *et seq.*

*Natural Progress.* From the numerous cases I have collected, as well as from those I have myself carefully watched, it seems to me that, when an acute pneumonia is limited to a fourth of one lung, recovery may occur in seven days. If half a lung be involved, recovery may occur in from ten to twelve days; if two-thirds of a lung, in from twelve to fourteen days; and if a whole lung or both lungs be involved at once, in from fourteen to twenty-one days. It will further be observed, however, that such recovery always bears reference to the amount of exhaustion and feebleness of the patients; such as are strong and vigorous rallying soonest, and passing through the disease and subsequent convalescence in the shortest time. A pneumonia at the apex also is more slowly removed than one at the base. For my own part, I do not believe in the possibility of cutting short a pneumonia by a large blood-letting and by antiphlogistics, as was formerly supposed; but of this I am certain, that such practice invariably tends to prolong the disease, and produces a lingering convalescence, even should a fatal termination be avoided.

*Termination.* The natural tendency of an acute pneumonia is towards recovery. Since blood-letting and antiphlogistics have been abandoned, I have not met with a simple pneumonia, single or double, that has proved fatal. Indeed, the deaths have been very few, and only in cases complicated with organic diseases of the brain, heart, or abdominal viscera. I have, however, heard of simple cases proving fatal, when there existed extreme exhaustion and starvation before they came under medical treatment. This result, when compared with the uniform mortality of one in every three cases during the reign of the past antiphlogistic system of treatment, is the most satisfactory proof of the modern advance in practical medicine.

*Diagnosis.* The diagnostic symptoms of pneumonia have been previously enumerated (see allusion to column 15); and in the majority of cases they are clear, and capable of ready appreciation. Occasionally, however, there are difficulties presented by the following diseases; viz., phthisis pulmonalis, certain cases of pleurisy with effusion, cardiac disease with hydrothorax, chronic bronchitis with collapse of pulmonary tissue, thoracic aneurism, and cancer of the lung. Whilst any of these morbid states may be mistaken for pneumonia, it may also happen that any of them may complicate a regular pneumonia. I can here only indicate these circumstances, as a description of the diagnostic characters of each would lead me too far. For the general purposes of this inquiry, I think the diagnosis may be safely left to the general tact and observation of the profession.

*Pathology.* I consider acute pneumonia to be a true inflammation, dependent on irritation (generally reflex) acting on the texture of the lung, and, as a result, producing congestion of the capillaries, terminating in exudation. This exudation of the liquor sanguinis insinuates itself into the air-



vesicles and all the interstices between the ultimate tissues of the organ, and, subsequently coagulating, produces its condensation or so-called hepatisation. This, at first reddish or sanguinolent, becomes afterwards gray or suppurative; a change resulting from the exudation, as a molecular blastema, passing into pus-cells. Numerous researches have satisfied me that the cell-formation is caused first by molecular aggregation and formation of nuclei; and, secondly, by the deposition of cell-walls around them. In no instance, although frequently assisted by the pupils of Professor Virchow, have I ever been able to see any appearance capable of supporting the hypothesis put forth by that pathologist, which attributes the origin of pus in pneumonia to proliferation either in the epithelial cells lining the air-vesicles, or in the nuclei of the pulmonary fibrous tissues (*Verbindungs-körperchen*). I consider that, so far from being an exceptional and fatal occurrence, suppuration is the ordinary method by which nature breaks up the solid exudation, and renders it capable of rapid disintegration and absorption. In chronic cases where this is not accomplished, it remains molecular or granular. If this view be correct, all those circumstances which favour suppuration, such as local warmth, and maintaining the strength of the economy, are those which best favour the onward progress and rapid recovery from pneumonia; a result I consider established by the facts and statistics of my practice previously referred to.

In conclusion, I have to suggest that, in addition to the schedule now circulated to each member of the Association, an extra 500 or 1000 be struck off, so that any practitioner, and especially hospital physicians, though not members, may be enabled to assist in this inquiry, on application to the editor. I shall endeavour to do my best to reduce the various observations into order, and present a report on the subject at the next meeting of the Association at Bristol. But to accomplish this it will be necessary that the schedules be forwarded to me at a certain time; and I would name the 1st of July, 1863, as the latest day for that purpose.

**THE JARDIN D'ACCLIMATATION.** A pupil of the College Rollin, now at Tréport, has just sent a *Hippocampus Brevis*, or sea-horse, to the Zoological Gardens of the Bois de Boulogne. This singular fish, which is generally from six to ten inches in length, has a head strongly resembling that of a horse; the rest of the body is covered with scales in longitudinal and transverse ridges, with tubercular points at the angles of intersection, so as to give it the appearance of a lizard. It seizes its prey with its tail, which is very prehensile, and then turns round with great dexterity to devour it. The garden has also received other objects of interest. Several conchyliologists have hitherto denied the assertion that the Echinus, or sea-urchin, a creature shaped like a ball, and densely covered with thorns or spines, could perforate the hardest rocks. M. Caillaud, director of the Museum at Nantes, has now sent a number of these echini to the aquarium of the Jardin d'Acclimation, together with fragment of granite and quartz. These new comers may now be seen firmly attaching themselves to the rocks with their fleshy tentacles, and then turning round and round like gimblets, without losing their hold, all the while grinding the rock to powder; and by this process a hole is excavated in course of time through the hardest stone. The creature does not swallow any of the powder, which is seen accumulating at the bottom as the work proceeds. (*Galig-nani*.)

## Original Communications.

### FEVERS OF THE SOUTH-EAST COAST OF AFRICA.

By CHARLES J. MELLER, Esq.

[THE following letter accompanied the paper:—

MY DEAR SIR,—I have just received from my friend, Mr. Charles James Meller, who was formerly curator of the museum at St. Mary's Hospital, and is now the medical officer of the exploring party under Dr. Livingstone, a short account of the fever which prevails at the mouths of the Zambesi, Rovuma, and other rivers, on the south-east coast of Africa, with the treatment adopted. The opportunities which Mr. Meller has had of noting the peculiarities of the disease during the twelve months that the expedition has been trying to penetrate the country by means of these rivers, render these observations valuable, and will, I think, make them interesting to the profession.

It will be found that the fever now existing on that coast differs from that described by Dr. Livingstone in 1859, and requires some modification of the treatment found so effectual by him; this variation in the disease is admitted by the Doctor also.

Should you think the accompanying notes worthy of publication, they are quite at your service.

I am, etc., GEO. G. GASCOYEN.

48, Queen Anne Street, Cavendish Square, W.]

Although the time spent in the Rovuma, Zambesi, and Shiré rivers, has been too short to enable one to form statistics, or tabulate results of practice, I am able, from the number of cases we have had, to select the more salient points of the fever common to all the rivers; and to point out the principles of treatment in the typical form and varieties. To know the fever in its different forms, it would be necessary to study it in the reputedly healthy and unhealthy parts of the river, at different times of the year. This we have not been able to do.

We were only in the Rovuma a short time—March, and part of February, 1861—and left it, from finding it rapidly falling. Probably, we entered it just at the end of the rainy season. Before leaving it we lay by a mangrove swamp, for five days, procuring wood. A few cases of simple fever had occurred, attributable rather, I think, to exposure to the sun in boats than to malaria; but whilst we were lying by these mangroves, a more severe form rapidly spread amongst us. The patients were first attacked with griping and vomiting; followed by headache, hot skin, and the usual symptoms of the second stage; or by exhaustion to syncope, long continued rigors, or profuse sweating, without cold or hot stage. The system seemed to have suddenly received a poison of such sedative power that partial collapse ensued, reaction from which was, in two or three cases, procured only after stimulants had been frequently administered. Griping being an unusual concomitant, we looked for some cause to account for it; and thought we had found it, on observing that the water flowing by the ship, and which we had been drinking, came from a creek in the mangroves, and was exceedingly impure from the amount of vegetable matter floating on, and held in suspension in it. Within the five days, but four out of the whole number of white men on board (twenty) escaped. To avoid further infection and bad consequences, we left the river as quickly as possible, carrying, however, so much fever with us that all the sailors but one remained in the sick-list incompetent for duty for nearly a fortnight afterwards; and there were but two or three who had re-



turned to duty when we reached Johanna on the 8th of April. An incubatory process must have existed after leaving the river; for several who were not affected severely while in it, were great sufferers at Johanna, and on the way to the Zambesi, which we reached on May 1st, having left Johanna April 22nd.

The following three months, which are reputedly the healthiest, were spent in the Zambesi and Shiré; and the mild character of the fever we had would seem to confirm this opinion. For the sake of studying the fever, the year may be divided into three seasons, wet, hot, and cold. We entered the Zambesi at the commencement of the last, which old residents have considered the healthiest with respect to fever, though in its place we have skin-diseases and congestive disorders prevalent. It embraces the months of May, June, and July; then succeed two months when diarrhœa and dysentery occur, and fever is more severe. The rains begin in September or October; and when they are well set in fever almost disappears, unless it be brought on through undue exposure to wet and damp, or sleeping in wet clothes. The rainy season may end in January or February, earlier or later, according to the time of setting in; but these months include the range. The two months that precede and follow this season are the unhealthiest. Fever is most virulent in those that follow, when the marshes and lagoons are drying up, and miasmata from decomposing vegetable matter are evolved. During the wet months, in place of fever, we have affections common to moist atmosphere in all countries, boils, prickly heat, catarrhs, etc.; and some special to the river—œdema of the feet, and a peculiar eruption resembling herpes zoster.

It first appears in the axilla and inguinal regions as slight elevations of the cuticle, with a zone of pink erythematous blush. There is great itching; on the second day a vesicle forms; on the fourth or fifth this becomes a pustule with thin milky pus, which has a peculiar odour. Desquamation occurs on the seventh day, leaving behind semilunar or oval patches of the surface, slightly elevated; or, after the first appearance of vesicles, the subcutaneous tissue becomes infiltrated, and of a condition that, at first sight, resembles that of phlegmonous erysipelas. The vesicles coalesce; the part becomes much swollen and very tense; there is no throbbing nor pain; and itching is constant and very troublesome. Or a few pustules may form on the chest and neck; and red swellings appear in different parts of the body, generally over the elbows and patellæ. The health suffers just before the eruption; and whilst it continues, the appetite fails, the tongue is coated white, leaving marks of teeth-pressure; sometimes there is diarrhœa. If the eruption continue long, an anæmic look follows; œdema of the feet, if present at the commencement, becomes worse. The treatment has included alkalis, alteratives, and tonics; saturnine lotions to erythematous patches; and warm clothing. The œdema is always confined to the feet and legs. There is nothing in the state of the urine to account for this condition; nor, in fact, would the attention be drawn to the swelling were it not from the difficulty that is soon experienced in putting on boots. Dysentery in a mild form has occurred in the hot and wet months; it has yielded to alteratives, ipecacuanha, and careful diet. Diarrhœa is common at all times; most so in the cold months. This may be from the great alternations of temperature that occur during the night—a difference of as much as 35° being frequently registered between 12 and 6 o'clock A.M.

The fever of the Zambesi, as found by Dr. Livingstone in 1858, was described as of the sthenic intermittent kind. That, however, of the last year has rarely assumed this character, being generally of the asthenic remittent type; when intermittent, being only so for a short time, and always resolving into remittent. As it was first observed in 1858, the paroxysm was sudden; there were few premonitory indications; the patient had chills and

rigors, with headache, pain in the temples, and aching of the loins. In the hot stage, there was complete stoppage of secretions; the headache became more and more severe; occasionally there was delirium. The tongue did not always change with the progress of symptoms; it might remain healthy-looking through this stage. It was when these symptoms are established that the Livingstone specific must be given, if the first stage had been allowed to pass without its administration. The composition of this powder is the following:—Rhubarb, gr. x; resinous extract of jalap, gr. viii; calomel, gr. iv; quinine, gr. iv. This quantity used to be given in five pills, with the view to relieve the *primæ viæ* quickly. Quinine was given about an hour after the pills, and continued every two or three hours, in five or ten grain doses, to cinchonism. The greater the deafness produced, the greater was the assurance of speedy restoration.

Generally the force of the attack was spent by the full action of the pills; and it was not uncommon for the patient to resume his occupation on the third day after that of the attack. The exceptional cases were those in which the fever had been brought on by exposure to wet or sun, and the treatment had been delayed; or in which obstinate vomiting was present. Quinine was continued in five-grain doses until perfect restoration was secured, when the ordinary three-grain dose, taken with coffee early in the morning, was resumed. The attacks were sharp, but short, quickly gave way to treatment, and left the patient apparently none the worse.

In the past year, however, the fever has taken a less active form; the symptoms have been less decided; the stages ill defined, or none; and treatment less efficacious. So irregular have the symptoms been, that the sthenic class is now the least often found; very rarely is the intermittent form met, and, when purely so at the onset, it soon becomes remittent. The symptoms may be classed, according to their regularity and force, under three heads:—1. Those of the sthenic form of fever, in which they are most highly developed and defined; 2. Those of the asthenic form, where no order is followed—a prolonged cold or hot stage, or absence of one stage altogether, ending in great exhaustion, relieved only when full perspiration is procured; 3. The ephemeral—a mild form of the sthenic, in natural sequence, and lasting but a short time without any complication. The sthenic form is that generally met with in first attacks, and answers to that described by Dr. Livingstone in his letter to Sir James Clark in 1859; but the treatment has not been so successful in producing rapid cures. The purgative “specific” has had to be repeated frequently before relief came; and when this has been necessary, and time been lost, the cure has been by so much delayed; so that, in place of three days, we must say seven, as the average time of each patient on the sick-list. Headache has always been the last symptom to leave; and, so long as it has lasted, large doses of quinine have been continued.

But when the patient has had frequent attacks, the stages become less marked, and the symptoms less amenable to treatment. The premonitory symptoms are ill defined. The fever may be ushered in by the patient feeling chilly, or as though currents of cold air were passing over the spine; or there may be a distinct rigor. This state may be continued for twenty-four hours, or alternate for that or a longer time with headache and heat of skin. There may be no cold stage at all, or no hot stage; or the paroxysm may consist only of alternations of the two; the headache, pains in the loins, and languor, meanwhile increasing. There may be vomiting from the outset; when this occurs, the case is always tedious. Or the cold stage may be so prolonged, that reaction is with difficulty induced. The tongue may be foul, or clean throughout; but relief will not be



afforded until the secretions are restored healthily, and free perspiration procured. The symptoms may be so few and undeveloped that they are scarcely noticeable; a man who has had fever frequently will only be able to appreciate them for what they prognosticate. If left alone, they recur again and again, gradually prostrating the patient, and ultimately merging into the remittent form when they have almost exhausted the strength of the victim. It is in the insidious progress of these symptoms that the opportunity is lost of treating actively. The first symptoms may be merely giddiness, and a feeling of languor, not calling for more than a stimulant. If they recur, the same remedy is used with quinine. But, though relieved, the patients are not cured; they become jaundiced gradually, and sickly looking; and now the tongue for the first time may become foul, though, unless there be other evidence of hepatic derangement, it is as often clean and pale throughout. And now, when the system has already become debilitated, the difficulty arises in the treatment, as the means taken to relieve the liver, whether mild or active, cannot be depended upon to relieve the system thoroughly, as in the sthenic type of the disease. The liver may be relieved; but general relief is not obtained, and the prostration becomes greater the oftener this form of medicine is administered. It is generally in this condition that vomiting sets in, frustrating every attempt to push in sustenance or medicine.

The oftener a patient suffers in this way, the more spurious and irregular is the process of the fever. The intervals of attacks never permit him to resume work long; headache and giddiness, loss of appetite and sleep, keep him constantly ailing. He seems to be only cured so long as he is under the full influence of quinine. Large doses have been given to patients suffering in this way—ten or twenty grains every day, so long as the slightest indication of the approach of an attack existed, or the symptoms from the last one had not entirely disappeared. But, though lessening the severity, they have never averted off an attack, nor lengthened the intervals between the paroxysms.

It is not unfrequent that, after sthenic fever, a patient may, after regaining health, suddenly lose appetite and sleep, and have pricking sensations through the skin, with constipation or diarrhœa. These, if allowed to take their course, or if only treated individually, resolve into periodical returns, and, progressing in development, assume the remittent form. In treating each symptom as it arises (when pointing to functional disorder in any organ) specifically, antiperiodic doses of quinine are given; and, should this combination of treatment prove ineffectual, it has been found best to treat for the removal of vitiated secretion, and restoration of healthy action in the liver and any other organ affected; following with quinine to cinchonism, and continuing its use in large doses almost to cinchonism until every symptom shall have disappeared. As a rule, this treatment is sufficient; but, when a patient falls into this form of fever, he is in a low condition of health, pale, and dyspeptic. Vomiting may set in at any time, and, if it be long continued, will delay the cure; for until the remedies can be retained, and the secretions restored in healthy form, no permanent relief can be expected. Generally, when vomiting is severe, there is jaundice, sometimes with pain over the hepatic region. So soon as medicines can be retained, a large dose of calomel and jalap is given. In addition to large bilious evacuations by stool, the urine is frequently found deeply tinged by bile.

The same complications may occur in the process of the sthenic form. The liver, though relieved at first, may suffer blockade a second time; jaundice may be universal in a few hours, with tenderness over the liver; or there may be complete arrest of the secretion: and, when this amounts to suppression, the circulation be-

comes clogged; the heart's action is troubled, and frequently a mitral *bruit* is heard; and there is a feeling of weight at the præcordia. As the functions of the liver and emunctories are restored, the heart's action becomes more natural; but *bruits* have remained until the strength and flesh have been made good. In two cases, an anæmic condition remained after treatment had reproduced healthy action of the liver and kidneys. If a loud *bruit de diable* was heard along the course of each jugular, as well as a loud mitral murmur, both gradually disappeared as health and strength returned.

In the asthenic variety, a murmur has commenced with the earliest symptoms, and has progressed and faded away with them. Indistinct at first at the heart's apex, it has grown more defined, being accompanied when loudest with a *bruit* along the jugulars; and it has died away as it commenced. But, in its progress, the heart's action is troubled; the patient feels oppression and distress in the region of the heart; he cannot sleep from the continuance of these sensations, and finds it difficult to lie on either side with comfort when there is *bruit de diable* along both jugulars. The cause of this may be found in the anæmic state into which patients rapidly fall after long continued spurious fever, or after long continued sthenic, in which the treatment has been active, and heroic doses (twenty grains of the specific, repeated three or four times in the course of twenty-four hours) have been used. Corroborative of this view, we find frequently œdema of the lower extremities, without any indication of renal disorder, blanched skin, small weak pulse, and tendency to syncope.

After many attacks, the spleen frequently suffers. Attention is first directed to it by pain and tension beneath the ribs, simulating, from its suddenness and acuteness, pleuritic affection. Percussion and auscultation will soon define the limits of the enlargement, as the spleen presses forward immediately against the cartilages of the lowest ribs, and the anterior edge forms a distinct prominence.

As sequelæ, may be mentioned intractable diarrhœa; headache, general, or hemicranial, or over the brow; vertigo; and, in the asthenic, œdema of the legs. Ulcers form from the smallest abrasion, and will not heal until the general tone be improved.

There is a modification of the symptoms of this fever: it is simply the mildest form of all the stages in natural sequence. It does not require the active treatment of the sthenic, but it must be at once combated with the usual means in smaller doses; and quinine must be continued to cinchonism. If neglected, it will recur as intermittent; soon, however, becoming remittent. Those who have been longest resident in the country have these slight attacks. The strength is very slightly affected by them. The treatment is based on the principle that the *primæ viæ* must be relieved and healthy secretion restored before any permanent good can be effected. With this view, the composition of jalap, calomel, and rhubarb, is given at the outset, and repeated again and again, until the secretions are fully relieved, and restored to healthy characters. In obstinate cases, other drastic purgatives are combined, until thorough purgation has been effected. Recovery is tedious and protracted in proportion as this object is quickly or tardily achieved.

But in asthenic cases, where the stages are irregular, and where there is often difficulty in inducing reaction after a fitful, long continued cold stage, the purgative is given in smaller doses with a stimulant; and (if there be no vomiting) reliance is placed in producing as quickly as possible the full influence of quinine.

Complications of vomiting, headache, pains in the renal region, loss of rest with extreme restlessness, are treated by ordinary means. A full dose of morphia, given after purgation, often relieves all these symptoms and induces sleep, from which the patient awakes almost restored to health.



As to the virtue of quinine as a prophylactic, I can, from watching its influence on our small party, give only negative conclusions.

1. It cannot be depended upon, in any dose, to avert an attack; though it would seem that, if given in a large dose on the first approach of symptoms, it will lessen the severity of the paroxysm. We have given every morning for a year past a dose of three grains with a little wine or rum; the rum because early morning is a very cold time during the greater part of the year, and cold and misty during May, June, and July, and the men seem to require a stimulus at this more than any other time. But, though this practice has been religiously persevered in, fever has not been warded off; in fact, it has been less frequent with some of those who have been longest in the country, and who refused to take the quinine regularly, than with the later arrivals, who have never missed taking the morning dose.

2. In addition to the morning dose, large additional ones have been given to men who have been frequently attacked, when they have felt indications of an approaching attack—ten, twenty, or thirty grains at a dose; but the paroxysm, though mitigated (as compared with that when no quinine has been given) in severity, has never been warded off.

3. Some of the expeditionary party have almost entirely abstained from taking quinine for a year or so past. These men have not been more liable to fever; and, when attacked, have not suffered from any more severe form than the rest. These men, however, have never refused quinine during fever, knowing that they cannot hope for safety until they shall have been cinchonised.

4. During the two months when the boats of H.M.S. *Gorgon* were up the river (which must be considered an unhealthy period, as the rains had ceased earlier than usual, and marshes were drying up), there were 12 men left at the mouth of the river, who took no quinine nor fever; whilst of the 54 men who went up in the boats, and who were regularly taking it with a double ration of spirits, 6 only had escaped fever on their return to the sea, and of these six men one alone had escaped a month later. Of the complement carried by the *Pioneer* (22) but two escaped. Those, however, who were left at the mouth of the river had the advantage of sea-breeze (which set in for the greater part of the day) during the whole time the rest were absent. Of 39 *Gorgon* men, who went seventy-four miles up the river and returned after thirty-two days, 34 had fever. Of 15, who were sixty-one days up river 14 suffered. These men, for the greater part of the time, had ordinary ship's rations, with extra rum, given with a daily dose of quinine. It was observed that those men who were young and active were more immune than the older, more feeble, or indolent.

5. It might be thought that three grains for an habitual dose were too small to test the efficacy of the remedy, and that no satisfactory result could be obtained from it. But very large doses have been given, as before said, with no more satisfactory result; in fact, we have had to invalid one man who had constantly taken these large doses, and from whom the fever was never averted.

There are circumstances that modify fever. Though in the rainy season there is less of the disease than at other times, the form is more severe, because an attack is always brought on by the patient becoming thoroughly wet, or from having slept in damp or wet clothes.

The excessive irritation from mosquito bites will keep up fever, in spite of all treatment. The loss of rest occasioned will unfit one for the day's duties; appetite is lost; and headache sets in. A harsh diet of coarse native grain and foods will often throw the system into disorder, producing headache, dyspepsia, etc., and probably predisposing the body for the reception of malarious poison.

The consideration of these points may indicate the

best means for prevention. Care should be taken to insure a dry sleeping-place, and warm dry clothing for night use. A good mosquito curtain should be provided. Each person should on rising take some strong hot coffee. It is essential that a generous mixed diet be had so long as river work continues. The time of year best suited for river exploring or other work is the rainy season; but this only holds good so long as there is thorough protection from the rain. But for open boat work it would be very inadvisable to try this time of year, and much better to take the dry cold months of May, June, and July; for though one travelling in these months would be more subject to diarrhoea and congestive disorders, from the changes of temperature between night and morning, fever attacks would be comparatively mild.

There can be no doubt of the malariousness of these rivers, and that immunity from the diseases specified cannot be guaranteed, however sedulously precautions and sanitary measures be carried out; but from the large number of cases occurring amongst the men who have been resident long enough to test the climate, and be tested, and the small percentage of deaths—one only having occurred in the *Pioneer* during the last twelve months—there can be no doubt that the fever *per se* is of a mild disposition, perfectly amenable to treatment, when taken early, and dangerous only when left to take its own course.

## FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

### II.—VON BAERENSPRUNG OF BERLIN.

PROFESSOR VON BAERENSPRUNG, of the Charité Krankenhaus, Berlin, agrees mainly with Ricord and others of the French writers on syphilis in his doctrines on chancre.\*

He commences with two propositions, which express the result of an examination of the statistical records of his wards.

The first is: A chancre which heals without indurating is never followed by syphilis. The second: An indurated chancre is invariably followed by constitutional syphilis. These two observations, he remarks, are accepted pretty generally by all parties; but it now remains to prove that these two chancres are originated by independent causes. He announces himself firmly convinced of this fact. The most important proof of the distinct nature of the two sores, in his opinion, is that simple treatment is sufficient for the cure of the soft chancre, but that the consequences of the hard one require a special antisiphilitic course for their cure.

*Chief Distinctions in the Form and Results of the Two Sores.* In most respects the professor follows closely the order and description of Ricord. The characters of the sores, for the better comparison, may be arranged in parallel columns.

#### Simple Chancre.

1. The contagious principle is contained in the pus of the sore, and in that of the suppurating bubo, which often accompanies it.

#### Infecting Chancre.

1. The syphilitic poison is contained in the secretion of the indurated chancres, mucous tubercles, and probably other secondary syphilitic results.

\* In drawing up this *resumé* of Bärensprung's opinions, I have made use of the condensation of his views contained in Friedrich's *Lehre vom Schanker*, a small pamphlet containing most of the recent opinions of syphilitic writers in Germany, France, and England, and published at Erlangen, 1861.



2. Transmitted by accidental or artificial inoculation, this pus in twenty-four hours causes the formation of a pustule, which quickly becomes an ulcer.

3. This ulcer is roundish, sharply cut; the borders are wormeaten; the floor furnishes plentiful greyish pus. Its base remains nearly always of the consistence of the surrounding tissue.

4. This chancre is a simply local affection involving no constitutional disease. Its operations do not extend beyond the nearest group of lymphatic glands, which may inflame and suppurate from the irritation of the chancreous pus. The pus of the bubo is inoculable. The great characteristic of this sore is its irritability. Hence arise sloughing, serpiginous ulceration, etc.

5. Syphilitic and non-syphilitic persons alike are susceptible of this contagion as often as it is applied; consequently these sores can be inoculated on their bearer.

Sloughing of chancres usually destroys the contagious principle of soft chancres, but has no effect in preventing the constitutional effects of infecting chancres.

The varieties of simple chancres depend not on the state of the source of the poison, but on accidental peculiarities of the individuals attacked. Exhausted states of the constitution are among the disposing causes of sloughing.

Soft chancres, if repeatedly irritated by caustics, etc., may become so dense as to be undistinguishable from indurated chancres, and their non-syphilitic nature must be determined by the absence of indolent enlargement of the lymphatic glands, etc.

In hard chancres the induration commences before ulceration; it is a consequence of the constitutional infection.

Syphilis resembles small-pox and some other contagious diseases by giving to the same individual immunity from second attacks.

Induration-matter is not an inflammatory product, but a new formation, set in action by the irritation of a specific poison. This new product is little capable of organisation, but soon undergoes granular degeneration. Thus it breaks down, and an ulcer is formed out of the newly formed tissue.

All cases of syphilis except hereditary syphilis commence with a chancre.

*Causes of Confusion of the Two Sores.* There are, he observes, two circumstances which have caused confusion between the simple and the infecting sores. The first is, that the diagnostic marks often fail in distinct-

2. Similarly transmitted, this poison shews no immediately visible effects; after four weeks of incubation, a papule is produced at the seat of incubation, which ulcerates and forms an indurated chancre.

3. This papule increases in size and hardness, being lifted above the surface of the surrounding skin; its margins are no higher than the base, which is excoriated, and furnishes a little sanious pus.

4. The so-called indurated chancre is at no period of its existence a local affection, but from its very commencement a product of the action of the poison on the blood. It is little irritable in its nature, so that sloughing is rare, and suppuration of the lymphatic glands equally so; and the pus is not inoculable. The indolent enlargement of the lymphatic glands is not confined to one group, but spreads to more distant chains, and occurs, not accidentally, but certainly, at a short period after the formation of the chancre.

5. Persons having once been inoculated with the syphilitic virus are free from further infection; consequently this sore cannot be inoculated on its bearer.

ness. Induration is often absent in women, and now and then in men. Soft chancres may become dense through continued irritation; while the state of the glands has not been carefully watched until of late years. The second is, the two chancres are often present together on the same spot, or not far apart; and the symptoms are then a mixture of the two orders.

To show how confusion may arise, he gives the following hypothesis, which formularises what he has seen in his practice.

A. has a mistress, B. She is syphilitic, and is the subject of mucous tubercles, but does not infect A., who has had syphilis. B. admits other lovers; of whom C., who is virgin from syphilis, is infected by her, and has an indurated chancre. D., another lover, has soft chancres, with which he inoculates B.; who in her turn inoculates A. Thus B. is the source of both contagions; and B. has inoculated the secretions of different chancres and syphilitic affections on various persons.

*Result of Experiments. Series A.* Inoculation of the bearer with the secretion of soft chancres.

1. Sloughing chancre in three individuals; negative results in all. No syphilis.

2. Multiple simple chancres in fifteen individuals; all positive results. No syphilis.

3. Ulcerating buboes in five individuals; positive results. No syphilis.

*Series B.* Inoculation with syphilitic secretion on syphilitic individuals.

1. Indurated chancre of the lip in four individuals; negative results.

2. Indurated chancre of the genitals in nine individuals; negative results.

3. Indolent bubo in three individuals; negative results.

4. Various syphilitic affections, condylomata, ecthyma, etc., in fifteen individuals; all negative results.

*Series C.* Inoculation of syphilitic secretion on persons in whom no syphilitic symptom was perceptible at the time of inoculation.

1. *Inoculation of Four Persons apparently free from Syphilis, but who had previously suffered from it.* Caroline L., in May 1857, was under treatment in the hospital for eruptions, condylomata, sore throat, and enlarged glands, and was discharged, cured without mercury, September 1857.

On Nov. 10th, 1859, the patient was readmitted, with recent gonorrhœa, having remained free from syphilis since her discharge two years previously. On the day of admission, she was inoculated on the thigh with the pus of an indurated chancre in four places. The result was negative.

In 1860 she came again under observation; but was, and had been, quite free from syphilis of any description.

Sophie A., constitutionally syphilitic from Nov. 1858 to July 1859, was discharged cured. Nov. 1859, she was readmitted with a soft chancre, and was inoculated from a hard chancre on the thigh. Negative result.

In January 1860, she again came under observation, and had remained free from syphilis.

The following two cases are exactly similar, except that one was inoculated from a condyloma instead of from an indurated chancre.

2. *Inoculation on Two Individuals, virgin from Syphilis: Opportunity of noting the Incubation Period.* Marie G., aged 23, had been repeatedly under treatment in the hospital for gonorrhœa and warts, but never for syphilis.

Being, on May 26th, 1859, admitted for a blennorrhœa of the vagina, she was most carefully examined, but no trace of syphilis could be discovered.

On May 28th, three inoculations were performed on the right thigh with the pus of an indurated chancre. The next day no reaction shewed itself at the seat of inoculation, which by the 6th June was *no longer visible*. Her treatment during this time consisted of an astringent injection:



On June 25th, the points of inoculation were again perceptible. Next three small "knots" or papules arose, which, on July 1st, were covered by a scab. Underneath the scab a minute ulcer could be detected. At this date the lymphatic glands were not yet swollen. From thence to July 5th, two papules grew rapidly, the third withered. By this date the glands were indolently swollen. The two papules had both attained the size of a sixpence. On July 12th, they had coalesced into one ulcer with a raised and very hard base, ulcerated on its surface, and presenting a characteristic indurated chancre. The lymphatic glands were swollen, very hard, and slightly tender.

By July 20th, the chancre was as large as a florin, and of gristly hardness. Its border was on a level with the floor of the ulcer, but secreted no pus, being covered by a diphtheritic membrane.

Healing commenced Aug. 21st, and by the 29th was completed without treatment. A hard cicatrix remained. By this time a roseolous eruption had appeared on the skin, and some mucous tubercles on the labia majora. Then a non-mercurial course of treatment was employed, and the patient was discharged cured on the 1st October, the cicatrix and lymphatic glands being still hard.

Bertha B., aged 18, had suffered several times from gonorrhœa, etc., but never from syphilis. On May 18th, 1859, she was admitted with vaginal discharge, but no sign of syphilis present. On May 20th, she was inoculated on the right thigh with the pus of broad condylomata. The irritation of the puncture quickly disappeared, and remained imperceptible until June 17th, when three hard red papules began to form themselves on the site of the inoculation. On the 21st June, these three papules were ulcerated, but covered by a scab. They increased slowly, until they united and formed an ulcer larger than half-a-crown, with a gristly, well defined base; and in other respects the sores were similar to that of the preceding case. By the 25th June, the lymphatic glands were plainly swollen and hard. In other respects this case resembled the preceding ones.

These two interesting cases very well illustrate the incubation period (twenty-eight days in one, and twenty-nine days in the other case) and course of the subsequent primary and secondary symptoms. The induration commenced in the glands ten days after the chancre began to form in one case, and eight in the other. The ulcers did not heal in the first case till it had run a course of sixty-four days; and about an equal period elapsed before the secondary symptoms were well marked.

In both these cases the indurated chancre had little resemblance to a soft chancre, with its sharply cut margins, and wormeaten floor, saturated with greyish pus.

This author, by the similarity of his views to those of Ricord, brought strong support to the Dualist party.

The incubation period of the hard chancre is strongly insisted on by most syphilitic writers; Ricord being the chief denier of its existence at present left unconverted.

[To be continued.]

**WEIGHTS AND MEASURES.** France was the first country to adopt an uniform system. Louis the Sixteenth, at the recommendation of the Constituent Assembly, invited, by a decree, all the nations of Europe, and particularly the King of Great Britain to confer respecting the adoption of an international system of weights and measures. No response being given to this invitation, France committed the consideration of the subject to some of the most learned men of the age, who devised what is called the metric system; the most simple, convenient and scientific system of weights and measures in existence. In this country a standard of uniformity existed before the Conquest. It was enacted in the time of Richard the First, and declared by Magna Charta, that there should be one weight and one measure throughout the realm.

## Transactions of Branches.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

#### COMPOUND DISLOCATION OF ANKLE-JOINT: IMPROVED TREATMENT.

By EDWARD GARRAWAY, Esq., Faversham.

[Read September 11th, 1862.]

I AM aware it is quite unnecessary to remind you that there are three methods of treating compound dislocation of the ankle-joint; but I am under the necessity of saying a word or two upon them, preliminary to introducing the little girl who is the subject of my remarks.

The first method is simple reduction, not always practicable; but desirable, when it can be accomplished without undue violence. The result is generally ulceration of the articular cartilages, accompanied with a vast amount of irritative fever and constitutional disturbance, occasionally, though rarely, necessitating secondary amputation; and a protracted convalescence, terminating in an immovable fixed joint.

The second plan is the cutting off of the cartilaginous extremity of the tibia and fibula so as to facilitate reduction. The ends of the bones, thus shortened, coming of course into less forcible apposition with the cartilage of the astragalus, there is less of ulceration, less of irritative fever; and these cases commonly do well, recovering, as in the former mode of treatment, with a more or less stiff joint.

The third method is amputation of the leg, a proceeding, I suppose, in these days, rarely resorted to; notwithstanding that a writer in a recent number of the *Edinburgh Medical Journal*, summing up his cases treated in the wards of the Royal Infirmary, says, in reference to a particular case of compound dislocation of the ankle joint, which terminated unfavourably: "The accident having proved fatal in this case to a young man of apparently sound constitution, makes it still more evident that primary amputation is the safest operation for compound dislocations in this situation." This opinion, however, I think, we should be slow to endorse; for, unless extensive laceration of arteries and soft structures, fracture and comminution of bones, or some other formidable complication, be added to the dislocation, we should hardly be persuaded to inflict upon a patient so irreparable a loss as the deprivation of a leg.

You will observe that the object surgeons have ever had in view in saving the limb, has been to form an ankylosis between the bones of the leg and the astragalus—a good stiff joint; any better alternative being scarcely deemed possible. In the little maiden I am about to introduce, you will perceive an ankle-joint perfect in its conformation, with no less freedom of motion than its fellow; and here are the ends of the tibia and fibula belonging to it on the table.

How this happy consummation was brought about is told in few words. The patient, ten years old, was getting over an iron railing, when she fell, and hung suspended by the left leg. After she had been extricated and taken home, I saw her in bed. The bones of the leg were protruding to the extent of about two inches on its external aspect; the foot was turned up at right angles, the sole being presented to the opposite leg; the skin on the dorsum of the foot was tucked under the protruding tibia. Some efforts were made at reduction; but it was soon perceived that this could not be accomplished without recourse to a great and unjustifiable degree of force. In consultation with my partner, Mr. Giraud, it was determined to remove the ends of the protruding bones; not so small a slice as just to admit of reduction; but a sufficiently large portion of them



to prevent the cut extremities from coming into contact with the astragalus. About one inch was taken off by the saw. The after treatment simply consisted in fixing the leg in a splint, keeping it cool and quiet, and applying simple dressings to the wound. Not an untoward symptom arose. In little more than two months the wound was healed. In three months, the little girl got upon crutches, and was directed moderately to exercise the false joint. Fifteen months have now elapsed since the day of the accident; and she walks with scarcely any perceptible lameness; the motions of the joint are as free as ever; the deformity is almost none; callus has apparently been thrown out to form an inner and an outer malleolus; and whether there is simply that ligamentous union between the tibia and astragalus which Sir Astley Cooper describes as the result of his experiment on a dog; or whether we have in this case, as I am almost disposed to believe, restored cartilages and a new synovial membrane, I leave to your superior judgment to determine.

Sir Astley Cooper mentions one instance only in which upwards of an inch of the tibia and fibula was removed. The case did well; but, unfortunately, he says not a word as to its ultimate issue; whether any and what amount of freedom of motion resulted.

Would it savour of arrogance for Faversham surgeons to lay down one more axiom in the Godlike art? In irreducible compound dislocations of the ankle-joint, remove enough of the tibia and fibula to prevent contact with the astragalus after reduction, thereby to avert ankylosis and ensure a movable joint.

[The little girl came into the room, and was freely examined by the members present. The leg appeared about half an inch shorter than the other. The malleoli seemed perfect. The joint admitted of free flexion and extension; and the whole contour of the joint left very little signs of the severe injury and operation which happened to it fifteen months ago.

On examining the ends of the bones which had been cut off, it was discovered that the epiphysis of the fibula and a piece of the inner malleolus were wanting. A question was raised whether these lost pieces were left on the joint.

Mr. GARRAWAY thought the ends of the bones were perfect when removed; but said he had thrown them into water to macerate, and left them there so long that they had suffered in consequence.

Mr. HOARE still thought, from the appearance of the ankle-joint of the girl, and the removed portions of bone as now shown, that the two portions must have been left which now form the two apparently perfect malleoli.

Dr. ARMSTRONG spoke of some French experiments proving that only small pieces of bone left with periosteum live and grow, as probably occurred in this case.

Mr. REID thought that portions of the malleoli were left; but that the motion of the joints was not between the tibia and astragalus, as the line of flexion and extension appeared to him to be so much on a line with the ends of the malleoli.

Dr. BOYCOTT said Mr. Garraway had quite proved by the introduction of his patient that the operation and the treatment of the case were most successful; it certainly was a wonderful cure. He considered that the free flexion and extension motion which the joint now presented must be between the tibia and astragalus. Still, how the cure was effected was an open question. Was it by the luck of these two portions of malleoli being left attached to the joint, as some members seemed to think; or indeed by the two malleoli, synovial membrane, and cartilages, being restored, as the author of the paper had suggested? These were important considerations in reference to future operations in similar cases. He was sorry that point could not be determined.

The PRESIDENT considered this case a very valuable

contribution to surgery. Mr. Garraway had most successfully treated it; and he most cordially thanked him for introducing it to the meeting.]

## Reviews and Notices.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, in Treatises by Various Authors. Edited by T. HOLMES, M.A. Cantab., Assistant-Surgeon to St. George's Hospital, and Surgeon to the Hospital for Sick Children. In Four Volumes. Volume the Third. Pp. 916. London: 1862.

[Continued from page 418.]

IN the division on Diseases of the Organs of Circulation, Mr. C. H. Moore writes the article on Diseases of the Absorbent System. In it he treats of wounds of lymphatics; inflammation; hypertrophy and atrophy; strumous disease; the lymphatics in syphilis, in gonorrhœa, in cancer; the glands in innocent diseases; morbid contents of lymphatics; obstructions and obliterations of the lymphatic vessels; and excision of glands. In the paragraph on lymphatics in syphilis, the subject is merely referred to as having been amply treated of in a previous essay by Mr. Henry Lee; but Mr. Moore adds the following note on a condition which he believes to be an effect of syphilis.

"In persons who have had venereal affections many years before, and in some who still present some tertiary forms of that disease, the tips of the fingers or toes become remarkably stunted. At first a pit is found in the pulp at the end or on the palmar surface of the digit, having no pus or scab, nor yet healthy skin at the bottom. Towards this pit the rest of the pulp and the nail are slowly drawn, and as they approach it are absorbed. Every structure of the finger, including the bone, is progressively removed; until at length, in place of a phalanx of three-fourths of an inch in length, all that remains beyond the last articulation is a wounded stump of the bone, not a quarter of an inch in length, and covered with tightly stretched, thin, dry skin, without a vestige of the nail. The whole process may occupy many months or years in progress, and for the whole time is unattended by visible ulceration. The fingers are stiff, and often comparatively useless, from the tenderness of their extremities, so long as the disease is going on. In some, but not in all cases, the skin of the hand or foot is affected with lepra anæsthetica, or with psoriasis, or is dry and scurfy. I have, however, observed it to be quite healthy." (P. 276.)

Mr. G. W. Callender furnishes an article on Diseases of the Veins; in which he describes adhesive phlebitis; thromballosis or coagulation in veins; suppurative phlebitis; inflammation of the umbilical vein in children; phlebolithes; hypertrophy and atrophy; varicose veins; and obstruction of veins by tumours. The term *thromballosis*, from *θρομβος*, a clot, and *ἀλλοιωσις*, I change, is used by Mr. Callender to designate the coagulation of fibrine within veins. This phenomenon is described as occurring in cases of so-called adhesive phlebitis. It is sometimes the result of a tendency on the part of the fibrine to coagulate in weak subjects, the predisposition being called into activity by the pressure of a distended intestine, of a tumour, etc.; or more commonly it follows inflammation of the tissues surrounding the vein, or laceration of the vessel.

The article on Disease of Arteries, excluding



Aneurism and Operations, has been written by Mr. C. H. Moore, who gives a very complete description of Atheroma and the changes which it induces in an artery. The changes, as enumerated and described, are: at first, narrowing of the calibre of the vessel; afterwards, dilatation and tortuosity; roughening of the lining membrane; so-called ulceration, or even laceration, of the diseased artery, preceded or not by a washing away of the atheromatous deposit; rigidity and brittleness of the artery; and gangrene. The latter, however, is not a direct result of the atheroma; for, in spite of it, the vessel may still convey enough blood for the nourishment of distal parts under ordinary circumstances. "But should any unusual and considerable demand upon the circulation be made by a local injury or inflammation, the circulation will prove insufficient; and, as trees with tangled roots sometimes perish in a night upon a sudden increase in the rapidity of the flowing of the sap, the distal parts will die." It is on the suddenness of the obstruction—on the rapid deposition of fibrine—or on the loosening and inversion of an osseous plate, or the washing of a detached fibrinous vegetation down the current—that the gangrene depends. The collateral branches, themselves diseased, cannot adapt themselves in time to the increased stream which should pass through them; and the un nourished parts necessarily die.

Mr. Moore next gives an article on Occlusion of Arteries—the condition described by modern pathologists as embolism; and then speaks very briefly on Arteritis, a disease which, he observes, late research has shown to be very rare in its primary form. The cases formerly described by surgeons as primary arteritis have been due to the forcible impaction of a plug and distension of the artery.

The article on Aneurism is the joint production of Mr. Holmes himself and Mr. Ernest Hart; the latter gentleman contributing the observations on the modes of treatment by digital pressure, by manipulation, by galvano-puncture, and by coagulating injections; as well as on arterio-venous aneurism, on cirroid aneurism, and on aneurism by anastomosis. In speaking of the spontaneous cure of aneurism, Mr. Holmes describes three modes in which it is supposed to take place; viz., by mere retardation of the circulation; by obliteration of the artery by the pressure of the aneurism itself; and by impaction of a portion of clot from aneurism in the distal portion of the vessel. The second mode—that of obliteration by the artery itself—is, for reasons which Mr. Holmes puts forth very clearly, of doubtful occurrence, and of little or no practical interest. It is on the first and third methods of spontaneous cure that rational plans of treatment are founded.

Regarding the non-surgical treatment of aneurism, the motive of which is the cure by retardation of the circulation, Mr. Holmes speaks on the whole encouragingly. The great requisite is rest; and, under the influence of this, cure has sometimes been observed to take place in external aneurisms. Mr. Holmes would have the necessity for rest enjoined more strictly than is commonly done—"the patient should be confined rigidly to bed and to the recumbent position"; spare diet being at the same time used as an auxiliary. As to bleeding, while Mr. Holmes regards Valsalva as having carried this practice to an excessive extent, he allows that it has been and may be of great utility in some cases.

"Bleeding seems to increase the relative amount of fibrine in the blood; nor does it appear, when moderately used, to lessen its coagulability; while its effect on the power of the heart and the rate of the circulation may be calculated with some approach to certainty. . . . A transient effect on the circulation is all that is needed for the formation of laminated clot, which will then, in favourable circumstances, go on to extend itself. Besides, bleeding has the recommendation that it can be repeated, and its quantity proportioned exactly to the condition of the circulation."

Of medicinal drugs as means of retarding the circulation, Mr. Holmes thinks less than of bleeding. Digitalis, he says, "is dangerous and uncertain". Tartar emetic and watery purges seem only to produce weakness. Acetate of lead does not appear to have been used with much success. Aconite and veratrum do not seem to have been employed in the treatment of internal aneurism; but Mr. Holmes thinks them worth a trial. Cures have been recorded as having occurred under the use of iodide of potassium; and gallic and tannic acids have been recommended, but with negative results. The treatment to be followed when an aneurism is placed beyond operative interference, is thus summed up by Mr. Holmes:

"The best thing that can be done appears to be to keep the patient in bed for months, and years if need be, avoiding all causes of excitement, mental and bodily; to administer a light unstimulating diet, but without denying him sufficient nutriment; to keep the part in such a position as may rather impede the supply and favour the return of blood; to use venesection in small quantities, and carefully, when the circulation appears at all above the normal standard, which, it should be remembered, ought to be below that of health; and finally, to surround him with an equable cool temperature. By these means, some very gratifying cures have been brought; and although, perhaps, they have not been many, yet some lives will be spared by their vigorous enforcement, which would be sacrificed were the opinion acted on that the disease is a necessarily fatal one, for which art can do nothing."

The surgical treatment of aneurism is a subject which has afforded ground in late years for the manifestation of two apparently opposed principles; viz., the dependence, as far as possible, on the powers of nature, when properly aided, to effect a cure; and the boldest surgical interference. In using the latter term, we refer especially to the revival, by Mr. Syme, of the old operation of laying open the aneurismal tumour, turning out the clot, and tying the artery above and below. This method has been successfully employed by that distinguished surgeon in cases of carotid, axillary, and gluteal aneurism; as well as in a recent remarkable case of pelvic aneurism, in which Mr. Syme "laid open the sac of a large aneurism situated at the bifurcation of the common iliac artery, the circulation in the aorta being controlled by a clamp, and tied the arteries which communicated with the sac; viz., the common, external, and internal iliac. The patient recovered." Mr. Holmes justly characterises this operation as "one of the most daring and brilliant performed by any surgeon".

The revival by Mr. Syme of this old and formidable method of treating aneurism is an event of importance in surgery. The frightful hæmorrhage which accompanied it in cases where a tourniquet could not be applied was evidently one of the causes which led to its disuse. Yet it is in those very cases



where *à priori* it seems most difficult to arrest the bleeding that Mr. Syme performs this operation. The process by which that eminent surgeon overcomes the danger is thus described by Mr. Holmes :

"He opens the sac at first by a moderate puncture, which allows him to introduce a finger and feel for the opening of the vessel. If this opening is not large enough, he dilates it so as to get in one and another finger, and in one case the whole hand, until the point is discovered at which the pressure of the fingers arrests bleeding. Meanwhile, the opening in the skin is of course plugged by the fingers which have been thrust into it, so that no great gush of blood takes place. When the orifice of communication between the sac and the vessel has been thus commanded, the sac is opened freely and cleared of clots. Then the vessel is seized with forceps, if it be fairly visible, and tied. If the artery is not exposed, the operator must keep his finger still pressed on the orifice, while, with the aid of his assistants, he scratches away the tissues that obscure it."

Of this operation, it is only necessary to say here that the points at which its performance is indicated are those at which the ligature by the Hunterian method is at once difficult and perilous ; that, in the hands of Mr. Syme, it has been divested, in great measure at least, of the formidable consequences which once attended it, but that it requires for its performance a degree of self-confidence and skill which is not possessed by all in the same degree as by the Edinburgh surgeon ; and that, formidable as it may appear, it is an operation the propriety of which operating surgeons should take into their grave consideration, when they have before them the alternative of performing it or of placing a ligature on some one of the main arteries where pressure or other means cannot be employed.

In speaking of the Hunterian method of ligature, Mr. Holmes discusses at some length the claims put forward by French writers in favour of Anel as having proposed a similar procedure ; and he shows the operative proceedings of the two surgeons to have been quite different—Anel's plan consisting in tying the artery immediately above the sac, and Hunter's in placing the ligature at some distance above. Mr. Holmes gives a very sufficient article on the Hunterian operation.

Of the method of treatment by compression, Mr. Holmes, after giving a good history of the operation, expresses a decided opinion in favour of the plan, but allows that it has not always been successful, as cases occur where the aneurism increases rapidly after the application of the pressure. One point to which he directs attention is, that probably the mortality from gangrene after ligature will be found much diminished by the previous employment of compression, obviously from time having been allowed for enlargement of the collateral vessels.

Mr. Hart describes the plan of digital compression, of which he has a high opinion. He says that the experience of surgeons who have employed this treatment since Vanzetti (in 1853) "affords numerous instances of cure unrivalled for simplicity, painlessness, ease, and rapidity, in the records of the treatment of aneurism by any other means." This method may be applied to arteries, such as the carotid and facial, which are not easily accessible to mechanical pressure. The pressure should, as a rule, be intermittent.

The treatment of aneurism by flexion, first publicly proposed by Mr. Hart, is described by Mr. Holmes. It

is, he observes, indicated in cases where the tumour is not very large, where the surrounding tissues are not involved, and where, as far as can be ascertained, the aneurism is seated on the superficial aspect of the artery.

Mr. Fergusson's plan of treatment by manipulation, *i. e.*, by breaking up the clot so that a portion may be carried on into the artery and plug it, is next described by Mr. Holmes. This plan has undoubtedly succeeded in some instances ; but, as Mr. Fergusson has himself pointed out, it is liable to be attended with danger in the case of aneurisms of the neck. Sudden paralysis and death have been described as following manipulative treatment of carotid aneurism by Professor Esmarch of Kiel and Mr. Teale of Leeds. In Esmarch's case, clots of fibrine, identical with the contents of the aneurism, were found plugging the cerebral arteries. The procedure is, therefore, one which requires the exercise of judgment before it is attempted.

We must pass over the remaining portions of the section on Aneurism and that on Ligature of Arteries, with a mere general commendation of their completeness ; and, having filled our space for this week, we must defer to a future period our notice of the division on Diseases of the Organs of Locomotion and Innervation.

[To be continued.]

ILLUSTRATIONS OF PUERPERAL DISEASES. By R. UVEDALE WEST, M.D., F.R.C.S.Ed., Vice-President of the Obstetrical Society of London, etc. Second Edition. Pp. 201. London : 1862.

It is but a few months since we reviewed the first edition of Dr. WEST's work, which then contained only eighty-four pages. In the present edition, he has "availed himself of the opportunity of inserting several additional cases of illustrative importance." What we said of the book in concluding our remarks on the first edition, we can now only heartily confirm.

ON CHRONIC ALCOHOLIC INTOXICATION ; with an Inquiry into the Influence of the Abuse of Alcohol as a Predisposing Cause of Disease. By W. MARCET, M.D., F.R.S., Fellow of the Royal College of Physicians, Assistant-Physician to the Westminster Hospital, etc. Second Edition. Pp. 258. London : 1862.

DR. MARCET has enlarged his book by the addition of eighty-six pages, containing remarks on the action of alcohol in health, and, as noted in the title-page, an inquiry into the influence of alcohol as a predisposing cause of disease. His remarks under the latter head are founded on too small a number of cases (695) to give absolutely reliable results ; but his statistics will be useful to those who may be disposed to work out the same inquiry on a more extended basis.

ARMY STATISTICS. The French Minister of War has appointed a commission charged to prepare medical statistics with respect to the army. Such a commission was appointed in the year 1851, but it never acted. Several modifications have been introduced into the composition of the original commission, and the commissioners are preparing a report of the sanitary condition of the army in the year 1861. The Minister expects that the report of the commissioners will put an end to many alarming rumours as to the health of the troops on active service.



# British Medical Journal.

SATURDAY, OCTOBER 25TH, 1862.

## DEATH OF SIR BENJAMIN C. BRODIE, BART., F.R.S.

ON the evening of the 21st instant, was added to the number of the departed, a man to whom the unanimous consent of the profession has long given a preeminent position amongst us. We need hardly mention the name—Sir Benjamin Brodie. For a long time, the state of his health has been such as to cause much anxiety both to his immediate friends and to the members of his profession. Labouring under the severe affliction of blindness, he has undergone four operations in his eyes without success; and he has, moreover, suffered from a painful affection of the bladder, and malignant disease of the shoulder-joint. At last, full of years, full of honours, and rich in the well-earned rewards of his scientific knowledge and its skilful application to the relief of suffering humanity, this great surgeon has left the world.

It will be our duty on a future occasion to speak deliberately of the scientific labours of Sir Benjamin Brodie, and of the part which, as a member of the profession, he has played in the advancement of our art during the long term of his active life. At the present moment, we would think of him, not as the scientific surgeon or as the thoughtful philosopher, but as the man of unblemished honour and of most scrupulous integrity. We venture to think that there are few who have done more than Sir Benjamin Brodie to make our profession honoured among its members and esteemed by the public. Surely it was not merely his skill as a surgeon and his eminence as a man of science that obtained for him the firm esteem of his own profession and the respect and consideration of the public at large, from the highest to the lowest in the land. It was not surely for these qualities alone, but for the character for honour which he has sustained through life, that his judgment has been sought for on so many occasions of great public and private importance.

Sir Benjamin Brodie has done more than most men to advance the knowledge of our art and to improve its practice; and if he had done nought else, he would have done enough to leave his name permanently and honourably recorded in the annals of medicine. But, in our view, he has done what is of infinitely greater service to his profession, by the character as a man of dignity and honour which he has consistently sustained through life. In this has truly lain the source of his greatness; and it is this, we believe, which will chiefly cause his name to be remembered and his memory respected.

## THE THERAPEUTICAL INQUIRY.

WE would ask our readers to give their especial attention to a paper by Professor Bennett, published in this day's JOURNAL. The subject matter of it is one of the highest interest to all of us. It will be remembered, that at the last meeting of the British Medical Association, a committee was appointed, chiefly at the suggestion of Dr. Handfield Jones, for the purpose of investigating the effects of therapeutic agents on the diseased body. The names of the gentlemen forming that committee were a sufficient guarantee, that the work which they proposed to undertake would be energetically and religiously carried out. These gentlemen, after discussion, inaugurated the inquiry in the following way: they resolved to recommend the following six separate subjects for the consideration of the profession:

"1. The effects of antimony, moderate blood-letting, supporting diet, or stimulants, in *pneumonia*.

"2. The effect of the oil of the male fern, or of kousso, in *tænia*.

"3. That of arsenic, moist weak alkaline applications, or pitch ointment, in *psoriasis*.

"4. That of mercurials, benzoic acid, and podophyllon, in *jaundice*.

"5. That of chlorine mixture, carbonate of ammonia, quinine, and the wet sheet, in *scarlatina*.

"6. That of atropia in *epilepsy*.

Each member of the committee promised to take under his charge one of these subjects, to prepare a schedule, direct attention to the main questions to be considered, receive returns, and draw up a report on his special subject, to be delivered at the next annual meeting. Thus Professor Bennett undertook *pneumonia*; Professor Harley, *jaundice*; Dr. Handfield Jones, *psoriasis*; Dr. Fleming, *tænia*; Mr. Crompton, *epilepsy*; Mr. Hodson, *scarlatina*. Moreover, Dr. Farr promised to put forth a schedule for the purpose of getting information, whereby to determine the progress of diseases generally.

Professor Bennett commences, as his paper will show, this important inquiry, and takes up the subject in real earnest. His colleagues in committee will doubtless likewise at once perform their part of the contract.

We verily believe that results of incalculable value to the profession will be obtained, if a due and fitting response is made to the appeal of the committee by members of the Association. It is, indeed, difficult to imagine a work, in which all of us, however occupied, can bear an active part, more likely to be crowned with great conclusions. We, as an association, possess an organisation especially adapted for the prosecution of inquiries of this nature. In truth, all that is now required is: That members of the Association should (while actively engaged, be it remembered, in the daily routine of their profession) note down certain facts, in the forms prescribed, which come under their notice; and



transmit such facts—plain unvarnished tales—to the consideration of the committeemen whose business it will be to collate and deduce from the mass of facts thus accumulated together—the true and legitimate conclusions.

It may seem a strange thing, that we now, in the midst of this nineteenth century, should have to make inquiries about the effects of remedial agents, which have been in use since the days of Hippocrates and long before. It may, indeed, be felt as somewhat humiliating, as something like doing a public penance, that we should have to come forward at this time of day, doubting, and so questioning the operations of weapons which we have been all our lives, and are in fact at this very moment, using with steadiness and perseverance; but thus it must be. The thousand facts daily passing before his eyes, force the conscientious and philosophic physician to his critical examination of his method of treating diseases. And nothing, indeed, can more clearly show how the truly scientific method in which medicine, at this day, is studied, than the readiness with which this sacrifice of past errors is made, and the eagerness with which the truth—be it what it may—is sought for and desired.

Rational scepticism—we mean the reasonable doubts of observers, born and bred out of modern pathology and modern diagnosis—has led men of medicine to investigate and study philosophically (by the aid of these modern lights) their principles in treating diseases. True medicine has but one wish and thought in the matter; it is to know the truth and to follow it. How widely different is the candid spirit of its honest cultivators from the wretched subterfuges of those, who, because they believe medicine has committed errors, rush into the plainest and most transparent of quackeries. Because medicine has erred, therefore, argue these men of faint minds and narrow thoughts, Homœopathy is a great fact and a glorious deliverance!

We believe, moreover, that an inquiry of this kind is becoming a thing essential to medicine; and that the minds of the profession are now ripe for the inquiry. Quacks within the profession, and quacks without the profession, take every occasion of casting stones at us—the stones being the difference of opinion held, and honestly held, on points of practice by different members of the profession. And it must be remembered, that these continued attacks, based as they are on what must be admitted to be, on the part of the public, reasonable grounds of attack, cannot fail at last seriously to damage us in the eyes of the world, unless we ourselves boldly step forward, and, aided by the powerful lights of modern knowledge, search out, philosophically and by all means in our power, the truth of the matter; and, having thus arrived at certain conclusions, unhesitatingly adopt the consequences—the treatment of disease—

which result from them, however different the treatment may be from what we had so long believed in and practised.

The divergence of opinions respecting the treatment of diseases, expressed by men equally honest and equally capable, is becoming daily more marked; and its natural effect, when brought to the notice of the public, is to render the public more or less sceptical of the worth of all kinds of treatment, and so to drive them into the hands and to the lying promises of quackery. We cannot, it is true, under any circumstances, compete with the thousand quackeries of the world. So long as the human mind loves the deception which pleases and flatters its hopes and vanities, so long we may be sure quackeries will endure. Philosophic medicine cannot annihilate quackery; but it can take from quackery that force which it at present derives from the weakness of medicine. This weakness of medicine resides in those philosophic doubts concerning the methods of treating diseases—the effects of remedies on diseases—which trouble the practitioner. The quack, who swears by the virtue of his remedy, has, in one sense, an unspeakable superiority over the practitioner, who administers his remedies honestly, but in fear and hesitation.

We must all admit that, as yet, we have not set seriously to work to remove the fatal discordance which reigns amongst us respecting the treatment of diseases, and the effects of remedies; and, what is still worse, that still more fatal scepticism in the faith of remedies, which naturally grows out of the discordance of opinion evinced by men of authority amongst us.

Now, however, in this inquiry, we may clearly see a great step towards the accomplishment of a work, which cannot fail to bring forth much unity in opinion and in practice. One thing, at least, is certain; viz., that it is alone from such a method of candid inquiry as the one here proposed, that we can hope to arrive at such a knowledge as shall give us the power of proceeding to the treatment of disease with something like a rational as well as an unhesitating conviction of its propriety.

We are sure that, however much we may differ as to the effects of remedies, and as to methods of treatment, we are all agreed in the desirableness of attempting at least to obtain a greater insight into, and knowledge, in the first place, of, the effects of the weapons—the remedies—we use in the treatment of diseases; and in the second, of learning how far our own individual experience in the treatment of diseases—the effects, as we have regarded them, of remedies over diseases—is in accordance with or differs from that of other members of the profession. To throw light on these subjects—to answer these wants—is the main object of this inquiry; and we are sure that there is no occasion for us earnestly to



beg every member of the profession to assist in working out so desirable a consummation.

### THE WEEK.

THE legislature of this country is, in many ways, remarkable for its inconsistency in matters relating to the public health; and the reason is obvious. There is no medical spirit *presiding* over the concoction and administration of the laws which provide for the health of the people of this country. Non-professional public health providers are necessarily only half provided with the knowledge and convictions requisite for the full appreciation and the perfect carrying out of the regulations required. Daily illustrations of this inefficiency in operation come under our notice. We find, for example, stringent and very proper regulations against the sale and exposure of improper meat by butchers and salesmen; and we weekly read of large destruction of such "condemned" meat. Nevertheless, it would not, we believe, be very easy to *prove* the injurious consequences effected on the health of individuals by the ingestion of such "tainted" meat. The regulations on this head are framed, as far as we can understand, rather on the manifest impropriety of the proceeding, than upon positive proof of injury effected. Nevertheless, as we have said, to provide against this particular sale of bad goods, the legislature has laid down strict regulations. On the other hand, numerous are the instances in which manifest and undoubted injury to, and actual destruction of, life, may be clearly and distinctly traced to the sale of deadly poisonous articles; and yet over the sale of such the government pretends to exercise no control whatever. For what reason, except that of ignorance of its duties, the government is silent in such cases, it is hard to tell. If the government have reason in telling the butcher that he shall not sell bad meat, which may *perhaps* injure the bowels of the community, why should it not with ten times greater reason tell ornamental flower, etc., makers and sellers that they shall not introduce into flowers, or sell flowers, etc., which contain that deadly instrument, arsenic. Here there is abundant demonstration of the fact that death actually results from such employment of arsenic—death both to the makers of the articles, and to those who employ them for ornament or trifle with them for amusement. Our attention has been again especially called to this defective side of the legislature by an inquest recorded last week in the papers. A girl, fourteen years old, dies from sucking artificial flowers. An examination of the stomach, etc., is made by Dr. Letheby, who reports:

"At the larger end of the stomach there was a chronic ulcer about one-third of an inch in diameter, which had pierced entirely through the walls of the

stomach. The tissues of the stomach were examined for poison, but none was found. The gall-bladder contained a large quantity of bile; this, with the piece of liver to which it was attached, was examined for poison, and distinct traces of arsenic were discovered. Lastly, the colouring matter of the artificial grapes and leaves was submitted to analysis. The blue and pink grapes were free from poison, but the green ones were covered with arsenite of copper. Ten of the grapes yielded three grains of the poisonous pigment. The artificial leaves are also stained with arsenical green. Each leaf contains about a grain and half. The result of this examination is that, although no trace of arsenic has been discovered in the tissues of the stomach and intestines, yet, from the presence of a distinct trace in the bile and liver, it is evident that arsenic had been taken during life and absorbed into the system. The symptoms correspond exactly with what I have once seen as the effects of a small dose of arsenic. The giving way of the ulcer in the stomach might have been due to the irritation of the poison during life, or it might have been a *post mortem* result; but I do not think that it was the actual cause of the child's death. I attribute this rather to the poison. In the month of November 1840, I was consulted in a case very similar to this, where a child died from the effects of arsenical green on the paper of the cupboard where its toys were kept. Two children were made ill by it, and one of them died. On that occasion I ascertained that the paper contained nearly thirteen grains of arsenical green in a piece of six inches square. In many other instances I have found a like proportion of poisonous pigment upon such paper; and it is to be regretted that the dangerous use of such a pigment should continue to be practised. At the present time there are many arsenical greens going by the names of Scheele's green, Swedish green, etc.; and they contain from 58 to 71 per cent. of arsenic, the pigment being in some cases reduced with chalk or plaster of Paris to lower the depth of the colour. A wreath of fifty green leaves may contain poison enough to kill ten persons; and a green tarlatan dress of twenty yards would contain about nine hundred grains of white arsenic; and, considering how loosely the poison is attached, it is marvellous that very serious results do not often occur from it. It has been affirmed by a Berlin physician, who has inquired into this matter, that a lady's dress might give off sixty grains of the poisonous pigment in the course of a single evening, scattering a dust of poison in the air of a ballroom. It is time that some measures should be adopted for the prevention of this practice.—The coroner thought that the jury and the public ought to feel much obliged to Dr. Letheby for his scientific and interesting report. As corroborating what that report stated as to the poison which might be contained in a single dress, he might mention that a case had come within his own observation in which two sisters were taken ill after making a green dress for a lady, and the lady herself became ill after wearing it one night in a ballroom."

THE *American Medical Times* gives the following items of medical war news:—

"It is surprising what indifference our authorities manifest to the deficiencies in the provision for the wounded in the field. Dr. Agnew, of the Sanitary Commission, estimates the loss of life in the recent battle at Antietam, due solely to want of proper transportation, at five hundred. Such wanton, reckless waste of human life will not be tolerated by the people, and the proper reform will now be instituted.—The medical examination of conscripts is about to present a novel duty to the profession. The examinations of recruits has thus far been confined to those who desired to enter the service, and who consequently concealed or made light of their dis-



abilities. But it is presumed that the conscript wishes to escape service, and to do so, feigns disease, or occasionally maims himself. The latter examination is much more difficult than the former, involving often the nicest discrimination of appearances, and the most careful study of symptoms made conspicuous, but without an adequate cause.—The Sanitary Commission propose to commence on the — of October, a special inspection of the general hospitals of the army. These are forty-seven in number, in the district of Columbia alone, and perhaps as many more in all other parts of the country. They contain, at this time, not less than 50,000 sick and wounded.—Washington may be called “The City of Hospitals.” There are, at this present moment, no less than forty-three military hospitals in and around this city, with an aggregate of nearly 20,000 patients. The location of so many hospitals at this point must be a matter of purely military necessity; for in some respects a more unfavourable locality could not have been selected.

“It is an ill wind which blows no one good,” as the proverb runs. And, as an illustration of it, we find the American medical press dilating on the great advantages accruing to the profession from the fratricidal Yankee-Southern war.

“Very many of our older practitioners,” writes the *American Medical Times*, “needed brushing up, our distinguished surgeons increased opportunities, and our younger men occupation and remuneration. The war has supplied all these wants.”

THE *Law Times* has the following, on a trial lately referred to in the JOURNAL, in which a medical man was heavily cast in damages, for having, as was alleged (no doubt most untruly) caused rupture of the perineum in a case of labour. Our readers will note, the *Law Times* holds that for such verdicts as these we have solely to thank members of our own profession. No solicitor would bring such actions, unless supported by some kind of medical authority:

“Certainly the responsibility of the medical practitioner is already sufficiently serious, from the uncertainty of his science and the effect of mischance or misconduct on his own professional prospects, without adding to the terrors of the law in the shape of damages and costs,—his responsibility should be only for actual gross negligence, such as might be produced by *drunkenness and inattention*. The science of medicine is as yet far from being reduced to positive rule—all that can be required of the doctor is that before admission to practise he shall give proof of his acquaintance with so much of the science as is then taught by its professors, and that he shall practise it with so much reasonable exercise of judgment and industry as his patients may fairly demand, and as he is bound to yield to the ordinary relationship of employer and employed. Here, too, is another instance of the inefficiency of juries for the trial of civil disputes. Twelve men, *utterly ignorant* of the first principles of physiology, and more than ignorant, because filled with the most erroneous notions on the subject, are set to determine, whether a man who has studied the science for a lifetime, has rightly or wrongly applied it. True, they are supposed to be informed as to this by witnesses who are themselves *experts*; but in practice the experts on either side flatly contradict each other, and the ignorant jury must judge between them. This is a mockery of justice, discreditable alike to science and to law, and should be prevented, as it may be, by simply permitting the fact of admission to the

profession to be conclusive evidence of competency in a medical man, limiting his liability for misconduct to negligence in the exercise of his skill, to be sustained by proof, actual *misconduct*, or positive *neglect*. We cannot, however, part from this subject without reminding the medical profession that they are not altogether blameless in this matter. These actions are too often assisted, if not suggested, by rival against rival. At all events, they could not be maintained unless doctors were found willing to go into the witness-box to support the suit against their medical brethren. No solicitor would bring such an action without first assuring himself that a verdict was probable, and this he could not ascertain without the aid of one or more friendly doctors whose evidence could not be easily procured unless it were willingly given. This species of internecine war is unhappily too common among our medical brethren: we are pleased to be able to say that it is not one of the faults of our brethren of the law.”

DR. RANSE writes as follows to the French Academy:—

“Two sisters married, the one M. D., the other M. L. and both resided in the Isle of Ré. The married pair L. had three sons; and the pair D. had, besides other children, three daughters, who afterwards married the three sons of L., their cousins-german. The health of the different members of this numerous family was perfect. From the marriage of the eldest son of L. were born one boy and two girls, all enjoying their senses. From the marriage of the second son were born three boys and two girls; the eldest of the boys could speak, but only with a foreign accent; the second boy was born deaf and dumb, and having married a girl of another family had two children, who could speak; the third boy was born deaf and dumb, and was unmarried. The two girls could speak, but one could only pronounce certain letters with difficulty. Of the third marriage, two boys and one girl were born, and are still alive, and one monster, which died; the two boys were born deaf and dumb, and the eldest, married to a stranger, has a child which can speak. Thus, we find incontestable proofs of the effects of consanguinity. Of twelve children born of these three marriages, four were born deaf and dumb, one only spoke at 6 years of age, two had difficulty of speech, one was a monster, and four perfectly healthy. Heredity could not explain these facts, which support M. Boudin's views.”

THE *Gazette Hebdomadaire* sees a great merit in our numerous medical schools: “It may be imagined what emulation, what movement, what intellectuality, these many schools excite among the students. A vast career is also thereby opened to talent and to merit by the very fact of the existence of so many chairs. Thanks to this organisation, which does not exclude a grand theoretic and philosophic instruction, it may be said, that rarely does a man of merit in London fail to find a position in which he may display his talents.”

The Ophthalmic Congress has selected Vienna as the place of its next annual meeting, and has appointed Arlt, Blodig, Gulz, Jäger sen. and jun., and Stedwag, as committee-men.

Over the entrance of the new Anatomical, Pathological, and Chemical Institution, lately opened at Vienna, are inscribed the words: “*Indagandis sedibus et causis morborum.*” *L'Imparziale* considers



these words, so placed, "equivalent to a monument raised to the honour of his country and the illustrious Morgagni."

Professor Esterle of Novaro has died at the age of forty-four, from purulent infection, contracted while attending a difficult labour.

The Francisco journals state that Dr. Bodinier, a French physician, was drowned at the time of the burning at sea of the *Golden Gate*.

Dr. Destival (of Miradoux) writes: "I live in a country where marriages of consanguinity are very common; and the baneful consequences, physical and moral, thence resulting, are so apparent to any one who will investigate them, that the adversaries of such marriages may here find abundant examples to sustain their views."

A new wing is to be added to Hôpital St. Antoine, which at present, we are told, contains *only* about five hundred beds!

The Association of German Naturalists have determined to meet next year in Stettin.

M. Bouchat tells us that he has studied meningitis by the aid of the ophthalmoscope. He discovered congestions and venous dilatations, varicosity and flexusity of veins, thrombosis of veins and hæmorrhages in the retina from rupture of vessels!

Several of our London brethren have been lately victimised by a rascal—happily now in the hands of the police. He called upon them, as he pretended, for professional purposes; and when the back of the servant was turned laid his fingers on the first articles which came to hand, and made off with them. On the occasion of his committal, no less than four distinct cases of this mode of robbery were proved against him.

The last report of the Government Inspectors of Mines tells us: that, for every 74,674 tons of coals raised a human life is sacrificed.

An artificial stimulus has been lately given to the success of the Queen's Colleges in Ireland by the establishment of exhibitions. We apprehend that to some extent this may account for the falling off of medical pupils in the great Dublin schools. Out of the sum of £10,000 raised by Sir R. Peel's energy, two exhibitions of £40 and £30 will be annually given in the Faculty of Medicine of those colleges during the next ten years.

Six young natives of Algeria are to be admitted into the School of Medicine of Algiers after special examination, and then sent forth into their native provinces as doctors of medicine. This liberal conduct of the government, says the French journalist, contrasts favourably with that of the English government, which refuses to admit into the army graduated natives of India as medical men.

## THE REINFECTION OF SYPHILIS.

THE following are the conclusions lately published by M. Diday concerning the reinfection of syphilis.

1. Generally speaking, syphilitic virus, like all other specific virus, does not exercise the same action twice successively on the same person.

2. When introduced into a syphilitic subject, the virus produces no effect; but when introduced into a subject who *has had*, but no longer *has*, syphilis, it produces a modified kind of syphilis.

3. The milder the first attack of syphilis, the more distant its date from the time of the second introduction of the virus, the more marked will be the second attack of syphilis.

4. Experience, as well as reason, shows that the only subjects in whom the second introduction of syphilitic virus has produced any pathological effect are those who have been cured of their first attack of syphilis, or who at least, only had symptoms of a kind not transmissible by generation or contact (tertiary symptoms).

5. As regards the nature of the effects of the second introduction of the virus, effected under these conditions, observation shows that they are variable, and that they consist—

a. In more than one-half of the cases, in an ulcer having all the characters of an indurated chancre, which is not followed by constitutional accidents. The absence of glandular affection enables the physician to recognise beforehand the indurated chancres which will not be followed by constitutional affections (*chancroidal*).

b. In more than one-fourth of the cases, there was found an indurated chancre followed by constitutional affections *less severe* than those of the first attack of syphilis (*veroleoid*).

c. In less than one-eighth of the cases, there was observed an indurated chancre followed by constitutional accidents *more intense* than those of the first attack of syphilis.

d. In less than one-eighth of the cases (in which the only symptom of original syphilis was an indurated chancre without constitutional affections), there was an indurated chancre followed by only slight constitutional accidents.

6. As regards the period of time elapsed between the dates of the two infections, it was found that the shorter the interval, the feebler were the effects resulting from the second infection. The interval was shorter in those secondary cases in which there was only a chancre, and longest in those in which the syphilis was more severe in the second than in the first attack.

7. The impossibility of inoculating syphilis in a man who is suffering from syphilis is a positive fact. This fact—the result of experiment—is not, however, opposed to the possibility of the reinfection of a man who *has had* syphilis. On the contrary, it demonstrates the possibility, by affording the strongest presumption that can be furnished in pathology, from difference in effects explained by difference in causes.

8. Twenty examples of reinfection, observed by M. Diday in his own practice in six years, give an idea of the frequency of such cases; and the facts would have been long ago well known, although even now they appear new, if practitioners had not allowed their eyes to be blinded by doctrines which, though true in most cases, are not absolutely so in all cases.

9. The reinfection of a man who has had syphilis shows that he had been cured of it; and from this theorem three corollaries result:—

a. It proves that syphilis may be radically cured; which many authors have denied.

b. It gives us a measure of the time which is ordinarily necessary for its radical cure. According to my



observation, the mean minimum time is twenty-two months.

And it gives the best criterion for the perfection of cure. Thus, for example, when a man who has had syphilis is inoculated with matter from an indurated chancre, and the inoculation fails, the man is still under the influence of syphilis; but if the inoculation succeeds, he has the proof that his syphilis was cured.

10. The treatment of syphilitic reinfections is the treatment of syphilis itself; but as, in most cases (sixteen times out of twenty-eight), the only effects which result from the reinfection, when left to itself, consist of a chancre which is not followed by constitutional symptoms, the practitioner, when he meets with a second chancre, should always wait until constitutional symptoms appear before he prescribes mercury.

## Association Intelligence.

### EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Fountain Hotel, Canterbury, on Thursday, the 6th November, at 3 P.M. Dinner will be ordered at 5 P.M.

THOMAS BOYCOTT, M.D., *Hon. Secretary.*

Canterbury, October 20th, 1862.

### MIDLAND BRANCH: QUARTERLY MEETING.

The quarterly meeting of this Branch was held in the board-room of the Lincoln County Hospital, on Friday, September 26th, at 7 P.M.; T. SYMPSON, Esq., President, in the chair. There were also present eight members and one visitor.

The PRESIDENT congratulated the members on the great success of the London meeting, which had passed off in a most satisfactory manner with regard to the practical character and excellence of the papers that were read, the eloquence of the addresses that were delivered, and the cordial welcome given, and the unbounded hospitality shown both by the metropolitan members and by the Colleges of Physicians and Surgeons. He said it had occurred to him that a few observations on one of those admirable addresses then spoken—that on surgery—might not be wholly unacceptable. He referred to an answer given by Mr. Denison at the late meeting of Great Northern shareholders in reply to a query as to whether, in the case of railway companies expending a large amount of money with a view to protect their property, the remedy was not worse than the disease? The reply of Mr. Denison was, “that he did not know, as they had never allowed the disease to take its course.” This, Mr. Sympson said, was precisely the gist of Mr. Paget’s most excellent address, the subject of which was the Management of Patients after Surgical Operations. Mr. Paget dwelt particularly on the necessity of studying diseases apart from the manner in which their progress is influenced by the action of remedies—of studying the natural history of diseases; “a more accurate knowledge of which,” he said, “is becoming the most pressing want of our time.” As examples of the result of the kind of study recommended by Mr. Paget, the President instanced the treatment of delirium tremens and of pneumonia as detailed in the recent work of Dr. W. T. Gairdner, as well as of the latter disease by Dr. Hughes Bennett and Dr. K. Chambers. He concluded by observing that it must be acknowledged that year by year the treatment of disease is becoming simplified; and that perhaps the truth of Mr. Paget’s remark might be equally clear to his hearers, “that this increasing simplicity in our practice is founded on the

wider recognition of the sufficiency of the natural processes of recovery.”

*Specimens Exhibited.* Some very beautiful microscopic objects were exhibited; and numerous pathological specimens from the museum of the County Hospital were shown by Dr. Harrison, house surgeon.

*Papers.* The following papers were read:—

1. Some Cases of Intermittent Fever following Injury to the Spleen. By S. Lowe, Esq.

2. Some interesting Cases of Strangulated Hernia, with Various Complications. By C. Brook, Esq.

3. A Case of Sporadic Cholera with Rupture of some of the Fibres of the Gastrocnemius Muscle from Violence of Spasm. By G. Mitchinson, M.D.

A most agreeable and instructive meeting terminated with a cordial vote of thanks to the President, who afterwards entertained the members at his residence.

## Reports of Societies.

### MIDLAND MEDICAL SOCIETY.

TUESDAY, OCT. 21, 1862.

J. B. MELSON, M.D., President, in the Chair.

*The Laryngoscope.* Mr. FURNEAUX JORDAN exhibited the mode of using this instrument. He referred, in brief terms, to the labours of Liston, Avery, Garcia, Türk, and Czermak. He drew particular attention to the numerous details which are essential to the successful inspection of the larynx; and adverted to the class of cases in which the use of the laryngoscope would prove most serviceable. In acute laryngeal disease, and in certain affections which, for the sake of brevity, he termed supralaryngeal, the instrument in question could not be used with facility.

*Cases of Imperforate Anus.* Mr. DUNCALFE communicated the details of five cases which had come under his care, in a practice which included three thousand midwifery cases. In two cases where a thin membrane occluded the anus, complete relief was afforded by a crucial incision and the subsequent use of a tallow bougie. In the other cases, the obstruction was at a greater depth. In one of them, Mr. Duncalfe resorted with success to an operation which he had not seen described. It consisted in passing a ligature through the distended bowel, which could easily be felt through the external incision, and subsequently making an opening with scissors. The lining membrane could thus be readily drawn down and attached to the integumental surface.

*Corroding Ulcer of the Uterus.* Dr. EARLE gave the particulars of a case occurring in a young woman only 21 years of age. A singular feature in the case was that the ulceration progressed very rapidly under the influence of powerful caustics, while repair was induced, which terminated in recovery, by the local use of a weak solution of the diacetate of lead.

THE TALLOW-TREE. Among the trees which have of late been extensively distributed in the North-Western Provinces of India and Punjab is the tallow-tree of China—*stilingia sebifera*. In China it is largely cultivated, and it is said that by its produce alone the taxes are paid in the district of Hongkong. It grows equally well on low alluvial plains, on the rich mould of canals, in sandy soils, and on the acclivities of mountains. From its seeds tallow and oil are procured, which are extensively used in China. Its wood is hard and durable, and its leaves yield a black dye. It is now thriving well in India. The tallow and oil are easily procured from the seeds. The tree, therefore, is well worthy of attention.



## Correspondence.

### DEATH OF SIR BENJAMIN BRODIE.

LETTER FROM CHARLES HAWKINS, ESQ.

SIR,—It is with much regret that I announce to you the death of Sir Benjamin Brodie. His most valuable life was brought to a close last night, with as little suffering as was possible under the circumstances of the case.

Anything that concerned the welfare and honour of the medical profession interested him to the last. A few days before his death, when speaking on the probable speedy termination to his life, he said to me: "If any of my medical friends speak to you of me, remember me kindly to them." I am, etc.,

CHARLES HAWKINS.

Savile Row, October 22nd, 1862.

### DR. FOWLER'S "MEDICAL VOCABULARY": IMPUTED PLAGIARISM.

LETTER FROM ROBERT FOWLER, M.D.

SIR,—There has just issued from the press a work by Dr. R. G. Mayne of Leeds, entitled *A Medical Vocabulary*. We learn from one of his prefaces thereto that it is the second edition of a similarly titled book "published in 1836."

"The first edition (he tells us) . . . . . formed the nucleus of a much more comprehensive work, the *Expository Lexicon of Scientific Terms*, issued periodically, in ten parts, the last on September 17th, 1860. Two months subsequently to the latter date (he continues), I was startled by observing in the medical journals (Nov. 1860) an advertisement that 'next week will be published the *Medical Vocabulary*, by Robert Fowler, M.D. Edin.' . . . . . It was not, however, till 5th January, 1861, or nearly four months after the concluding part of my *Expository Lexicon* appeared, that Dr. Fowler's *Medical Vocabulary* was published."

Now, before proceeding to notice the Doctor's subsequent errors of assumption, I will first dispose of these his egregious errors of facts.

My *Medical Vocabulary* was first advertised in the medical press on Saturday, October 27th, 1860, just about one month previously to the period implied by Dr. Mayne in his preface. The first portion of my manuscript was in the hands of the printers about the beginning of August of the same year; and I received therefrom the first proof-sheet on the 29th of the same month. The proofs followed in rapid succession. The first perfect copy of the work was delivered by the printers to the publisher on Nov. 7th following; and the *Medical Vocabulary* was subscribed to the trade or published on Nov. 21st, just six days prior to the subscription to the trade of Dr. Mayne's complete *Expository Lexicon* which occurred on Nov. 27th, 1860.

The assertion, therefore, that my work was not published "till January 5th, 1861, or nearly four months after the concluding part of Dr. Mayne's *Lexicon* appeared," is simply the reverse of that which is true.

After thus indebteding himself to his imagination for his facts, our lexicographer next proceeds to the unwarrantable assumption that I have made "too free with" his work; usurped "the title of such"; assumed "its plan, peculiar arrangement, etc.," and imitated them—"but imperfectly."

Having distinctly pointed out the singular perversion of dates, so conveniently relied upon by Dr. Mayne as premisses whence to deduce his equally perverted inferences, it would almost appear superfluous for me to further controvert his imputed plagiarism.

"But he that filches from me my good name,  
Robs me of that which not enriches him,  
And makes me poor indeed."

I, therefore, feel myself called upon to state, on honour as a man, that neither before, nor during whole period of the compilation of my *Medical Vocabulary*, did I ever see, or in any way refer to, or copy from any part or parts of Dr. Mayne's *Expository Lexicon*. I purposely avoided the work, not only by reason of my own sense of honour, but in deference to the written instructions of my publisher, on his making arrangements with me in 1858.

It was his opinion that such a work as my *Medical Vocabulary* was a necessity of the day. And, inasmuch as no second edition of the little work published in 1858 had ever appeared, or was then (1858) announced, very naturally concluded that the book was abandoned. Such an inference could not, indeed, have been otherwise; particularly as the sale of the work had been no means a successful one; the remainder of the edition having been sold off, about twenty years ago, upon the London bookstalls, at a very reduced price.

The author of this little book was besides unknown. Consequently, no inquiry could be possibly made as to his future intentions.

To accuse one, therefore, of usurping the title of a work so conditioned, and which for twenty years had not even been seen in the market, is purely ridiculous.

It is scarcely necessary for me to add that I have never seen a copy of the first edition of the smaller work by Dr. Mayne's. And we may very reasonably infer that neither should I, nor any one else, have ever cast eyes upon a second one of it, had it not been for the very favourable reception, both in and out of the profession and the consequent very great commercial success—my own *Medical Vocabulary*.

My work has now been before the world for the last two years; and had I filched but one word only from either of Dr. Mayne's productions, I feel tolerably certain that I should long ere this have had to make my first acquaintance with the interior of the Court of Chancery.

I am, etc.,

ROBERT FOWLER.

145, Bishopsgate Street Without, Oct. 13, 1862.

### CHLOROFORM IN IRIDECTOMY.

LETTER FROM C. KIDD, M.D.

SIR,—Having observed the effect of chloroform in a considerable number of cases of iridectomy (which is comparatively a new operation), I think there is one little point in my excellent friend, Mr. Bowman's description that he will excuse me for making clearer. Sickne of stomach is our great *bête noir* in chloroform, as observed also by Mr. Paget; and in this operation it encourages flow of blood into the anterior chamber. Mr. Bowman says, "If it (the sickness) occur during the operation, the steps must be simply delayed while it lasts." The little point I would urge is not to delay the chloroform; to go on with the chloroform steadily, and it will stop the sickness.

I generally remark in hospitals, when sickness occurs there is a regular pull up; everybody stops, and the chloroform assistant stops and goes for a basin for the patient to vomit into; the patient is raised up into a sitting position; the chloroform influence in the system is delayed or stops; and from the third stage the patient goes back to the second, which favours more and more vomiting. I am glad Mr. Bowman says there is hardly any person to whom chloroform may not be administered and I am sure, if any one can speak with authority on this point, he and his unfaltering friend Mr. Critchett can, from their hundreds and hundreds of cases of cataract, squint, glaucoma, etc., that I have seen, at Moorfields. It may be no harm, however, to say that a death from chloroform has been just reported from America.



ring the section of sclerotic or ciliary muscles of his Mr. Hancock's operation. In fact, these apparently trivial operations are the very ones where there is more danger than in immense operations like ovariectomy or amputation of the thigh.

The *rationale* of chloroform sickness I am every day more and more clear about; but it is misunderstood in the hospitals. It is clearly an excito-motor result of the direct action on the crura of the diaphragm, as the action which causes struggling, spasm, etc., in the other muscles. The slightest irritation of the cardiac end of the stomach at this point with its eighth nerve gives a sort of vomited matter. Want of sufficient air to the patient in the inhaler helps this struggling; delay encourages it; for you can scarcely give chloroform too thickly, but steadily. To my inquiries in hospitals, it is always said to be, "Oh, something cerebral that no fellow can be expected to understand." I am, etc.,

CHARLES KIDD.

Sackville Street, Oct. 13.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** At a general meeting of the Fellows, held on Wednesday, October 22nd, the following gentlemen, having undergone the necessary examination, were duly admitted to practise Physic as Licentiates of the College:—

Aspinall, Thomas, Over Darwen  
Calthrope, Edward, Deeping St. Nicholas, Spalding  
Carter, Frederick, London Hospital  
Chandler, Edward, 7, Chester Place, Kennington Cross  
Cooper, William, Bristol  
Gisburn, John James Walker, Leeds  
Kerswill, George, Looe, Cornwall  
Laverick, John Valentine, Henderwell, Yorkshire  
Moore, James Foster, Bradford, Yorkshire  
Pichhall, John, Bengal Medical Service  
Renshaw, Herbert Smith, Ashton-on-Mersey  
Thomas, Montague, Windsor  
Woodman, Frederick, Isleworth

**UNIVERSITY OF ST. ANDREW'S.** List of gentlemen on whom the degree of Doctor of Medicine was conferred, 1 October 1862:—

Ablett, Edward, M.R.C.S. & L.A.C., London  
Ackland, William H., M.R.C.S. & L.A.C., Bideford, North Devon  
Adams, James, L.R.C.P.E. & Lic. Fac. Phys. & Surgs., Glasg., Brechin  
Andrews, Fred. F., M.R.C.S. & L.A.C., London  
Badcock, Lewis C., M.R.C.S. & L.A.C., Camberwell Grove  
Baillie, Herbert, F.R.C.S. & L.A.C., London  
Ballard, Thomas, M.R.C.S. & L.A.C., London  
Barrett, John J., M.R.C.S., London  
Bate, Henry F., M.R.C.S. & L.A.C., London  
Bell, James V., M.R.C.S. & L.R.C.P., Rochester  
Berwick, George, L.R.C.S.Ed., L.R.C.P.Ed., Sunderland  
Bevan, Thomas K., M.R.C.S. & L.A.C., Carmarthen, S. Wales  
Birt, Thomas, M.R.C.S.Ed., L.R.C.P.Ed., Leamington  
Blanshard, Thomas, L.A.C., London  
Bolton, John A., M.R.C.S., L.R.C.P.Ed., & L.A.C., Leicester  
Bone, William, M.R.C.S. & L.A.C., Bures, Suffolk  
Bourne, Thomas, M.R.C.S. & L.A.C., Radstock, Bath  
Braddon, Charles H., M.R.C.S. & L.A.C., Upton-on-Severn  
Bradley, John D., M.R.C.S.I. & L.M., Tullamore, Ireland  
Braine, Robert S., M.R.C.S., Halifax, Nova Scotia  
Brainsford, Charles, L.A.C., Haverhill, Suffolk  
Britton, Thomas, L.A.C., St. Thomas's Hospital  
Brodie, George B., M.R.C.S., L.R.C.P., London  
Browning, Charles, F.R.C.S. & L.A.C., London  
Brunnwell, George M., M.R.C.S., L.R.C.P.Ed., & L.A.C., Mossley  
Butler, Fred. J., F.R.C.S., Winchester  
Carpenter, John W., M.R.C.S. & L.A.C., London  
Chessall, William, L.A.C., London  
Cleveland, William F., M.R.C.S. & L.A.C., London  
Cockcroft, Thomas H., M.R.C.S. & L.A.C., Heighley, Yorkshire  
Cogan, Cecil C., M.R.C.S. & L.A.C., Greenwich, Kent  
Coles, William F., M.R.C.S. & L.A.C., Cerne Abbas, Dorset  
Condon, Edmund H., L.R.C.S.I., Odiham, Hants  
Connolly, William, M.R.C.S.I. & L.A.C., Royal Navy  
Crawford, Samuel K., L.R.C.S.Ed., Lurgan, co. Armagh  
Davies, Frederick, F.R.C.S., London  
Dobson, Thomas, M.R.C.S. & L.A.C., Bowness, Windermere  
Dry, Thomas, M.R.C.S., London  
Edgcote, James, M.R.C.S. & L.A.C., London

Edmunds, James, M.R.C.S. & L.R.C.P., London  
Edwards, Morgan J., M.R.C.S. & L.A.C., Guy's Hospital, London  
Ellis, Edward, L.A.C., London  
Farquharson, Duncan, L.R.C.P.Ed. & L.R.C.S., Tillicoultry  
Farrington, Wm. H., M.R.C.S. & L.A.C., London Fever Hospital  
Fisher, Luke, M.R.C.S. & L.A.C., Preston, Lancashire  
Fletcher, John S., M.R.C.S. & L.A.C., Manchester  
Frain, Joseph, M.R.C.S., L.R.C.P.Ed., & L.A.C., South Shields  
Games, Stephen H., L.R.C.S.Ed. & L.A.C., Liverpool  
Godwin, Ashton, M.R.C.S., L.R.C.P., & L.A.C., Brompton  
Golder, James, L.R.C.S.Ed., Pollokshaws  
Green, Thomas, M.R.C.S. & L.A.C., Cambridge  
Griffith, Samuel, M.R.C.S. & L.A.C., Portmadoc, North Wales  
Hall, Christopher, M.R.C.S. & L.A.C., Swadlincote, Derby  
Harvey, Charles H., M.R.C.S. & L.A.C., London  
Harvey, John, L.A.C., London  
Hearder, George I., L.R.C.S.Ed., Edinburgh  
Hislop, James, Lic. Fac. Phy. and Surg., Glasg., Glasgow  
Hodgson, William J., M.R.C.S. & L.A.C., Snaith, Yorkshire  
Horgan, William C., Lic. Fac. Phy. and Surg., Glasg., & L.A.C., Drogheda  
Horner, Thomas, M.R.C.S. & L.R.C.P.Ed., Stoke Newington  
Howard, Francis, L.R.C.S.I., Black Rock, Dublin  
Hubert, Theodore K., M.R.C.S. & L.A.C., Dunstable  
Hughes, Robert, M.R.C.S. & L.A.C., Conway, North Wales  
Hughes, Thomas, M.R.C.S. & L.A.C., Anglesea  
Huntley, Robert E., M.R.C.S. & L.A.C., Yarrow, near Newcastle  
Ingham, Amos, M.R.C.S. & L.A.C., Haworth, Yorkshire  
Jephcott, Samuel T., M.R.C.S. & L.A.C., Chester  
Jones, Thomas, M.R.C.S. & L.A.C., Ross, Herefordshire  
Kealy, John R., M.R.C.S. & L.A.C., Gosport, Hants  
Kersey, Robert C., M.R.C.S. & L.A.C., Littlebourn, Kent  
Lancaster, Joseph, M.R.C.P.L., F.R.S.E., & L.A.C., Clifton  
Lee, Herbert G., M.R.C.S., London  
Lister, Bryan, M.R.C.S. & L.A.C., Littleborough, Lancashire  
Logan, William, M.R.C.S., co. Antrim, Ireland  
Lomas, William, M.R.C.S. & L.A.C., London  
Mackern, Walter, M.R.C.S., London  
M'Nalty, George W., L.R.C.S.I., Dublin  
Mallet, William J., M.R.C.S. & L.A.C., Manchester  
Masters, Maxwell T., M.R.C.S. & L.A.C., London  
Meadows, Robert, L.A.C., King's College, London  
Morgan, William W., M.R.C.S. & L.A.C., Newport, Monmouthsh.  
Moore, George, M.R.C.S. & L.A.C., Hartlepool  
Moss, Hugh, M.R.C.S. & L.A.C., Congleton, Cheshire  
Mulock, John B., M.R.C.S., London  
Nesfield, Stephen, M.R.C.S. & L.A.C., Manchester  
Newby, Thomas, M.R.C.S. & L.A.C., Great Grimsby  
Nicholson, Joseph M., L.A.C., Holbeck, near Leeds  
Parsons, Samuel, M.R.C.S. & M.R.C.P.L., London  
Perry, Marten, M.R.C.S., L.R.C.P., & L.A.C., Evesham  
Pigg, Thomas, M.R.C.S., Newcastle-on-Tyne  
Pratt, Charles, M.R.C.S. & L.A.C., Appleton, Devon  
Rendle, James D., M.R.C.S. & L.A.C., London  
Renshaw, Charles J., L.A.C., Ashton-upon-Mersey, Cheshire  
Renshaw, Herbert S., Lic. Fac. Phy. and Surg., Glasg., & L.A.C., Ashton-upon-Mersey, Cheshire  
Roe, John W., M.R.C.S. & L.A.C., Ellesmere, Salop  
Rogers, Braithwaite, M.R.C.S. & L.A.C., London  
Royle, Peter, M.R.C.S., L.R.C.P.Ed. & L.A.C., Manchester  
Sadleir, William, L.R.C.S.I., Dublin  
Savile, George T., M.R.C.S., L.A.C., & L.R.C.P.Ed., Beckford  
Scully, Thomas, L.R.C.P.I. & L.M.R.C.S.I., Tipperary  
Shea, Henry G., M.R.C.S. & L.A.C., London  
Shillito, Joseph, M.R.C.S., Newcastle-on-Tyne  
Simpson, Thomas, M.R.C.S., Liverpool  
Skæ, Charles H., L.R.C.S.Ed., Edinburgh  
Skrinshire, John T., M.R.C.S. & L.A.C., Holt, Norfolk  
Smart, Bath C., M.R.C.S. & L.A.C., Balsham  
Stark, Peter W., L.R.C.S.Ed. & L.A.C., Lancaster  
Stevens, Robt. S. J., M.R.C.S., L.R.C.P., & L.A.C., Christchurch  
Swayne, Abraham C., M.R.C.S. & L.A.C., Carrick, Ireland  
Symons, John, M.R.C.S., London  
Tanner, John, M.R.C.S., L.R.C.P., & L.A.C., Tetbury  
Tassell, Robert, M.R.C.S. & L.A.C., Canterbury  
Tatham, Thomas R., M.R.C.S. & L.A.C., Huddersfield  
Thompson, John, M.R.C.S. & L.A.C., Bideford  
Turtle, Frederick, M.R.C.S. & L.A.C., London  
Vanderstraaten, Julian L., L.A.C., Colombo, Ceylon  
Walker, James, M.R.C.S., North Frodingham, Yorkshire  
Walker, John S., M.R.C.S. & L.A.C., Hanley, Staffordshire  
Walton, Thomas S., L.R.C.S.Ed., London  
Watkins, Edwin T., M.R.C.S. & L.A.C., London  
Watts, Horace N., M.R.C.S. & L.A.C., Norwich  
West, Charles A., M.R.C.S. & L.A.C., Cornwall  
White, Charles J., M.R.C.S., L.R.C.P.Ed., & L.A.C., Brighton  
Whitmarsh, William M., M.R.C.S. & L.A.C., Chippenham  
Whitmore, John, M.R.C.S. & L.A.C., London  
Whitworth, John, M.R.C.S. & L.A.C., Heckmondwike, Leeds  
Willes, George J., M.R.C.S., London  
Williams, S. W. D., M.R.C.S., L.R.C.P., & L.A.C., Northampton  
Wills, John, M.R.C.S. & L.A.C., Child Okeford, Dorset  
Yeld, Henry J., M.R.C.S. & L.A.C., Sunderland

**HONOUR EXAMINATION.** The following gentlemen offered themselves as candidates for Honours. The result of the examination, which included—1. The Clin-



ical Examination of Patients; 2. Physiognomical and Physical Diagnosis; 3. The Microscopical Examination of Urinary Sediments; 4. The Examination of Morbid Specimens—was as follows.

*First Class.*

Davies, Frederick, London  
Meadows, Robert, London

*Second Class.*

Mulock, John B., Dublin  
Whitmarsh, William M., Chippenham } equal.  
Vanderstraaten, Julian L., Ceylon  
Huntley, Robert E., Jarrow

APOTHECARIES' HALL. On October 16th, the following Licentiates were admitted:—

Connor, James Henthorn Todd, Wandsworth  
Cribb, William, Chambers Terrace, Camden Town  
Griffiths, Edwin Thomas, 100, Digbeth, Birmingham  
Miskin, George Albert, St. Thomas's Hospital  
Renshaw, Joshua William, Stretford, near Manchester  
Robinson, Haynes Sparrow, St. Bartholomew's Hospital  
Walton, Henry, West Auckland  
Warn, Reuben Thomas, Plymouth

## APPOINTMENTS.

\*BARTLEET, Thomas H., M.B., appointed Surgeon to the Birmingham and Midland Hospital for Children, in the room of G. Yates, Esq.  
CORRIGAN, D. J., M.D., elected for the third time President of the King and Queen's College of Physicians in Ireland.  
DAVIS, George H., L.R.C.P.Ed., appointed House-Surgeon to the Royal Berkshire Hospital, in the room of O. C. Maurice, M.D.  
\*HARRIES, J. D., Esq., elected Surgeon to the Salop County Gaol, in the room of Henry Fenton, Esq., resigned.  
\*STEWART, T. Grainger, M.D., appointed Pathologist to the Edinburgh Royal Infirmary.  
TUTIN, John H., Esq., appointed Surgeon to the Ripon Dispensary, in the room of the late \*S. Tutin, Esq.  
WINSTANLEY, C., Esq., appointed House-Surgeon to the Stamford Infirmary, in the room of C. H. Drake, Esq.

## UNIVERSITY OF CAMBRIDGE.

DROSER, W. H., M.D.	}	appointed Examiners in Medicine.
GOODWIN, J. W., M.D.		
LATHAM, —, Esq.		
PAGET, G. E., M.D.	}	appointed Examiners in Surgery.
HUMPHRY, G. M., M.D.		
LESTOURGEON, C., Esq.		

## ARMY.

CHERRY, Staff-Assistant-Surgeon W., to be Assistant-Surgeon 14th Foot, *vice* W. H. Jenkins.

To be Staff-Assistant-Surgeons:—

HOOPER, R. W., M.D.  
JENKINS, Assistant-Surgeon W. H., 14th Foot.  
JOHNSTON, J., M.D., from half-pay.

## ROYAL NAVY.

CLAPP, William P., Esq., Acting Assistant-Surgeon, to the *Tribune*.  
GRAHAM, F. L., Esq., Assistant-Surgeon, to the *Trafalgar*.  
JACKSON, Gordon, Esq., Assistant-Surgeon, to the *Cornwallis*.  
LAWRENSON, George R., Esq., Acting Assist.-Surg., to the *Leopard*.  
MINNIS, Belgrave, Esq., Acting Assistant-Surgeon, to the *Victory*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

MAY, J. H. S., Esq., to be Assistant-Surgeon 2nd Devonshire R.V.  
WOOD, W. P., Esq., to be Surgeon 24th Lancashire R.V.

To be Honorary Assistant-Surgeons:—

HOWARD, J. W., Esq., 11th Kent A.V.  
PENKWIL, J., Esq., 40th Kent R.V.  
SEARLE, R. B., Esq., 11th Cornwall A.V.

## DEATHS.

BARRETT. On October 21st, at Ewell, Surrey, Isabel, wife of Samuel Barrett, M.D.  
\*BRODIE, Sir B. C., Bart., D.C.L., F.R.S., at Broome Park, Betchworth, aged 79, on October 21.  
BURN. On August 16th, at sea, aged 3 months, Edward G. W., only child of G. A. Burn, M.D., 2nd Cavalry Hyderabad Contingent.  
BURT. On October 18th, at Edinburgh, Marion Louisa, wife of Benjamin Burt, M.D., Bengal Medical Service.  
CARY. On September 2nd, at Sullutpore, India, aged 29, Lieutenant Stanhope Cary, second son of W. H. Cary, Esq., Surgeon, of Woodford.  
\*DYSON, Thomas Wilson, Esq., at Manchester, on September 20.  
HARRISON, James, M.D., of H.M. Bengal Medical Service, at Uxbridge, aged 42, on October 16.  
LISTER, Nathaniel, M.D., at Somers Place, Hyde Park, aged 59, on October 16.

WATT. On October 20th, at Woodford, Essex, aged 61, Elizabeth widow of the late James T. B. Watt, M.D., of Jamaica.  
WILLIAMS, Heaton Lloyd, M.D., at Dhurrungum, on August 30 and on the same day, at Julgaum, aged 18, Georgina Caroline, wife of H. L. Williams, M.D.

MIDLAND MEDICAL SOCIETY. The following officers have been appointed:—John B. Melson, M.A., M.D., president; Langston Parker, Esq., and James Russell, M.D., vice-presidents.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW. The following office-bearers have been appointed:—William Young, M.D., president; James Scanlan, M.D., vice-president; John McCarron, L.F.P.S., treasurer; R. Cowan, L.F.P.S., secretary.

COMPARATIVE PRODUCTION OF FRUITS. At the late great horticultural show at Namur, it was found that the Belgian gardeners produced the finest pears, the Germans the finest apples, and the French the finest grapes.

VACANCIES. The following appointments are vacant:—Surgeon to the Infant Orphan Asylum, Wanstead; assistant house surgeon and dispenser to the Royal Portsmouth, Portsea, and Gosport Hospital; Poor-law medical officer to the Dilwyn district of the Weobley union Herefordshire; Poor-law medical officer to the Raglan district of the Monmouth union; house surgeon to the North Staffordshire Infirmary; house surgeon for the Coventry and Warwickshire Hospital; apothecary at the Male Lock Hospital, Dean Street, Soho; and house surgeon, clerk, and apothecary at the Dumfries and Galloway Royal Infirmary.

THE FAMILY OF THE LATE MR. G. S. BRENT. Mr. George Smith Brent, deputy-coroner for Middlesex, died suddenly in July last, leaving his wife totally unprovided for. An earnest appeal is therefore made to the profession generally, on her behalf, trusting that the great respect shown to her late husband while alive, will be further evinced by supporting his widow in her endeavour to make a start in life. Properly authorised collectors will await upon the profession at large for their subscription in her behalf, or they may be sent to Dr. Alfred Deane, 13, Granville Street, Brunswick Square, W.C.

UNIVERSITY OF OXFORD. The Regius Professor of Medicine has given notice,—1. That the first examination for the degree of Bachelor of Medicine will commence on the 17th of November, and that intending candidates should at once forward to him their names and addresses. 2. That any members of the University who are studying or who propose to study medicine should, for the purpose of registration, acquaint the Professor thereof, stating whether they are registered elsewhere, or whether they desire to be registered at Oxford. 3. That the next examination for the Radcliffe Travelling Fellowship will commence on January 26, 1863. N.B. Any further information, if required, may be obtained from the Professor, either by letter or personal application.

HEREFORDSHIRE MEDICAL ASSOCIATION. At the annual meeting of the Association held at the Hereford General Infirmary, October 7th, 1862, Dr. Bleek Lye was appointed president, and Dr. Gilliland vice-president. The following resolutions were passed:—"In the opinion of this Association it is very undesirable to alter the present weights used in medicine, unless for the purpose of introducing a decimal system." "That this Association strongly disapprove of medical men publishing scales of charges, or otherwise advertising for practice, the more particularly so, when done for private motives under the guise of charity." Messrs. James and Boyce from Leominster, having laid before the meeting a statement regarding the conduct of the curate of that town in practising medicine to the injury of the public, it was proposed and seconded. "That the Committee collect information regarding the irregular proceedings of the Rev. Hugh



eed at Leominster, and adopt such a course in reference hereto as may appear most desirable." Charles Griffiths, of Ross, at the invitation of the Committee, attended the meeting to explain his "outline of a plan for the suppression of empiricism."

**ROYAL INSTITUTION OF GREAT BRITAIN.** The lectures at the Royal Institution for the coming winter session have been arranged as follows:—Christmas Lectures, 862: Professor Frankland, six lectures, "On Air and Water" (adapted to a juvenile auditory). Before Easter, 863: Professor Marshall, twelve lectures, "On Physiology"; Professor Frankland, ten lectures, "On Chemistry"; W. Savory, Esq., four lectures, "On Life and Death"; Professor Max Müller, twelve lectures. After Easter: Professor Tyndall, seven lectures; D. T. Ansted, Esq., nine lectures, "On Geology"; Professor William Thomson, three lectures, "On Electric Telegraphy."

**DURATION OF LIFE IN SWEDEN.** From official details just published, it appears that the average duration of life in Sweden during the eighteenth century was thirty-four years for men and thirty-seven for women; it is now forty-one and forty-six respectively. This is not owing to any great tendency to longevity, but rather to a diminution of deaths in the earlier stages of life, since only three-twentieths of the number of infants born die in the first year of their existence. Among the causes which have tended to increase the average of life in Sweden vaccination holds the first rank. A hundred years ago one-seventh of the deaths were attributable to small-pox, while now there is scarcely one death in a thousand owing to that disease.

**BEQUESTS.** Joseph Almond Cropper, Esq., barrister-at-law, who died on the 27th September last, has left by his will the following legacies, clear of legacy duty, viz.:—£200 to the Kent and Canterbury Hospital, £200 to the Midland Institution for the Blind, £200 to the Leicester Infirmary, £200 to the Stafford Infirmary, and £100 to each of twenty charitable institutions, among which are the Royal Free Hospital; St. Mark's Hospital; Hospital for Sick Children; University College Hospital; Hospital at Brompton for Consumption; St. Mary's Hospital, Paddington, and City of London Hospital for Diseases of the Chest. The testator also devises houses and land, woods and woodland, in the parishes of Fawkham, near Dartford, Ash, Hartley, Horton Kirby, Milton next Gravesend, Plumstead, Meopham; and Luddesdown, in the county of Kent, to the governors of Westminster Hospital. He gives his manor of Asbourn, and houses and land in Caldon and Cauldon, Staffordshire; Whitwick, Thringstone, Belton, Sheepshed, and Dadlington, in Leicestershire, to St. George's Hospital. He gives his fee farm rents in the counties of Middlesex, Surrey, Sussex, and Chester; and his houses and land at Windsor, Wapping, Kingston-upon-Thames, East Greenwich, Croydon, and Fulwood House, and all the residue of his personal estate to the Middlesex Hospital. The rent of the property devised to the Westminster Hospital amounts to about £800 per annum; to St. George's Hospital, £700; and the Middlesex Hospital will receive in rents £600 per annum, and money to the amount of £4000. These hospitals are enabled by special acts of parliament to receive lands notwithstanding the Statute of Mortmain.

**DEATH OF DR. HAMEL.** Dr. Joseph Hamel, was a distinguished foreigner, who resided many years in this country, and was well known in the scientific world. Dr. Hamel, "Conseiller d'Etat actuel de S. M. l'Empereur de Russie, Membre de l'Académie Impériale de St. Pétersbourg," died in London on the 22nd of September, after a few days illness. He was born in 1788, at Sarepta, on the Volga, in Russia. In 1807 he distinguished himself by the invention of an electrical machine, and in 1813, after having finished his studies, he was named by the

Emperor Alexander member of the "Académie de Médecine et de Chirurgie de St. Pétersbourg." He soon after visited England for the first time, and travelled all over the country, making himself well acquainted with it. He was appointed to accompany the Grand Duke (afterwards the Emperor Nicholas), during his visit to England in 1813, and in 1818 he fulfilled the same duties towards the younger brother, the Grand Duke Michael. In 1820 Dr. Hamel made a well-known ascent of Mont Blanc, when he lost several of his guides. In 1821 he returned to Russia, and was attached to the suite of the Governor-General of Moscow. He was elected in 1828, "Membre de l'Académie Impériale de Sciences de St. Pétersbourg." It was through his exertions that the first exhibition of industry took place at Moscow. He was afterwards employed in several other exhibitions in Russia, and, taking the liveliest interest in the progress of industry, he visited all the great exhibitions which have since taken place in France, England, and even the one at New York in 1854. Dr. Hamel published a history of the steam engine, a work written with the precision and care distinguishing all his scientific researches. He also published a history of the electric telegraph, which is very complete and full of interest in a scientific point of view. Having studied during his first visit to England the system of teaching originated by Lancaster, he published an account of it in Russia, and this was the cause of its introduction into that country. It is believed that Dr. Hamel, during his residence in this country, was employed by the Russian Government in furnishing them with information relative to the progress of science and the arts in England.

**JAPANESE PLANTS.** The *Bulletin de la Société d'Acclimatation*, published this month, contains the second part of a letter from M. Eugène Simon, writing from Japan, and the first part of which we noticed about a month ago. M. Simon, in this second part, recommends the cultivation of the hemp-palm (*Chamærops excelsa*), brought over into Europe about thirty years ago by Dr. Sieboldt, but hitherto confined to botanical gardens. This species of palm-tree would thrive very well in France, since it will bear a temperature of 10 degrees Fahrenheit. It requires no particular care; the stalk of each leaf is covered with filaments of various fineness; the coarsest are used for ropes, the finer sort for nets. Every second year the leaves are cut off close to the trunk, except a few which are left on the top; the filaments are separated and packed into bales of twenty-five kilogrammes each. The price of this commodity varies from 56f. to 70f. per hundred kilogrammes. Each tree will yield from four to five kilogrammes. Another plant mentioned by M. Simon is the *soja*, a kind of bean, used in Japan for a condiment, which is manufactured on a large scale at Nagasaki and other places, and is sold at the rate of about 17f. per jar, weighing 21½ kilogrammes. To prepare this condiment the beans are boiled, and then mixed with roasted barley. When the dough thus obtained has become perfectly uniform by stirring, it is put into moulds one inch and a half in height, and eighteen inches by eight at the base. The cakes so made are left to ferment for a week in a close room, when they acquire a uniform golden hue. They are then thrown into large vats, and lime water is added in the proportion of two kilogrammes for every kilogramme of cakes. After stirring a good deal, the vats are then left to themselves for at least a twelvemonth; the substance contained in them is then put into canvas bags, and subjected to the action of a press. A syrupy liquid oozes out, which is *soja* of the first quality; of the residue an inferior quality is made for the poor. It is used in almost every Japanese dish, is very savoury, and particularly well adapted to fish.

**SCIENTIFIC JOTTINGS.** M. Em. Mounier recommends the following method for dying wood of a rose colour by chemical precipitation:—A bath A is prepared with eighty grammes of iodide of potassium per litre of water;



bath B in another vessel with twenty-five grammes of bi-chloride of mercury. The wood to be dyed is first put into the bath A, where it is left for several hours; it is then dipped into the bath B, when it assumes a beautiful rose colour. The wood thus dyed is afterwards varnished; the baths will last a long while without any necessity for renewal. M. Payen recommends the following cure for diseased trees and shrubs:—As soon as it is perceived that the leaves are turning yellow the earth must be dug up all round the root within the space of a metre and a half from the stem, and the roots are then watered, twice on the first, and once on the following day, with a solution of five hundred and twenty-five grammes of sulphate of iron, five hundred of common salt, and five hundred and twenty-five of alum in forty litres of water. This treatment will instil fresh vigour into the sound roots, corrode the bad ones, and restore the health to those which were about to be attacked. The amalgam of sodium as an agent for reducing metals is beginning to attract attention. Mr. Ch. W. Vincent has obtained an amalgam of chromium by introducing that of sodium into a solution of chloride of chromium, and by subsequent distillation in a retort filled with naphtha vapour the chromium itself is obtained in a finely divided state. Mr. W. B. Giles also has decomposed a saturated solution of pure protochloride of manganese by the amalgam of sodium, whereby an amalgam of manganese was obtained. The mercury of the latter being driven off by the application of heat, there remains a brownish-black powder, which appears to be manganese.

**THE SAGO PALM.** In a paper read at the recent meeting of the British Association, Mr. A. R. Wallace, mentioned the sago palm, and the manufacture of the sago, which is the staff of life of the inhabitants of New Guinea and the adjacent islands. It was described as a truly extraordinary sight to behold a whole tree trunk converted into human food with as little labour as is required to convert corn into bread. A single good tree will produce six hundred pounds of sago cakes, and with an expense of ten days labour a man may produce food enough for a year's consumption. This was stated, however, to be a curse instead of a blessing to the inhabitants, who, by the great facility of obtaining food and clothing, are rendered lazy and improvident, and existed in the lowest state of degradation and misery. Men, therefore, required the stimulus of a cold climate and a fertile soil to rouse them to exertion, and it was thought that had the earth everywhere presented the same perennial verdure that exists in the equatorial regions, and everywhere produced spontaneously sufficient for the supply of man's physical wants, the human race might have still everywhere remained in that low state of civilisation in which we now find the inhabitants of the fertile islands of the Moluccas and New Guinea.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.  
**TUESDAY.**....Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY.**...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY.**....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
**FRIDAY.**.....Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY.**....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8.30 P.M. Clinical Discussion. Mr. Ernest Hart: 1. "On a Recent Case of Popliteal Aneurism cured by Flexion, after failure of Pressure." 2. "On an Improved Tourniquet with Index, and a Case in which it was employed."

### TO CORRESPONDENTS.

\*\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**JOURNAL WANTED.**—The Publisher of the BRITISH MEDICAL JOURNAL is in want of the ASSOCIATION JOURNAL for July 12th, 1855 (No. 184). Perhaps some gentleman who does not bind his volume of the JOURNAL can forward his copy of that number.

**MEDICAL WITNESSES IN COURTS OF LAW.**—SIR: Two years ago, at the meeting at Torquay, when touching upon the subject of the discrepancy of medical witnesses, I ventured to suggest that Government should appoint three experts, whose duty it should be to decide upon the scientific bearing of any important medico-legal question. It is pleasant to me, and I hope not too egotistical, to point out that precisely the same solution of the difficulty has occurred to the Committee of the British Association for the Advancement of Science; and, although the question was referred back to the Committee, yet the report from the *Times* may be of sufficient interest to induce you to reprint it.

I am, etc., C. RADCLYFFE HALL.

Torquay, October 16th, 1862.

[The report referred to by Dr. Hall will be found at p. 429 of last week's number.]

**QUALIFIED OR UNQUALIFIED ASSISTANTS.**—SIR: Permit me to make a few remarks on the above question; and to begin, in answer to the first letter which appeared on this subject. Your correspondent laments, and very properly so too, the unfavourable position of qualified assistants, and the miserable manner in which they are remunerated and treated by principals. He discountsenances unqualified assistants; and advises that men with some recognised diploma be employed. Now, may I ask, how are men to obtain *practical knowledge* without *practical instruction*; and is it not *much* better that young men be under the guidance of a qualified practical man?—one who can direct, and, if necessary, can control them, in the diagnosing of disease and the administration of remedies—rather than that men *theoretically* qualify themselves, and then be turned loose on the public to do as they like, under the countenance and support of the colleges at which they have graduated. Your other correspondent writes in a manner highly flattering(?) to young students. I hope he does not judge others by himself. I am willing, but sorry, to admit that some young gentlemen are anything but gentlemanly in their behaviour, but such are the exceptions; and the *pseudo* he mentions is an *exception among the exceptions*. It little becomes one man (and less so a professional man) to run down another; as the case he mentions, of course, reflects on the employer as much as on the assistant. But none, save those who have had pauper practice, can form any idea of the manner in which the poor would impose on the parish doctor; they make his surgery a house of call; some patients come complaining of aches and pains, and, no one can deny it, have some medicine, which, by the way, they never take; ask for a medical certificate for the guardians; and apply for pecuniary assistance. This is the great object of their consulting a doctor at all. Persons have applied to me for medicine; and, when I have called two or three days afterwards, have found the bottle unopened, untouched, and almost forgotten. The poor are subject to ills, even in a greater degree than the rich, and should be properly cared for. When the doctor comes, do they stop to inquire whether he is a M.R.C.S. or a L.S.A.? No! what do the poor know about diplomas or qualifications? Provided his medicines do them good, they are satisfied—at least, the poor in our district are; and that sometimes, too, with one who must sign himself,

Yours, etc., R. W. P.,

An Unqualified Assistant.

[We fear that the case of "unqualified assistants" is a very poor one, if nothing more than this can be said in its favour. EDITOR.]

**COMMUNICATIONS** have been received from:—SIR HENRY COOPER; MR. GASCOYEN; THE HONORARY SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; DR. WIBLIN; DR. C. RADCLYFFE HALL; DR. E. L. FOX; MR. PARKER; DR. STIFF; DR. HUGHES BENNETT; MR. RIGDEN; MR. EDWARD GARRAWAY; MR. HENRY LOWNDES; MR. E. MORRIS; MR. ROBERT HARDEY; MR. WILLIAM COPNEY; MR. WORDSWORTH; MR. W. G. DAVIS; DR. ROMAIN VIGOUROUX; DR. A. DEANE; DR. G. E. DAY; MR. G. DYSON; MR. PARKER; MR. JORDAN; MR. COOPER; DR. INMAN; and M. R.



# Original Communications.

## BINOCULAR OPHTHALMOSCOPY.

By J. ZACHARIAH LAURENCE, F.R.C.S., M.B., Surgeon to the Surrey Ophthalmic Hospital.

THE problem of binocular ophthalmoscopy appears, at first sight, sufficiently simple, and so I thought it myself. I regarded the aerial image of the fundus oculi, which is formed in front of the object-glass, as any other ordinary visible object, from every component luminous point of which rays of light diverged in all possible directions. The problem appeared then solved by having a larger mirror than usual, pierced with two eye-holes at a distance equal to that of the pupils of the eyes. I had such a mirror actually constructed; and went so far as to publish an account of it in the *Medical Times and Gazette*; but soon had reason to regret this publication, by finding my instrument was really *not* a binocular one. The fact is, that the aerial image of the fundus oculi differs from an ordinary object, in having the course of the rays of each of its component luminous points *pre-determined* by the converging action of the object-glass. This will become plain from an inspection of the annexed figure.

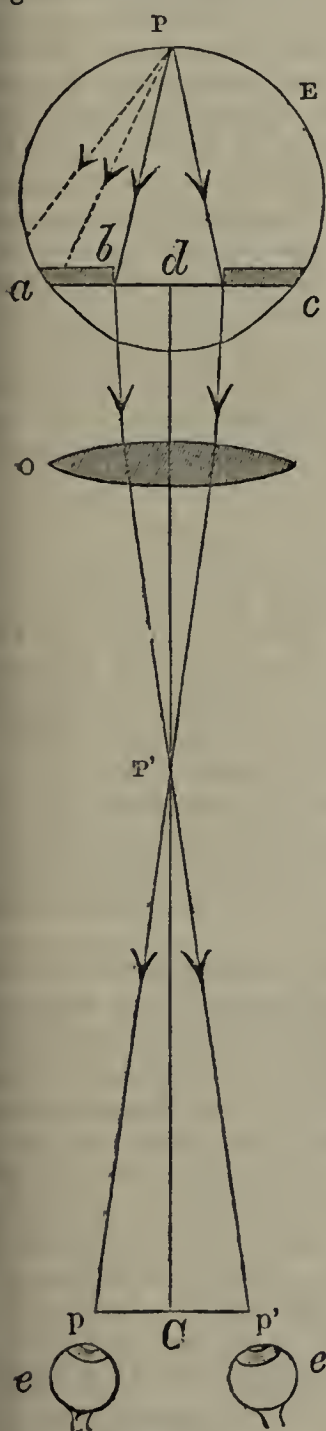


Fig. 1.

Let the eye under observation be E (Fig. 1),  $e, e$ , the eyes of the observer,  $p$  any luminous point of the fundus oculi. The rays diverging from  $p$  will be, for the greater part, stopped from passing out of the eye E, by a diaphragm—the iris,  $a, b, c$ —and the other opaque tunics of the eye (the dotted rays from  $p$  represent some rays thus stopped). The extreme possible size, then, of the conical pencil of rays from  $p$ , is a cone, whose base equals the area of the pupil, the diameter of which we will assume at its maximum degree of dilatation, to be, say, five-sixteenths of an inch. The rays of this pencil striking the object-glass  $o$  (which may be one of two inches and a half focus, and held, say, half an inch from the cornea of E), are reunited by it to a focus at  $p'$ —at the focal length of  $o$ —(in myopic eyes somewhat nearer, in hypermetropic ones somewhat further off.) From  $p'$  the rays of the convergent pencil again diverge. It is hence clear our eyes can, under the most favourable circumstances, only *simultaneously* receive those two parts of the two halves of the pencil which happen to have such a degree of divergence as just to strike our two pupils. Let us suppose that our two eyes, respectively, will obtain enough of the pencil for distinct vision of  $p'$ , if each eye only receive one single extreme ray,  $p'p$  and  $p'p'$ , of each outermost side of the

pencil. At what distance from  $p'$  must we place ourselves (taking our pupils as two inches and a half apart) for this purpose? Approximatively, we may answer this question by the proportion (Euclid vi, 4),

$$p'c : p'd :: p'c : b d.$$

Substituting the numerical values of  $p'd$ ,  $p'c$ , and  $b d$ , we find that  $p'c = 24$  inches = the distance we shall have to retreat from  $p'$  for its binocular perception—too great a distance for all practical purposes, more especially with the excessively feeble illumination, that would attend the exclusion of all but the extreme rays of each pencil.

With my formerly proposed instrument, the fundus oculi may be seen binocularly; but one has to retreat to so far a distance from the observed eye, as to render the image faint and unsatisfactory in the last degree.\* My friend, Dr. Giraud-Teulon of Paris, has devised an ophthalmoscope (Fig. 2) which obviates this objection. Using the same figure again (which for simplicity's sake

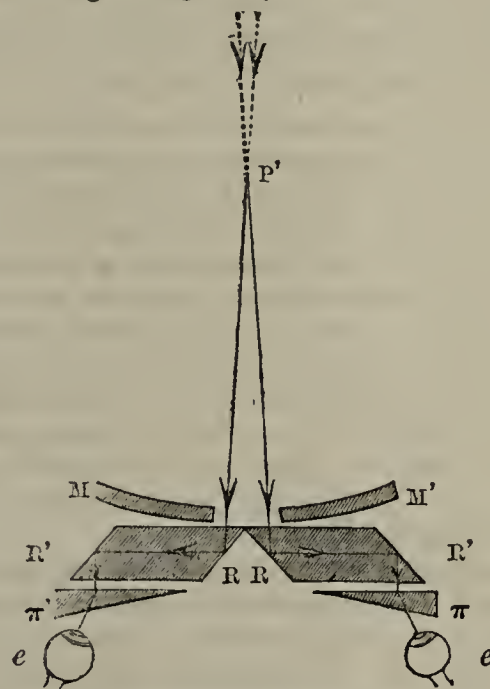


Fig. 2.—Giraud-Teulon's instrument.

we only delineate from  $p'$  on). Behind the ophthalmoscope mirror  $M M'$  is placed a pair of rhombs of glass. Any ray, as  $p'R$ , striking a rhomb at  $R$ , is reflected in the direction  $R R'$ ; from  $R'$  it is again reflected straight down to the eye at  $e$ . The effect of this is that we see two images of  $p'$ , one with either eye; these double images are then made to coalesce by a pair of Brewster's prisms ( $\pi, \pi'$ ), and thus binocular (stereoscopic?) vision is obtained of the point  $p'$ .

I have recently simplified this instrument by substituting for the rhombs ordinary reflectors of quicksilvered glass or speculum-metal (Fig. 3). The simple proper

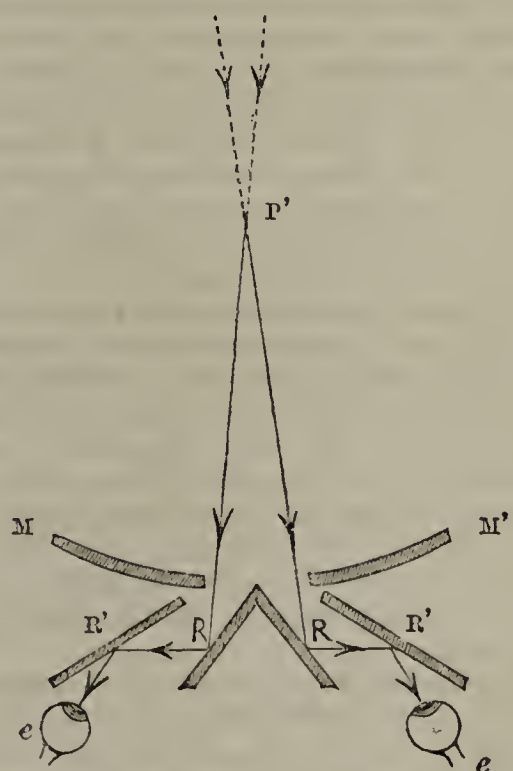


Fig. 3.—Author's instrument.

\* These objections do not apply to the use of my ophthalmoscope-mirror for a laryngoscope.



inclination of the reflectors R'R' suffices (on the principle of Wheatstone's reflecting stereoscope) to effect the coalescence of the double images without any additional prisms.\* This form of instrument admits of adjustment of the eye-mirrors (R'R') to suit both the different separation of the eyes met with in different individuals, as also any deviations of accommodation.

## THE BRITISH PHARMACOPŒIA, WITH REFERENCE TO WEIGHTS AND MEASURES.

By W. PHILLIMORE STIFF, M.B., Physician to the  
County Lunatic Asylum, near Nottingham.

[Read at the Nottingham Medico-Chirurgical Society, Oct. 10th, 1862.]

EVERY medical man will rejoice that the proposal to consolidate the three metropolitan *Pharmacopœias* into a British one has been acceded to by the Colleges. At the same time, the decision that has been arrived at by the Council of Medical Education to publish it in English only, and consequently without an official Latin version, will be regretted by many, as tending in the first place to render the necessity for the study of that language less imperative than heretofore upon the student of medicine, and in the next to make the standard of British pharmacy inaccessible to foreign philosophers, with the exception of those few who are acquainted with the English tongue.

Three years and a half have been occupied in its preparation; and the work may be considered complete, as far as regards the substances and compounds to be employed in medicine. The method of weighing remedies—the first and most important proceeding in pharmacy—is, however, left undetermined, and the publication deferred to an indefinite period. The difficult question of weights and measures has created a complete deadlock, and brought the labours of the Committee to a stand-still. Legislative interference is called for, if not to settle, at least to compromise, the vexed question.

The readers of the *BRITISH MEDICAL JOURNAL* have been put in possession of the Report of the *Pharmacopœia* Committee of the Medical Council, at p. 582 of the last volume; and two very instructive leaders have been published as commentaries upon that document. It will be seen that the authors of the new *Pharmacopœia*, like some of their predecessors, propose an alteration of the weights in common use, nothing less than a new unit, differing from the imperial one, and made by dividing the avoirdupois ounce into 480 parts, instead of 437½. This would have the effect of introducing into daily practice two different kinds of grains, one being about one-eleventh less than the other; two distinct scruples; and as many as three drachms—viz., the avoirdupois of 27.3 grains, the apothecaries' of 60 grains, and the new drachm of 54.6 grains.

Briefly expressed, the alteration is this; that whereas the present imperial grain accumulates into ounces and pounds of different values, the converse now takes place, and the ounce diminishes into two sorts of grains. The change becomes still more important from the fact that, as medicines are taken in the smaller quantities, every new prescription will be affected by it; whilst at present the inconvenience of having two sorts of pounds, one of 7000 grains and the other of 5760, is practically unimportant to the physician, who seldom brings them into comparison.

The subject of weights, measures, and coinage is deserving of much more attention than it has yet received from the profession; and the unsatisfactory condition of the former gave rise to the efforts of the Committee to

remedy it. It is apparent to every one that there is no necessity for weighing drugs by a standard distinct from the imperial; nor strictly equitable that the apothecary shall buy at 16 ounces, and sell at 12 ounces, to the pound.

At first sight, the apparently simple and feasible plan of abandoning apothecaries' weight, and adopting avoirdupois in its entirety, presents itself. This is very popular with some writers. Two great objections meet us—the awkward fractional division of the ounce; and the ever recurring confusion that would arise between the present drachm of 60 grains to be abandoned, and one of 27.34375 grains to be established. It has been proposed to use the grain only, and divide the ounce decimally; but we cannot abolish the imperial drachm. This scheme would result in the use of the old drachm for old prescriptions, the imperial drachm by the public, and decimal divisions by the prescriber.

The Committee, by recommending a different course altogether—viz., the adoption of a unit of new value, and by referring to the legislature for powers—have raised two very important questions, which assume larger proportions under discussion:—1. What system of metrology ought we to adopt? 2. By what scale shall we calculate our weights and measures? I therefore propose to give a brief summary of the more salient points bearing on these subjects, with which also the question of the coinage is intimately connected. I will not detail the history of the subject, which has engaged the attention of mathematicians and statesmen in this country for nearly a century; but will remind you that it assumed considerable importance in consequence of the loss of the standards of weight and measure in the fire which destroyed the Houses of Parliament. The problem of their restoration was referred in 1838 to a commission consisting of the Astronomer Royal, the President of the Royal Society, Sir John Herschell, Peacock, Dean of Ely, and other men of great eminence. In 1841 they reported, "that the first point that has called for our special notice is the general question of decimal scale. In introducing this subject, we beg leave to invite the attention of the Government to the advantage and facility of establishing in this country a decimal system of coinage. In our opinion, no single change which it is in the power of a Government to effect in our monetary system would be felt by all classes as equally beneficial with this, when the temporary inconvenience attending the change had passed away." They recommend that the pound be divided into a thousand parts, and a new coin equivalent to two shillings introduced. In 1843, another commission proposed to carry out the report of 1841. In 1847, in accordance with a vote of the House of Commons, the tenth of a pound was struck, the coin now so well known as the graceless florin.

Notwithstanding recommendations identical with these propositions, the Government has declined any further extension of this plan in this country; but the issue of a tenth of a penny has been conceded to the inhabitants of Malta and others. The next step was the granting of letters patent to Lords Monteagle and Overstone and Mr. Hubbard, instructing them to consider how far it was practicable to introduce the principle of decimal division into the coinage; and they reported finally, Lord Monteagle excepted, to the following effect:—"That it does not appear desirable under existing circumstances, while our weights and measures remain as at present, and so long as the principle on which their simplification ought to be founded is undetermined, to disturb the established habits of the people with regard to the coins now in use by a partial attempt to introduce any new principle into the coinage alone."

Considerable obloquy has been cast upon the reporters for their alleged one-sidedness, as it was generally understood that they were unfavourable to the

\* This instrument was manufactured by Messrs. Murray and Heath, of 43, Piccadilly.



objects of the commission. With their report, however, the public have great reason to be satisfied, as it deprecated and scattered to the winds the unscientific pound, florin, and mil scheme of the Decimal Association. It will be observed that their report is condemnatory only of partial and incomplete change, made without reference to weights and measures. These have since formed the subject of an inquiry that has resulted in a series of proposals of vast importance, and to which I shall have occasion again to refer, after pointing out the imperfections and perplexity of our present system.

I am not aware that there are any complete official tables of weights, measures, and money, published by authority, in Great Britain. We gain our information usually from works on arithmetic, where the tables are arranged according to the caprice of the authors, who do not always explain in a satisfactory manner the origin of the standard of admeasurement, but refer us to the length of the arm of some king, or to other obsolete traditions. We know that the standard of length is one yard; it is\* fixed by reference to the length of the pendulum vibrating seconds, in the latitude of London, in a vacuum at the level of the sea; the former being to the latter in the proportion of 36 imperial inches to 39.1393; but it is not clear that a philosophical reason can be given for selecting a fractional portion of the length of the pendulum. The yard is subdivided into 3 feet, or 36 inches. The inch is the smallest lineal measure to which a legal name is given in our system. This is too large to remain an indivisible unit, and hence confusion soon arises. Mechanics divide it into eighths, officers of revenue into tenths, engineers into twelfths, others into sixteenths, and microscopists into thousandths. The inch is also known as the middling, the big, and the little inch. It is also taught in schools that three barley-corns make an inch, without respect to the size of the barley-corns. Had M. Lescarbault, the village surgeon, who calculated the transit of the intra-mercurial planet, been educated in this school, he would probably have been anticipated in his discovery by a philosopher of some other.

Having obtained our unit, it might be supposed that, by a simple process of multiplication, we could complete our calculations of admeasurement. Such, however, is not the case. The first denomination above it is the rod, pole, or perch, of  $5\frac{1}{2}$  yards; and above this, in an irregular series, we have chains, furlongs, miles, and leagues; and besides these there are in ordinary use palms, hands, paces, fathoms, nails, and quarters. But with this variety we are not in a position to measure the ground we tread on. Gunter steps in with his chain of a hundred links; which chain is 22 yards in length, and each link composed of 7 inches and  $92\text{-}100\text{ths}$  of an inch. Expecting, then, the result in Gunter's decimals, or at least in standard square yards, the surveyor reduces his work into perches, rods, and acres. The Board of Trade makes its reports on railway bills to the House of Commons in chains and miles. Measures of length also vary according to material and object.

There is some complexity in stating the standard of capacity. The imperial gallon contains 277.273843570 cubic inches; and the Winchester differs from the standard bushel.

The same want of uniformity, precision and simplicity, attends the weights. The standard of weight is a pound which however, apothecaries do not adopt, and hence arose the effort of the Medical Council to introduce a change by altering the value of its lowest unit the grain. Unfortunately, avoirdupois weight commences with a fractional quantity; it requires  $437\frac{1}{2}$  grains to make an ounce; and after passing the stone which may mean 8,

14, 16, or almost any other number, we arrive at the hundred weight, of which strange to say, there are two, a long one of 120 and a short one of 112 pounds; not a light and a heavy one; the real hundred weight being only in legal use in Canada.

Mr. Hankey, M.P., states that the mere substitution of 100 pounds for the cwt., and the decimal scale of weights, would save the labour of two hundred clerks in the customs, and salaries to the amount of £10,000 a year. It would take up too much time to enumerate the names of various weights and measures in use. Sir Charles Pasley has published a list of them, the specifications of which nearly fill five octavo pages; they all differ from each other, are in daily use to the prejudice of the public, but to the advantage of the dealer, who buys in one market and sells in another. If we inquire how wheat is sold, we shall find that in some markets the imperial measure is used; in others local; and in some places it is sold by weight. It will be sufficient to state the names of some of them. There are bushels, gallons, coombs, loads, bolls, hobbets, strikes, bags, stones, etc.; not only differing from each other but amongst themselves. One example will suffice—there are twenty sorts of bushels. Not only liability to error, but injustice sometimes results; for instance, a tradesman when found guilty of selling flour by short weight, writes to the papers that he is the injured individual, and with the assistance of a secretary in London says, that the fault is occasioned through the present inaccurate state of the copies of the exchequer standards, and that there is no provision for their being tested. Her Majesty's Exchequer do not make use of the ordinary legal weights, but have obtained an Act of Parliament to divide the ounce into its decimal parts for the purpose of saving time and labour in the Bank of England, and for facilitating transactions between the Mint, the Bank and the public, thus abolishing pounds, dwts, and grains. Fifteen years ago, the Custom-House introduced into active operation a decimal system, by which the pound avoirdupois was divided into a hundred parts: so that now the public use the grain; the Mint the thousandth-part of an ounce; and the Customs the hundredth-part of a pound.

It will not be denied that the subject of the coinage is less important to the medical profession than to other classes of the community. I will, therefore, briefly refer to it. Having obtained our standard of weight through the standard of measure, we are in a position to weigh gold, but new terms meet us again. Standard gold is divided into twenty-four parts called carats, consisting of twenty-two pure and two alloy; and a pound of this is coined into forty-six sovereigns, and eighty-nine one-hundred-and-twentieth parts of another. The weight of a sovereign is 5 dwt. 3.27444967 grains.

Not one gold or silver coin weighs integers; there are fractions over in each, so that the public cannot test them by the imperial weights.

Our mode of computation follows no fixed rule. It is sometimes fractional, at others binary, quarterly, decimal, duodecimal, etc. Take for instance, the columns of £ s. d. We commence by omitting altogether the lowest coin current, the half-farthing, and divide the sum of the first column by four. Further, the next denomination has two columns, decimal in detail, and duodecimal in the aggregate; and the shillings column is decimal in detail, and vicesimal in the aggregate. This is productive of arithmetical difficulty and gives rise to an infinity of combinations in a variety of unnecessary rules, such as compound addition, subtraction, multiplication, division, reduction, fractions, etc. Thus, the artificial rule of practice has been invented to obviate lengthy calculations. It had been estimated that one twentieth of all the time given to primary education is thrown away by the present system. Some boys never learn the pence table, and those who do would be much better employed in studying the elements of geometry. Ladies have a horror of the

\* Or rather was, for the Act authorising the scientific verification of the standard has been repealed.



intricacies of arithmetic; they avoid the study of accounts and take refuge in ready reckoners. In illustration of this point, it has often been observed that the shops of haberdashers and drapers are generally served by men. Mr. Tuffnell believes the reason of this to be that it is extremely difficult to get women sufficiently versed in arithmetic, to be able to make the rapid calculations that are necessary with respect to almost every article that is sold in these shops. In France, people are served by women who calculate with facility their decimal coinage. At the University of London, many of the questions are rendered tedious by the requirement of reduction and other unnecessary processes. As an example of the artificial difficulties propounded there, take the following: What fraction of 12s 6d must be added to five-sevenths of a guinea to make a pound sterling? Such is the existing state of things, which may be termed a medley of irrelative combinations. Even printers sometimes find a difficulty in setting up fractional types; and in one of the best works on arithmetic published in Great Britain, the *Irish Treatise*, dozens of the terms of the fractions are undecipherable.

Let us now contrast with this the metrical system. Instead of falling back on fractional divisions of the pendulum, and on troy grains, a fundamental measure is obtained from the dimensions of the earth itself, by dividing the quadrant of the terrestrial meridian, from the pole to the equator, into ten million parts. This is called the meter, which, singularly enough, approximates nearer to the length of the pendulum vibrating seconds than does the yard itself, our present empirical standard. The meter or unity is subdivided into a thousand parts. The square meter is applied to land measure, the cubic to measures of capacity; for weight the gramme is used, it being the cube of the hundredth-part of a meter filled with water; and this same weight is used for the purpose of the coinage, five grammes forming the silver unit, which is divided into a hundred parts, thus completing one symmetrical, harmonious, decimal system of metrology, applicable to all countries.

To express the multiples and divisions of these units, the meter and the gramme, Greek and Latin words denominating tens, hundreds, and thousands are prefixed, rendering the system easy of comprehension; so that the scale and its names may be mastered by a boy or a woman in one lesson. Upon this point, I cannot do better than quote the eloquent description by a foreigner, John Quincy Adams.

"The theory of this nomenclature is perfectly simple and beautiful. Twelve new words, five of which denote the things and seven the numbers, include the whole system; give distinct and significant names to every weight, measure, multiple, and subdivision of the whole system; discard the worst of all the sources of error and confusion in weights and measures, the application of the same name to different things; and keep constantly present to the mind the principle of decimal arithmetic, which combines all the weights and measures, the proportion of each weight or measure, with all its multiples and divisions, and the chain of uniformity which connects together the profoundest researches of science with the most accomplished labours of art, and the daily occupations and wants of domestic life in all classes and conditions of society."

The metrical units are of convenient size, easy for calculation, and are near the value of some of those now employed. The meter is about a tenth more than a yard, the gramme about four grains and a half less than a scruple, and the franc about two pence less than a shilling. Let us examine the attributes of the latter. It corresponds to ten pence of our money. Two names only are required in describing it, the unit and its cent. The alloy with which it is combined is in the proportion of one-tenth; its weight is five grammes; all its multiples are multiples of weights, so that a man carries his

weights in his pocket; nay more, the modulus of the coin is a fixed metrical length, and a portion of the system. Thus twenty coins of French money (one franc) and nineteen of two francs form a meter; but none of the diameters of gold, silver, and copper pieces are the same. The new bronze coins are peculiarly convenient for measuring. They each weigh the same number of grammes as they represent centimes, and their diameters represent fifteen, twenty-five, and thirty millimeters.

The conversion of our own moneys into these would be a simple proceeding. Ten new farthings would be a penny, ten pennies a shilling, ten shillings the new golden unit.

The metrical system is adopted in France, Switzerland, Belgium, and Sardinia. It was decreed by the new government of the Æmilian provinces soon after their liberation, and subsequently in Naples. It came into force in Mexico on the 1st of January, 1862, with no other modifications than those required by the peculiar circumstances of the country; and I believe that a law has been passed for its introduction into Spain. The Germanic confederation has borrowed from it their unit of weight; and one of the last steamers from Rio de Janeiro brought an account of an imperial decree sanctioning the law voted by the two chambers, bringing into operation the metrical system throughout the whole extent of the empire of Brazil. Ten years are allotted to allow of its becoming successively obligatory in the different portions of the country. Some nations have adopted a decimal scale of money other than the metrical, as in America, dollars and cents; in the Netherlands, guilders and cents; in Greece, drachmai and lepta; in Russia, rubles and copecks. These are not mutually convertible, and the Americans are now making efforts to assimilate their dollar with the five-franc piece. No great inconvenience has been felt in carrying out changes from the non-decimal scale—changes that were necessitated by the confusion existing, and the losses occasioned where numerous and complicated denominations were in vogue.

Let me enumerate some of the more striking advantages of the decimal scale considered *per se*. It is in accordance with the Arabic system of notation; decimals can be worked in all respects as whole numbers; it is in use amongst many millions of people; and Providence has furnished us with ten fingers as natural units of computation.

To these add the advantages of the metrical tables, and I think you will agree that the subject is deserving of more attention than it has received at the hands of the Committee of the *Pharmacopœia*. It has been stated on high authority, that the advance upon the old system is as great as that of the Copernican over the Ptolemaic. Those who may not consider it of this importance, will at least agree with me that it is as far superior to the old Roman reckoning as the fifty-seven codes are to the pandects of Justinian.

The alleged disadvantages are, that a great inconvenience would attend the change; but, as this is the necessary accompaniment of all improvements, I will not attempt to refute it. A more valid objection is, that you cannot divide decimals into thirds, and that on this account duodecimals are preferable. But how is this supposed advantage obtained? By taking two new factors and four more figures into account! Twelve can be divided by six, four, three, two, and one. Ten can be divided by five, two, and one. If twelve has gained by the addition of two new factors, it does not possess the power of being divided by five, and is exactly in the same position as ten in not being divisible by six figures." To put this question in a practical point of view, I would ask whether any gentleman here present ever found any serious inconvenience from the fact that he cannot divide his ten fingers into three equal parts; nay, is there not a disadvantage in indefinite binary divisions,



is tending to destroy the unit? The Americans in practice very inconsistently divide their dollar into halves, quarters, eighths, and sixteenths, which gave one clever Yankee the opportunity of making seventeen bits instead of sixteen out of his dollar.

The College of Physicians has done good service to the community, by protesting officially against the plan of the Medical Council; and the British Medical Association goes still further, and asks for the adoption of the metric system, which is more than it is likely to obtain. The natural solution of the difficulty appears to me to be this—carry out the programme of the Statistical Congress by publishing calculations for medical purposes in the old special weights and measures, in conjunction with an additional column expressing the relative weights of the metrical. Indeed, during the preparation of this paper, the report of the Select Committee of the House of Commons has advised that this plan shall be rendered legal. I therefore recommend this Society to urge that the *Pharmacopæia* scheme be abandoned; that the present weights and measures be retained as less inconvenient than many others that have been suggested; and that, once for all, a calculation be made of their equipoises and equivalents in the metrical system, and placed in juxtaposition throughout the new *British Pharmacopæia*. The members of the profession will then become familiar with the use of both, and able to decide by experience on the merits of each, and thus be better prepared to advise the legislature, when the time shall arrive, for a general remodelling of our present incongruous system.

NOTE. In this article I have made reference only to the summary of the conclusions arrived at by the Committee of the House of Commons on Weights and Measures, as published in the daily papers; the Blue Book itself, with the details, not having yet reached me.

**VENETIAN WATER CISTERNS.** The city of Venice is wholly supplied with rain water, which is retained in cisterns. The city occupies an area of about 13000 acres. The annual average fall of rain is 31 inches, the greater part of which is collected in 2077 cisterns, 177 of which are public. The rain is sufficiently abundant to fill the cisterns five times in the course of the year, so that the distribution of water is at the rate of 312 gallons per head. To construct a cistern after the Venetian fashion, a large hole is dug in the ground to the depth of about nine feet. The sides of the excavation are supported by a framework made of good oak timber, and the cistern has thus the appearance of a square truncated pyramid with the wider base turned upward. A coating of pure and compact clay, one foot thick, is now applied on the wooden frame with great care; this opposes an invincible obstacle to the progress of the roots of any plants growing in the vicinity, and also to the pressure of the water in contact with it. No crevices are left which might allow the air to penetrate. This preliminary work being done, a large circular stone, partly hollowed out like the bottom of a kettle, is deposited in pyramid with the cavity upward: and on this foundation a cylinder of well-baked bricks is constructed, having no interstices whatever, except a number of conical holes in the bottom row. The large vacant space remaining between the sides of the pyramid and cylinder, is filled with well-scoured sea sand. At the four corners of the pyramid, they place a kind of stone trough covered with a stone lid pierced with holes. These troughs communicate with each other by means of a small rill made of bricks, and resting on the sand; and the whole is then paved over. The rain water coming from the roofs of the buildings runs into the troughs, penetrates into the sand through the rills, and is thus filtered into the well hole by the conical holes already described. The water thus supplied is limpid, sweet, and cool. (*Scientific American.*)

## Transactions of Branches.

### EAST YORK AND NORTH LINCOLN BRANCH.

#### ON THE GENERAL DISUSE OF VENESECTION IN THE TREATMENT OF ACUTE DISEASES.

By ROBERT HARDEY, Esq., Hull.

[Read May 22nd, 1862.]

OF late years, this question has frequently presented itself to my mind, How has it come to pass that I and my professional brethren generally have nearly repudiated those systemic and general bleedings which, twenty-five or thirty years ago, we found so potent in the cure of a variety of maladies, and more especially in the treatment of acute disease. My cogitations on this subject have been, I confess, unsatisfactory; nor have I, as yet, arrived at any very definite conclusions with reference thereto.

During the last autumn, my interest in this question was again revived by conversations held with my esteemed friends, Dr. Sandwith of Beverley and Dr. Cross of Scarborough, both of whom I found still continued the practice of venesection.

These conversations, with the non-solution of my own doubts, have led to the production of the present paper, in which I am desirous, by opening up a subject which in itself is of deep interest, to lead to a discussion of its varied practical aspects, and perchance to some useful suggestions for our future guidance.

For the maintenance of sound health in the individual, or in communities at large, there are certain conditions which are generally esteemed essential. The most important of these are a sufficient supply of pure air, an adequate amount of wholesome food and pure water, temperate and cleanly habits, and dwellings situated in a healthy locality, with effective drainage.\*

The conjoint operation of these agents on the body is the creation of a healthy blood, which, circulating through the system, is supplying to the different organs suitable materials for the normal discharge of their varied functions; and *health* is the result. The absence of these, or of some of them, necessarily leads to a vitiated condition of the blood, and, by consequence, to a lowered state of the systemic powers.

To myself, therefore, it seems certain that, ere we can arrive at satisfactory conclusions as to our disuse of venesection, we must first inquire whether these ordinary conditions or essentials to health, are in as vigorous operation now as when we depleted so heroically. This I propose doing in a brief way. Let us then inquire:

1. Has the surrounding atmosphere deteriorated in any of its appreciable or essential characters since 1825 or 1830? If I take up two works in which the atmosphere is treated of (say one dated 1833, and another 1860), I find named therein the same essential constituents composing it, and in precisely the same proportions; viz., in 100 cubic inches, oxygen, 20 parts; azote or nitrogen, 80; with a small amount of carbonic acid gas (say 1 to 1.25 parts in the 100); and vapour of water in a variable amount, and subject to laws of its own; its average proportion being about 1.5 per cent. of the whole weight.

It is a remarkable fact that the proportions of oxygen and nitrogen do not sensibly vary, either through the whole surface of the globe, or the heights of the surrounding atmosphere. This was demonstrated by M.

\* In addition to these essentials, the following are most important auxiliaries; viz., mental sanity and quietude, healthy out-door exercise, a sufficiency of good clothing, etc.



Guy Lussac on air brought from a height of 22,000 feet above the level of the sea. We know further that, whether air be analysed in the city of London, or in a remote country village, the result is the same, as it respects the great essentials of the atmosphere. The probability, indeed, is, that the constitution of the atmosphere has remained unaltered from the creation of man, or, at least, since the great Noachic deluge. We can draw no valid conclusions, therefore, against systemic bleedings, from a deteriorated condition of the appreciable qualities of the surrounding atmosphere. Of certain inappreciable conditions of the atmosphere I shall have to speak ere long.

2. Do we find in the food, drinks, or general habits of the community, such an alteration for the worse, as to justify our non-bleeding practice? It will, I think, be admitted that our daily food is of equally good quality as formerly; our diet is more animal, therefore more nutritious; whilst excessive eating is happily less common than formerly. Our farm-servants and labourers are as capable of hard and continuous toil as heretofore; and our milkmaids equally vigorous and blooming. Of our town labourers and artisans, I think we may safely affirm the same, so far as their health and capability of endurance are concerned. On the whole, our poor, as a class, are decidedly better fed and clothed than formerly, and are, therefore, less subject to the influence of ordinary depressing agents, and especially of the malign influence of sudden and extreme atmospheric changes.

Of drinks, I fear we cannot give quite so favourable an estimate. Hard drinking is happily less common than it was thirty years ago, more especially in respectable society; I nevertheless suspect that, in proportion to numbers, more individuals (both male and female) are now found damaging their health by the imbibition of alcoholic drinks, than a quarter of a century ago;\* and our individual experience proves to us, that these characters will not bear depleting nearly so well as those who are strictly temperate.

As to the general habits of society, and of the humbler classes in particular, large experience has convinced me that they are more conducive to health than formerly; they are more in the open air, more cleanly in their persons and dress, and also in their habitations, courts, and alleys, than they were thirty years past; all which circumstances are highly promotive of sound health.

The same may be said also of watering places, inland resorts of health, trips to the continent, etc., which seem to have become a sort of necessity to the upper and middle classes of the community.

3. Have our sanitary or hygienic conditions deteriorated, either in the country, or in large towns and cities? I think that he who should make an affirmative reply to this question, would find his position a very difficult one to prove; whilst I assume it will not be at all difficult to establish the contrary.

If we look into the country, we find a more effectual drainage than there was a quarter of a century ago; stagnant pools are more frequently cleansed, and disgusting dunghills and pigstyes further removed from the doors of the labouring poor; all essential aids to health.

In towns and cities, much has been effected of late years by the removal of a variety of agents most detrimental to health; such are impure air and water; putrid cesspools and drains (or the more frequent cleansing of the same); also, the less frequent eating unwholesome food, fish, etc. The avoidance or removal of these prolific causes of disease by Boards of Health, aided by Towns Building Acts, and the healthful stimulus of inspectors of nuisances, has recently done much to improve the general health in large communities. I cannot

admit, therefore, that an increasingly neglected hygiene is an operating cause for non-bleeding.

4. Is the blood now circulating in our arteries and veins altered or reduced in any of its essential properties? My own experience on this point leads me to observe, that I have discovered no alteration in the physical qualities of blood drawn from the arm of late years, from that of twenty or thirty years past. In acute inflammation, it has still the same tough, buffed, and cupped coat, and there apparently exists the same proportion of serum and crassamentum. Nor do I find my patients earlier affected by its extraction than heretofore.

Further, if we examine works written full thirty years ago, and others but recently, we shall find in them all a substantial agreement on the relative proportions of the constituents of healthy blood. Of course, recent analyses have discovered a few additional constituents, in minute proportions (chiefly salts and fats); but these do not at all affect the chief elements of the blood.\* The question before us then, cannot, I think, receive its solution from any appreciable deterioration in the essential qualities of the blood.

5. Do we then find the reason in the altered character of disease, conjoined with our improved practice for its removal? This question is, doubtless, a very important one; and, as it resolves itself into a matter of personal observation and experience, will be answered differently as these may have happened to teach us. I have before remarked that I have discovered no appreciable difference in the qualities of inflamed blood recently drawn, from blood formerly extracted; yet, I am bound also to say, that the cases requiring venesection are not recurring nearly so often, as when I first entered into practice; nor do I find people coming to the surgery of their own accord to be bled, as was very commonly the case twenty-five or thirty years ago.

The advocates for large systemic bleedings maintain that acute diseases require the same prompt treatment by depletion as formerly; whilst an equally large or even larger number contend that general bleedings are seldom if ever required; and some gentlemen there are who do not even carry a lancet.†

That the enlarged knowledge and experience of the present day have led to greatly improved practice (and more especially in the treatment of acute visceral diseases) must be unhesitatingly allowed. I deny, however, that this forms a valid reason why a remedy of such acknowledged potency as venesection should be nearly repudiated in practice, as now we find it to be. I admit that people generally might not bear the large and repeated bleedings of 1800 or 1820; but I nevertheless feel assured that the well-timed use of systemic bleedings is one of the best remedies we possess in the early treatment of acute disease.

6. There is yet one more question which we may ask in reference to the subject before us; viz., Is it probable that disease, in its varied characters, is influenced or

\* ANALYSIS OF BLOOD. From Dr. Tanner's *Practice of Medicine*, 1861, we have the following as the composition of healthy blood in 1000 parts.

Water (oxygen, carbonic acid, and nitrogen, dissolved in the fluid) .....	784
Blood-cells and hematine, constituting the red corpuscles	131
Fibrine (1.2 coagulable lymph or gluten).....	2.2
Albumen .....	70
Salts (phosphates of soda, lime, magnesia, and iron; sulphate of potash; chlorides of sodium and potassium; silica) .....	6
Fats (marquine; oleine; seroline; cholesterine; phosphuretted fats).....	1.3
Extractive matters (unknown substances), with traces of urea, uric acid, creatine, etc. ....	5.5

N.B. The average quantity of blood in an adult is twenty-four pounds; of iron, nearly three ounces, or about one three-hundredth part of the whole.

† I was lately consulted by one practising in Hull, on a case under his treatment; I recommended a bleeding from the arm. He looked rather alarmed, and confessed that he had never yet bled a single person, and therefore excused himself from bleeding now!

\* This remark has special reference to large towns and cities, where visits to the dram-shop have become lamentably common.



modified by fixed or cyclical periods, as seasons and years are commonly supposed to be? In such probability, I candidly confess my belief. Should these cycles really exist, may we not reasonably look forward to a period (perhaps near at hand) when a more sthenic character will be again assumed by diseases generally, and the good old times for heroic bleeding once more be in the ascendant?

I have already stated that, in the past and present constituents of the atmosphere, there are found no appreciable differences. But are we not exposed frequently to atmospheric elements or admixtures which, potent for evil, are nevertheless inappreciable? Who, for instance, would predicate, from his examination of a given amount of atmospheric air, that it did or did not contain within it the virulent poisons of small-pox, measles, or scarlatina?\* and, if so, why should not a variety of other poisonous or depressing admixtures, of a more diffusive and permanent nature, be found floating in our atmosphere, and which are equally inappreciable with those before mentioned? I confess to have long entertained this opinion; and further, that since the first invasion of this country by the Asiatic cholera in 1832, a lowered atmospheric condition has been the result, and, if so, may to some extent account for our non-bleeding practices, as these, be it observed, have only crept over us since the visitation just alluded to.

Supposing, however, this supposition should be admitted as having some probability in it, have we not in practice passed from one extreme to the other? Avoiding Scylla, have we not encountered Charybdis, by becoming unreasonably alarmed at the use of the lancet, to the injury, it may be, of some of our patients?

In my own practice, I still find the most marked benefits accruing from general depletion in cases of puerperal convulsions, in the early stages of acute visceral disease, and in the stage of reaction after severe injuries, usually of a congestive character. And I may be allowed further to remark that Nature, by large spontaneous bleedings, frequently relieves herself from the greatest perils; as by epistaxis in threatened apoplexy; by hæmatemesis in cases of gastritis, etc.

In the opinion that blood-letting is of the greatest importance in the early treatment of acute diseases, and of congestions of vital organs, I am happy to find myself sustained by both physicians and surgeons of the highest reputation. For instance, Dr. Watson, in the last edition of his *Practice of Medicine* (1857), speaks very decidedly on the value of venesection in the early stages of acute disease. He says (vol. i, fol. 221), "of all the direct remedies for inflammation, bleeding or blood-letting as it is called, is by much the most powerful and important; it acts beneficially by lessening the supply to the inflamed organ, as well as by abating the force with which the blood reaches it." He observes further, "a hard resisting pulse in inflammations, is that which more frequently decides us to bleed than any other symptom; frequency of pulse is very subordinate to its hardness or softness, in our deciding on bleeding or otherwise": adding, "the disappearance of hardness in the pulse is a proof we have carried venesection far enough." "The more vital the inflamed organ, the greater the necessity for bleeding." He then observes: "The period or stage of disease forms the most important element relative to bleeding; it is at its very outset that venesection is the *summum remedium* in inflammation, before there is any great amount of exudation, or any serious disorganisation of structure"; adding, "in no case within the range of medical practice is the maxim *principiis obsta* more imperative."—"Carried too far, it robs the blood of its nutrient and plastic materials; and this state is marked

by great weakness and irritability of the nervous system."

In the *Lancet* of December 28th, 1861, there is a letter from Mr. Marshall of Clapham Road, London, giving an account of a discussion on blood-letting at the Hunterian Medical Society. He says: "Mr. Solly set the ball rolling, and spoke in favour of the practice; illustrating his remarks by cases in his own practice and that of others, in which venesection had produced the most palpable benefits, that could not be controverted. Then followed on the same side, Dr. Billing, Mr. Curling, Dr. Bennett, Dr. Little, Mr. John Adams, and others (all first class men), all agreeing that the lancet and leeches were most valuable remedies, and could not be dispensed with, without serious detriment, in many cases of severe congestion, or in the first stage of acute inflammation." Mr. Marshall states these views agree entirely with his own experience of forty years in Lambeth. He further illustrates the excellent effects of bleeding "in treating twenty-seven cases of sporadic puerperal peritonitis, all of the most formidable character. Twenty-three perfectly recovered, and four died. All (except one who died) were bled nearly to syncope (from twelve to sixteen ounces), most but once, several twice to a small extent, but all of them within two hours after the rigor." His after-treatment consisted of the giving opium nearly to narcotising, opening of the bowels by an injection of gruel with spirits of turpentine, after the fourth or fifth day of treatment, but not earlier; and external potent irritation over the whole abdomen.

In the second edition of Dr. Tunstall's work on the *Bath Waters*, when speaking of the treatment of acute rheumatism, with its after effects, the author observes: "It is not a little singular, that the medical attendants of the Bath Hospital can point out at first sight the cases in which venesection has been employed, and those in which it has not. The distinctive characters are well marked in the severe distortions which are left by the soothing treatment, the worst cases admitted being those in which the disease has been treated in its acute stage with opiates and colchicum too long continued." (Fol. 117-18.)

In Mr. Bryant's recent work on *Clinical Surgery*, he speaks in the highest terms of venesection in cases of severe injury to the thoracic viscera, where the congestive symptoms are urgent after reaction has taken place; and urges its repetition if the alarming symptoms (breathlessness and sense of suffocation) recur. These views he illustrates from some very striking cases in Guy's Hospital.

Dr. Sandwith of Beverley related to me the remarkable success which had attended his treatment of the Irish paupers who came into the Beverley Union, after the great famine in Ireland. They were nearly all attacked with fever early after their arrival, or already had it: they were all bled moderately, and all recovered. In other unions, where treated by stimulants, nearly all died.

Another friend, Dr. Cross of Scarborough, assures me he continues to bleed in a variety of cases. Take the following as an illustration. An elderly man from Flamborough (upwards of 60 years of age) sought his advice. He was stoutly built and plethoric, suffering from heart-disease and dropsy of the chest. He had previously consulted several medical men, who had failed to relieve him. Dr. Cross wished to bleed him. He refused, saying all the others had told him that bleeding would kill him. The doctor refused his attendance unless he complied. The next day he assented, and a full pint was drawn. The man, now drawing a deep inspiration, exclaimed, "Go on, doctor, I am better!" A second pint was taken, and the vein closed, in opposition to the old man's views, who declared he was "half cured". After tying up the vein, Dr. Cross asked him if he felt faint; on which he squared his arms, and laughing, told the

\* We might add to these the poisons of marsh malaria, of typhus or typhoid fever, influenza, diphtheria, etc.



doctor "he was quite his man yet!" The thoracic dropsy quickly subsided; the heart was greatly relieved; and in a short time he returned home "a new man".

Dr. Cross had also treated recently a case of pulmonary apoplexy by large bleeding, with the greatest success.

MEMORANDUM. Should any present be disposed to try venesection as an experiment, the following particulars may be of some interest.

1. Inflammations of serous membranes call for bolder blood-letting than those of mucous membranes.

2. Inflammations of shut sacs (say of peritoneum and pleura), as they are the most dangerous, so do they call for more prompt measures than those which have outlets (say of lungs and intestines).

3. Middle-aged and well fed people bear active depletion best; old people, young children, and the ill fed bear venesection ill.

4. People of intemperate habits are not benefited by venesection, but usually *vice versa*.

5. A full resisting pulse, and also one which, if not full, is yet wiry and resisting, are the best indications for bleeding: rapidity simply in the pulse is no criterion to judge by.

6. If in the blood drawn, the crassamentum is in excess, cleaving to the sides of the basin; or, being in excess, is tough and cupped, it is an indication for further bleeding. Should the crassamentum be flat (though buffed), tender, and of but ordinary amount, no further bleeding is indicated.

7. If a quick effect is desired, at small loss to the patient, place him in the erect posture, and bleed *pleno rivo*; but, if you wish a large bleeding, make a small orifice, and go on nearly to syncope.

8. Let the lancet's use be restricted to the early stages of inflammatory and congestive diseases, or more harm than good may be the result.

## LANCASHIRE AND CHESHIRE BRANCH.

### THE OPERATION FOR ARTIFICIAL PUPIL: ITS HISTORY AND PRESENT STATE.

By THOMAS WINDSOR, Esq., Manchester.

[Read June 25th, 1862.]

My object in the following short communication is to lay before you a succinct, yet, as I hope, a sufficiently clear account of some important modifications which have been made in this operation during the last few years, both as to the indications for its employment, and in regard to its mere manual performance. To appreciate these changes, however, at their true value, it will be necessary for us to bear distinctly in mind the state in which ophthalmic practice was at the time when they were first introduced; perhaps, the simplest plan will be for me rapidly to enumerate the principal successive improvements which have been hitherto introduced; at the same time, I must remark, for fear my meaning might be mistaken, that I shall make no attempt whatever to be complete; but, passing over all minor matters, shall limit myself to noting those points only which appear to me of considerable importance.

In this history, two great periods may be most clearly distinguished; an earlier one, during which the operation was employed solely for the purpose of making an aperture, through which the rays of light could penetrate to the retina; and a second period, dating from the time when its use was extended to many other cases, of which glaucoma is, perhaps, the best known example, and in which the normal pupil was perfectly free, and where, of course, light could pass freely to the retina.

Although an operation for cataract had been in general use since the time of Celsus; although iritis and closed pupil, its frequent result, must have been tolerably common at every period; although opacities of the cornea, owing to the imperfect methods of treatment in ordinary

use, must have been far more common than at the present time; no attempt appears ever to have been made to form an artificial pupil, till Cheselden, with happy audacity, cut freely through the iris, and thus established one method of performing this operation, that by simple division. In the *Philosophical Transactions* for 1728, there appeared a brief account of this operation on two patients, in both of whom the pupil had closed after couching for cataract. Cheselden seems afterwards to have had other cases; for, at a later period, he remarks, in his *Anatomy*, that he had performed this operation several times with good success. His method appears to have been always that of simple division of the iris, though he, probably, slightly modified, at different times, the manner in which he effected it. His success excited great attention, and his example was soon followed throughout Europe, with, for the most part, unsatisfactory results; for, in the great mass of cases, the aperture thus formed soon closed again. Another and important objection to this method will always be, that whenever the lens remains behind the iris, it must be wounded, a traumatic cataract being produced, and the case too often ending in atrophy of the globe from iritis and choroidal disease.

About fifty years later, another method, which has since become known as iridectomy, was introduced by Wenzel, sen. He endeavoured to prevent the reclosure of the artificial pupil by removing a portion of the iris, and, with this view, made a section of the cornea as in extraction of cataract, at the same time, however, passing the knife deeper into the eye, so as to form a small flap of the iris; he then introduced the scissors beneath the cornea, and excised the piece of iris within the eye; the lens was necessarily wounded, and he recommended the operation to be terminated by its extraction. This mode of forming a foramen in the iris was still further improved in 1796 by Beer, who made, close to the margin of the cornea, a much smaller incision, and unless the iris spontaneously prolapsed, drew it out of the eye with a small hook or fine forceps, before removing it with the scissors; and again by Benedict, in 1810, who recommended, when only a small portion of the cornea remained transparent, to make the first incision through the margin of the sclerotic. Thus, the operation of iridectomy was rendered almost perfect; for, by diminishing the size of the wound, the danger of suppurative inflammation was materially lessened; by drawing out the iris before employing the scissors, the lens was avoided; and, lastly, by making the wound in the sclerotic, any increase of corneal opacity was prevented, the pupil could be enlarged to the extreme margin of the cornea, and, as I believe, the iris was much more readily seized with the forceps.

A third way of forming an aperture was also discovered towards the beginning of the present century by Schmidt and Scarpa, who were both led, by watching cases of spontaneous separation of the iris from its ciliary attachment, to attempt the formation of an artificial pupil in a somewhat similar manner. This method, under the title of iridodialysis, had a great number of minor variations in the method of performing it, and was freely practised for some time; it is now almost entirely abandoned. It was found to be both difficult and dangerous. The pupil so formed was much inclined to diminish in size; and the vision, even in successful cases, was generally very imperfect.

Although the method by excision had, as we have just seen, been brought almost to perfection, its value seems to have been appreciated by very few practitioners. At all events, the ordinary results of operations for artificial pupil were most unsatisfactory, as may be learnt from the following passage by Sichel, which is well worth a moment's attention. In his large work (*Iconographie Ophthalmologique*, Paris, 1852-9, p. 44), he says:—"The operation for artificial pupil was regarded in



France, only twenty years ago, as extremely difficult, rarely successful, and then rather by chance than from the method of its performance. In fact, at that time, the number of cases in which it had succeeded was extremely small."

In support of this statement, he quotes a passage written in 1834 by Rognetta, to the following effect:—"Five times I assisted Forlenze at Paris in operations for artificial pupil by excision. Four times I saw M. Roux perform the same operation; twice I was present at the formation of a new pupil, which M. Dupuytren executed with his accustomed skill, by separating a portion of the iris from the ciliary ligament (coredialisis); thrice, finally, I saw M. Sanson very skilfully employ the same method; but, alas! it must be told, of the fourteen individuals operated on in my presence for artificial pupil, the operation only once was successful."

Sichel adds, that he himself saw the latter case, and that this patient also became totally blind soon after his discharge from the hospital. Thus, there were fourteen failures in fourteen cases. I think it may safely be affirmed, that the results in this country were by no means so bad as in France; yet there can be doubt that, in the hands of most English practitioners, they were far from satisfactory, and even in those of the best men, were very inferior to what they would be now.

Tyrrell, in his work on *Diseases of the Eye*, which was published in 1840, recommended iridectomy to be performed in certain cases by making a very small incision, a mere puncture in fact, seizing the pupillary margin, drawing it out of the eye, and then excising it with the scissors. This method he himself strongly recommended, and appears to have used with great success; and, even now, I believe it the best operation in some cases; it may be considered to form the last of the more important discoveries made during the first period.

In short, we may say that the results of this long period of more than a hundred years were somewhat to the following effect. During it, three great methods, division, excision, and separation of the iris were discovered; and almost innumerable modifications of these great methods were proposed, a few of which have proved of value. The operation was performed only with the view of allowing the passage of light to the retina, and was supposed to be contraindicated by a healthy condition of the other eye; in practice, the results were very often unsatisfactory.

Before passing to the second and brighter period, I must just mention a valuable paper which was published by Mr. Bowman in the *Medical Times and Gazette* (1852, vol. i, pp. 11, 33), in which he laid great stress on the size of the artificial pupil, strongly recommending it to be made small, and in as central a position as possible. I must also add that about the same time practitioners were rapidly becoming habituated to the use of two means, without which the operation would scarcely have arrived at its present high perfection; I mean chloroform and the use of forceps to steady the globe.

One of the first changes in the second period was the employment of the operation in the very large class of cases, in which the patient can see perfectly with one eye, the other being more or less diseased. So long as the ultimate result of the operation remained very uncertain, no one would, of course, recommend its adoption, provided the patient's other eye was sound. When, however, better methods of operating had become more generally known, and success could reasonably be expected, many surgeons began to operate, also, in cases where the vision was perfect on the other side. Thus, Professor A. Von Gräfe, who had adopted iridectomy in all cases, as the only means of making artificial pupils with certainty, utterly rejecting division of the iris, or separation of it from its ciliary attachments, had, before 1856, performed it in more than 300 cases of blindness limited to one eye, the other being sound. The ques-

tion may be considered as settled since the time when he published his paper (*Archiv f. Ophth.*, b. II, abth. 2, s. 193; and *Med. Times and Gaz.*, 1857, vol. II, p. 267), in which he showed, by an analysis of these cases, that in some persons there resulted binocular vision with its many important advantages, such as the accurate estimation of distance; that in the less successful cases, the appearance of the patient was improved, and the field of vision enlarged; that even if squint or double-vision occurred, they were quite amenable to treatment; in short, that it was always advisable to operate on the blind eye, the other being healthy, provided the artificial pupil could be made in a tolerably central position.

In the very next paper in the same journal, we meet with the celebrated article, in which Gräfe recommended iridectomy in a great number of diseases, with an entirely different object from the one of allowing light to pass to the retina; and this essay was soon followed by two others, published in 1857 and 1858, respectively, in which he still further extended its applications. As translations of these papers have been published by the New Sydenham Society, it would be quite superfluous for me to do more than rapidly to enumerate the cases for which Gräfe recommended this operation. Instead of taking them in the order in which they are mentioned in those papers, it will be better, I think, to classify them under four heads: 1. As a prophylactic, to prevent future attacks of iritis, or the extension of iritic disease to the choroid; to avoid the evil effects of the pressure of a swollen lens, either after cataract operations or in accidents; in certain cases, to prevent sympathetic disease of the other eye. 2. To relieve inflammation, or even only violent pain, as in some cases of choroidal inflammation, in iritis resisting other treatment, in corneitis when there is extensive ulceration, in sympathetic disease of a previously sound eye. 3. To diminish in some cases the intraocular pressure, as in glaucoma, staphyloma, etc. 4. As the best means of removing small foreign bodies impacted in the iris.

We now come to the last and not least important modification of the operation. In some respects, it much resembles the method of Mr. Tyrrell, which, as already mentioned, differed from the older plan of performing iridectomy, by the very small size of the aperture made into the eye, a mere puncture and not incision, and by his use of a blunt hook. It was liable, however, to one objection, that if the small piece of iris were cut off, the pupil often became rather too large, when the anterior chamber refilled; if it were not cut off, then it was, at the same period, liable to retract, and thus the operation to fail entirely.

Mr. Critchett (Iriddesis; or the Formation of Artificial Pupil by Tying the Iris, *Ophth. Hosp. Rep.*, vol. i, p. 220, vol. II, p. 145), in 1858, made a valuable change; instead of cutting off the little nodule of prolapsed iris, or simply leaving it in the wound, he tied tightly a silk thread round its base, thus preventing its return into the eye; he found that in the course of a couple of days, the nodule sloughed off, and the iris was firmly fixed by adhesion at the same point. He termed his modification "iriddesis"; in Germany it has been called "iridodesis." The pupil thus obtained, in many cases dilates and contracts freely; and on this circumstance, Mr. Critchett laid great weight. I am not, however, myself, inclined to attribute the excellent results, which undoubtedly occur in many cases of this operation, so much to this condition, as to the small size of the artificial pupil. In many cases we find that patients see infinitely better through a narrow, slit-shaped opening, than through a broad aperture. There is no doubt, however, that the power of the pupil to spontaneously change in size according to the intensity of the light is of some importance, because there would thus be less dazzling in an intense illumination and better sight in the shade, than would be the case if the pupil were immovable. This



mode of ligaturing the iris is specially adapted for use in corneal opacities, and in some stationary cataracts, such as the zonular form which is not uncommon in young people; it may occasionally be used also in occluded pupil, provided the iris is tolerably healthy, and that it does not bulge forwards. Mr. Bowman ("On Conical Cornea and its Treatment by Operation," in the *Ophth. Hosp. Rep.*, vol. II, p. 154) has applied it very happily to the treatment of conical cornea, a disease which, as all know, is generally little benefited by the tonics, etc., recommended in former times. In some cases of the same disease, Mr. Tyrrell long since employed, with good results, his way of forming an artificial pupil; yet, on the whole, the same operation in the hands of other surgeons gave scarcely satisfactory results; owing to the liability of the iris to recede from the puncture, the freshly formed pupil sometimes became large and irregular, and the vision even worse than before. Now, however, that we have the means of making a small aperture, or even a mere slit, with certainty, there need be no hesitation in operating in conical cornea, provided such a proceeding be otherwise indicated. The ultimate effect of this treatment is often very gratifying; as, for example, in a case which I shall have the pleasure of presenting to you, and in respect to which, I may mention that, whereas before the operation she could make out with some difficulty only No. 19 of Jäger's specimens of print with the left eye, she can now make out No. 12; with the right eye she could read No. 9; she can now manage No. 2; formerly she could recognise persons only close at hand; she can now distinguish them at the distance of thirty to forty feet.

I shall not take up your time any longer by discussing at length the various points just mentioned, as sufficiently detailed accounts are accessible to all. I shall only add that my own impression is that there are three ways of forming an artificial pupil, which are really useful in practice: *Iridectomy by incision* (2-4 lines), indicated in all cases where the operation is employed, as a prophylactic, to diminish the intraocular pressure, or to check inflammatory disease; *Iridectomy by puncture*, indicated in some cases of closed pupil, where the iris is tolerably healthy, and the deeper parts of the eye probably normal; *Iridesis*, or ligature of the iris, indicated in most cases of opacity of the cornea and of conical cornea, and in some cases of cataract.

Thus we see that, whilst this operation has been recently applied to a largely increased number of diseases, the methods of performing it have become fewer, and the indications for each method better defined.

We may sum up the results of the second period, the present state indeed, by saying that this operation should be performed, not only to allow the passage of light; but also in numerous cases to prevent or check various affections of the interior of the eye; that it is indicated in many cases where the other eye is healthy; that its results as to vision may be frequently predicted beforehand; and, lastly, that, in the immense majority of cases, it may be performed with almost absolute certainty.

**BIRMINGHAM CHARITABLE INSTITUTIONS.** At Birmingham on Sunday the annual collection was made at all the churches and chapels in that town, in aid of the local charitable institutions. This year it is the turn of the General Hospital; a powerful general appeal had been a few days previously made by Dr. Miller, the rector of St. Martin's; and, notwithstanding the fact of the Lancashire relief subscription going on, the amount raised, as returned up to the present time, is £2,500.

**BUST OF THE LATE PRINCE CONSORT.** The College of Surgeons in Ireland have received a marble bust of the late Prince Consort from the studio of Mr. Theed. It is copied from one in the possession of Her Majesty.

## Reviews and Notices.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL, in Treatises by Various Authors. Edited by T. HOLMES, M.A. Cantab., Assistant-Surgeon to St. George's Hospital, and Surgeon to the Hospital for Sick Children. In Four Volumes. Volume the Third. Pp. 916. London: 1862.

[Concluded from page 445.]

THE next division of this work contains an account of the Diseases of the Organs of Locomotion and Innervation. Mr. Tatum contributes an article on Diseases of the Muscular System, including the Tendons and Bursæ Mucosæ; Dr. Little, one on Orthopædic Surgery; Mr. Holmes, on Diseases of the Bones; Mr. Athol Johnson, on Diseases of the Joints; Mr. Holmes, on Excision of Bones and Joints; Mr. Shaw, on Diseases of the Spine; and Dr. Brown-Séquard, on Diseases of the Nerves.

In the article on Orthopædic Surgery, Dr. Little treats ably of the etiology of deformities. He ascribes the contraction in most congenital deformities to "a preternaturally excitable or spasmodic condition of the muscular fibres of the shortened muscles"; a condition which may be so obstinate as to interfere materially with the success of mechanical treatment. How this abnormal contractile state within the uterus is brought about, is perhaps explained by certain cases of non-congenital talipes. In these, before secondary structural change has set in, we sometimes observe that, when the patient is seated, the ankle can be voluntarily bent. Again, the deformity is often removable in infants during sleep or in yawning and stretching the limbs. Hence Dr. Little comes to the following conclusion regarding congenital deformities:—

"It seems as if in congenital club-foot and analogous distortions a stimulus or irritant were present in the medulla spinalis, acting upon certain ganglionic cells there, which keeps the affected muscle in a state of tonic contraction, yet not sufficient to neutralise the stimulus of the will within the limits of movement permitted by the structural shortening of the member. Many non-congenital spastic contractions appear allied to the condition which prevails in some states of chorea; in which, when the will would permit or cause contraction or relaxation of a particular muscle, an involuntary power of exciting contraction interferes and frustrates the voluntary effort. In more intense spasmodic contractions the will is entirely overpowered before structural shortening supervenes to effect the same end."

Congenital club-foot is sometimes asserted to be dependent on pressure exerted within the uterus. This hypothesis is examined by Dr. Little, and shown by him to be untenable in face of the arguments which point to the origin of the deformity from derangement of the cerebro-spinal centres and nerves. He points out, that club-foot often coexists with evident structural malformation of the nervous centres; that club-hand, which often exists with club-foot, cannot be explained on the theory of uterine pressure; that club-foot often exists in one foot only; that club-foot is met with in fœtuses before the fourth or fifth month, when the quantity of liquor amnii is so great as to preclude the possibility of pressure; that congenital club-foot is often hereditary, sometimes on the father's and sometimes on the mother's side.



"A comparison of club-foot with the distortions that occur after birth, unmistakeably from diseases of the nervous system, tends to prove that congenital and non-congenital club-foot spring from analogous causes. Distortion after birth, from altered innervation of muscles, is more common in the lower extremities, and especially in the feet, than in any other part of the frame. Club-foot is also the most common distortion before birth.... After birth, foot-deformity, from disease of the nervous system, attains oftener a higher grade on the left than on the right side; this is equally the case with congenital club-foot."

Dr. Little has also investigated with care the subject of distortions arising at the moment of birth. It is, however, unnecessary to expose his views in this place; as they were laid last year before the Obstetrical Society of London, and published in abstract in the *BRITISH MEDICAL JOURNAL* for October 19, 1861.

In the article on Diseases of the Bones, Mr. Holmes treats of simple inflammation and its consequences; osteitis, diffuse periostitis, osteomyelitis, chronic abscess, caries, and necrosis; constitutional affections—scrofula, syphilis, rheumatic and gouty affections, mollities ossium, cancer, pulsatile tumour, and cancerous ulceration; non-malignant tumours—enchondroma, exostosis, diffused bony or innocent osteoid tumour, serous and sanguineous cystic tumours, fibrous and fibro-cystic tumours, and entozoa; hypertrophy and atrophy; and spontaneous fracture.

Under the name of diffuse periostitis, or acute periosteal abscess, Mr. Holmes describes an affection which, he says, is of rather frequent occurrence, but is less noticed in surgical works than its importance would seem to require.

The disease is common at puberty, and is more frequent in boys than in girls; it is usually the result of injury. Its pathology appears to consist in the effusion of lymph or other products between the periosteum and the bone; pus is soon formed, and dissects away the periosteum, often from one end of the bone to the other. At an early period, the periosteum often does not show signs of inflammation; and the surface of the bone usually looks white, and inclined to gangrene. Sometimes, however, the surface of the bone is slightly worm eaten. At a later period, necrosis follows, and the whole shaft of the bone perishes; the joint usually, but not always, escaping.

The earlier symptoms of this disease, which commences generally four or five days after a more or less severe injury in a person of strumous or weakly constitution, resemble somewhat those of diffuse cellular inflammation or acute rheumatism; namely, rigor, pain in the part, and an œdematous angry swelling.

"As respects diffuse cellular inflammation, the age of the patient, the comparative remoteness of the cause, and the previous immunity of the superficial parts, will lead to a suspicion of the nature of the case, which will be strengthened when the inflammation is seen to be limited to the section of the member first affected, instead of passing up the joint and spreading up the limb, . . . . . and it will be converted into certainty by the discovery of deep-seated matter, either by fluctuation or on puncture. . . . . The diagnosis between a case of this sort and one of acute rheumatism will depend upon the nature and history of the disease, and on the presence or absence of constitutional symptoms of rheumatism, or rheumatic affections of remote parts. At the outset

of the case, the diagnosis may not be very confident; but the main point to recollect is, that any periosteal affection, if acute, is liable to run early into suppuration, and that in such cases, whatever view be taken of the origin of the disease, whether it is to be considered rheumatic or otherwise, the local treatment is far more important than the constitutional."

The great source of danger to the patient in cases of this kind is pyæmia. Patients, says Mr. Holmes, seldom die of the "surgical fever" which is usually present, or of the exhaustion produced by the discharge; but they die of pyæmia in a large proportion of cases. To obviate this, early and free incision is the remedy. After this is done, stimulants, and nourishing diet as soon as it can be borne, are almost always indicated.

Allied somewhat to this affection, especially in its liability to produce death by pyæmia, is the disease called by the French pathologists osteomyelitis. It "bears the same relation to the medullary tissue as the diffuse abscess does to the periosteum"; but, in proportion to the greater vascularity of the medulla than the periosteum, is more severe. Mr. Holmes, in his otherwise instructive account of this disease, has omitted to notice the important memoir on it published by M. Jules Roux, who had the opportunity of observing a large number of cases in the Italian war. So frequent does it appear to have been there after amputation, and so fatal, that M. Roux has advocated, in order to obviate its occurrence, the removal of limbs through the articulations, in preference to amputating through the substance of the bone.

We can merely note the heads of Mr. Athol Johnson's article on Diseases of the Joints. First taking up diseases common to all the joints, he describes synovitis, in its various modifications of acute, chronic, scrofulous, rheumatic and chronic rheumatic, gouty, pyæmic, gonorrhœal, and syphilitic; loose cartilages; diseases of the articular ends of the bones—simple and strumous inflammation, rhachitic disease, and tumours; diseases of articular cartilages—hypertrophy, gouty deposits, fatty degeneration, ossification, and ulceration; diseases of other tissues in and around joints—ligamentous structures, muscles, areolar and adipose tissues, synovial bursæ, and integuments; ankylosis; articular neuralgia; and wounds of joints. He then treats briefly of diseased conditions of individual joints.

Mr. Holmes writes temperately on the subject of Excision of Joints. At the outset, he says that, as a general rule, a large or important joint ought not to be excised while there is any reasonable ground for expecting a cure without operation; *i.e.*, by "what may be termed the expectant treatment"—a term by which we suppose Mr. Holmes to mean the employment of proper constitutional and local remedies. But in extensive disease of smaller bones, it will be more advantageous to cut short the disease by excision than to subject the patient to a prolonged treatment, the result of which will probably be to leave the patient's limb in little better condition than it would be after operation. We think that the question of the choice between excision and "expectant" treatment is of very great importance, and that it has not always been sufficiently attended to by surgeons; and we do not think it at all inferior in importance to another question which, Mr. Holmes says, more frequently perplexes the surgeon—the



choice between excision and amputation. Mr. Holmes endeavours to lay down the indication for the performance of the one or other of these operations from considerations of the situation and functions of the bone or joint; the state of the patient; the nature and extent of the disease; and various extraneous circumstances.

In the upper extremity, almost any excision which leaves to the patient "the motion of the elbow, of the hand, of the fingers, or the thumb only," is preferable to amputation, even though the joints operated on do not recover useful motion. An uselessly swinging limb, however, is obviously more of an annoyance than an advantage. In the hip-joint, the decided leaning of surgeons is towards excision. Of excision of the knee, we shall have to speak again presently. Excision of the ankle is an operation which Mr. Holmes has neither performed nor seen. He says that it has yielded satisfactory results in the hands of Mr. Hancock; but he decidedly prefers amputation as a much less severe and more certainly successful operation. In regard to the bones of the foot, his opinion is in favour of excision, when this can be done with a probability of leaving the remaining portion of the limb in an useful state.

As to the state of the patient, Mr. Holmes says, as a general rule that

"Excision of large joints is only to be recommended for patients in good health, not worn out by previous disease or confinement, nor deeply affected with constitutional taint (rickets, struma, rheumatism, or syphilis); nor should such an operation be practised on patients past the middle period of life. In the very early period also, many risks may be run with the view of preserving the limb entirely; and after the failure of such attempts, the case has usually passed beyond the reach of excision, and amputation becomes necessary."

Excision, in Mr. Holmes's opinion, is not to be performed on account of malignant disease, or of acute abscess (especially of the knee-joint), nor is it advisable in extensive caries. The most appropriate cases for the performance of the operation are those of chronic disease of all the tissues, in which the bones are probably not affected to a great depth; and necrosis of the shafts of bones.

Finally, especially in the lower extremity, the want of proper facilities for after-treatment, and perhaps the restless habits of the patient, may induce the surgeon to prefer amputation in cases otherwise fit for excision.

Turning now to special excisions, let us see what Mr. Holmes has to say on Excision of the Knee-joint. He observes that the operation has hitherto found comparatively little favour among London surgeons; and he assigns the following reasons why it should be less successful here than in the elbow.

"Firm bony ankylosis is required in the lower extremity; the treatment involves many weeks of strict confinement to one position; the surfaces of bone sawn through are very large; the cavity of the wound is badly situated for union; the epiphysal lines are near, and, if trenched upon in young subjects, the growth of the bone may be suspended; the operation is more severe than excision of the elbow; and finally, the advantage of preserving the foot, though considerable, is far less than that of retaining the hand."

Notwithstanding these drawbacks, excision of the knee-joint is admitted by Mr. Holmes as justifiable in certain cases; being those of incurable injury or

disease of the knee in which all the constitutional and local circumstances are favourable, the patient is in the prime of life, and there is reason for believing that the disease has not extended beyond the epiphyses. The condition under which he holds the operation to be inadmissible are: the patient's age being (generally) above 45; extreme youth; the existence of phthisis or other constitutional disease; and acute abscess. When sinuses are present, excision may be attempted; it is rarely required for injury, unless in cases of gunshot wounds in civil practice, and in some cases of fracture.

Regarding the ultimate success of the operation—the value to the patient of the limb left to him—Mr. Holmes finds himself unable to pronounce a decided opinion. What is wanted, is trustworthy information on the following facts:—

"Whether the wounds were all closed; whether the union was so firm as no longer to permit any motion; whether the patient could walk, and if so, with or without apparatus; and what were the respective measurements of the limbs."

To these must be added another important question—that of the *permanence* of the utility of the limb.

Dr. Hodges, an American surgeon, has collected the statistics of 208 cases of excision of the knee-joint. Of these, 102 either were fatal or required subsequent amputation; and of the remaining 106, the limb appears to have been useful in 65; and partially or entirely useless in 14; the result in 27 being doubtful.

It is plainly, as Mr. Holmes observes, the success which has attended excision of the knee-joint in cases fitted for it that has caused the operation to meet with so much favour as has been accorded to it; but the operation is one of those which, it is probable, we must hear praised by some and decried by other surgeons, until the proper indications for its performance shall have been accurately deduced.

Mr. A. Shaw next furnishes an article on Diseases of the Spine, in which he treats, perhaps briefly, but sufficiently and practically, on caries, angular deformity, spinal abscesses, psoas abscesses, inclusion of the spinal cord in the disease, and disease of the atlas and axis.

The chapter on Diseases of the Nerves has been written by Dr. Brown-Séquard. He divides the symptoms caused by lesion of nerve into those of loss of function of the nerve, and those of some action of the injured nerve. It is of the latter class only that he speaks here; and he brings together a number of facts, tracing to injury or disease of a nerve the occurrence of epilepsy, tetanus, hysteria, chorea, hydrophobia, tremulous movements, rotatory convulsions, reflex paralysis, anæsthesia, amaurosis, neuralgia, delirium, inflammation, muscular atrophy, hypertrophy, eruptions, and various morbid alterations of nutrition. He then gives the general diagnostic features and rules of treatment in such cases; and finally describes neuroma.

An instructive article on Diseases of the Tongue, by Mr. Holmes Coote, concludes the volume. Why this article should have been detached from the description of Diseases of the Organs of Digestion, with which the fourth volume is to be commenced, we do not know.

We must now close this rather prolonged notice of



the third volume of Mr. Holmes's *System of Surgery*. Here, as in the volumes which have preceded, a rigid examination and comparison of the different articles might detect shades of difference in their merits. Such difference doubtless exists; but just in that degree which very often occurs among a series of good things. The general merit of the work remains unaffected; and, if there is any one point of special excellence which may be said to characterise the articles in this volume, it is the fact that the authors have uniformly sought to render their contributions practically useful to the surgeon.

## British Medical Journal.

SATURDAY, NOVEMBER 1st, 1862.

### GRATUITOUS MEDICAL SERVICES.

DR. WILLIAMS, it will be seen by reference to his letter in this day's JOURNAL, places the subject of gratuitous medical services in a distinct position—*i.e.*, as regarded from his own point of view. This is just what we desire. We want the grounds of the defence of the system clearly stated by those who advocate it; for then we have something distinct and tangible against which to direct our arguments.

Dr. Williams admits that the "cooperation", which he spoke of in his former letter as entered into between the benevolent public and the medical man in the matter of hospital medical relief, is no real cooperation at all in the sense of equality and of value of services rendered. It is admitted that we, as doctors, give money to these charities just as the rest of the benevolent public do; and it is admitted that we, in addition, give an immense amount of valuable services for which we receive no consideration. Now, when we ask the grounds upon which we are to be expected to give these services, we are told, in the first place, that they are in part payment by us for goods actually delivered; that we, in fact, get from the needy what they alone can furnish—*viz.*, subjects for improvement of our knowledge; and that, therefore, as a return for the better knowledge and advanced experience which we obtain at their cost, we give them these services of ours *gratis*.

Now we think it may be readily shown that the consequence here deduced is by no means a legitimate sequitur from the premises. In the first place, no one denies, but on the contrary we all admit, that the real poor have a right to gratuitous medical services, just as they have a right to food and drink. What we want to know is, why the whole burthen of them should fall on the doctor's shoulders. In the second place, that we gain experience at their cost is certain; but equally certain is it that that experi-

ence is of far greater value to the benevolent public than it is to us doctors. Dr. Williams astounds us when he says, "Our hospital services confer no favours on the rich." Why, do not these services manifestly enable us to place at the disposition of the rich that high knowledge of the art of medicine which, as he himself admits, can only be obtained by practice on the poor? We maintain, on the contrary, that it is the rich public who especially benefit by this hospital knowledge of medical men.

But, even if it were not so, why are medical men alone to be singled out as a class who must be occupied during the best part of their lives in doing a vast amount of work gratuitously, in order to get his hand fitted to practise with great skill? What other trade or profession is there whose followers ask permission to practise gratuitously on the humbler members of society, for the sake of enabling them to become highly skilful traders or practitioners on the upper members? The embryo barber, who has served his apprenticeship, and has entered upon the business of his life, does not shave gratuitously, however roughly and awkwardly his yet unpractised hand stumbles over his customers' chins. No newly made lawyers or freshly wigged men of the long robe sharpen their wits or essay flights of eloquence gratuitously, for their own benefit, or for the benefit, as the case may be, of the numerous morally sick paupers who swarm in the docks of our criminal courts. No: all classes of the world's operatives, as it seems to us, except our own class, while adding to their experience, and while engaged in the proper business of their lives, invariably at the same time adopt the reasonable and Christian conclusion that the labourer is worthy of his hire. Besides, the fact is, that the men who give these services are already men of large experience, selected for the very reason of their having large experience from a host of candidates; the very fact of their election proving their competence for the tasks they have undertaken.

But if there were any truth or justice in the argument that we are to attend the poor *gratis*, because we get knowledge at their expense, why is the principle not fully carried out? Why do Poor-law guardians pay their doctors? Why do the Government pay their soldier and sailor doctors? Why should not these classes also be attended by us gratuitously? Where, in fact, is this practice to end? Will Dr. Williams tell us? Why should the poor in hospitals alone have our advice *gratis*, if all the poor have a right to it?

Another ground upon which Dr. Williams insists upon the righteousness of these medical services is, we fear, one which will not bear much examination. If it were a true one, it would follow that medical men are preeminently the members of society whose kingdom is not of this world; that "their mission



transcends in dignity" the business of all other sub-lunary people; and that, in fact, we doctors (who alone work thus gratuitously) are the only really active saints stirring and striving upon earth. Dr. Williams's mistake in this point seems to us very clear. He is confounding that *rara avis*, the "true philanthropist", with the whole of the medical profession. We believe that there are as good philanthropists amongst squires and tradesmen (according to their lights) as there are amongst doctors; and we must confess, from what we know of the *grounds* and *motives* which incite us as doctors to ask permission of the benevolent public to treat their sick poor gratuitously, that the very last term which will apply to those grounds and motives is that of "philanthropic". That we, as men, are in practice the most actively benevolent members of society, we doubt not for a moment; but we are sure that any other member of society, thrown into the midst of the suffering and misery which surround our business, would be equally so. The nature of the work we are employed in naturally excites us in an especial manner to go out of our way to do deeds of benevolence and charity. Our art, again, is a most deeply interesting one; and well we know how many men there are who avail themselves of our public charities to deeply study it, and advance their knowledge, for its own sake alone. But this, and much more which we could say in this direction, is quite beside the mark. We appeal to the consciences of our hospital physicians and surgeons, and we ask them whether it was for the sake of playing the part of the unselfish philanthropist, by healing and tending the sick body of pauperised humanity, that they canvassed the governors of the charities for the honour of office? Does a discerning benevolent public, in its common sense, believe that men who spend hundreds, we might say thousands, to make their election sure, seek these appointments for the purpose of obtaining a wider field for the exercise of their philanthropic passions? No, truly. We, in conscience, must know right well, and the public know equally well, what the motives are which lead us to seek the honours of doing this gratuitous work. We seek them as stepping-stones to practice and to medical honours and rewards—*sic itur ad astra!* We, as hospital medical men, have no more right to wear the broad phylactery of benevolence, than has our brother round the corner, who gives "advice gratis every morning between the hours of nine and ten, Sundays excepted". The very same motives which impel him to this publication of his benevolent sentiments towards all humanity are the very motives which impel the highly diplomatised, well-testimonialized, orthodox, and strictly correct hospital doctors to give advice gratis. But there is a still more unanswerable argument which we might here suggest, and it is this: that, as a body, the medical

officers of public charities would not refuse to accept a proper remuneration for their services there, if they could get it.

At the end of his letter, Dr. Williams laments, as well he may, over a physician's two-and-sixpenny visit, and a general practitioner's one-and-sixpenny visit, including a box of pills; and asks whether while this style of fee reigns, the profession can ever be esteemed. But did it never occur to him that this *undercharging of those who can pay* is the very consequence of all these broadcast gratuitous medical services? We firmly believe that such conclusions—this beggaring of the profession—are the very natural result of our eagerness in giving away our services. We teach the public to respect these services as cheap things, always to be had whenever asked for. We are certain that there are very few members of the profession who have any idea of the immense amount of gratuitous services which are given away by the profession: we mean not merely *properly* given (as some would say) to hospitals, etc., but given to persons who have no kind of claim for them. This Dr. Williams admits. We are equally certain that the practice is injuring incalculably our professional status, as well as our professional income. It teaches men of all classes and of all ranks to look upon these services as a thing of course. It guides public boards in fixing the fees of medical men at a low figure. It teaches Poor-law guardians to screw down the services of their medical men to starvation prices. It impoverishes the profession, and lowers its status.

#### THE BATTLE OF THE GRAINS.

How large a disturbance may be kindled by a very small matter is well illustrated in the case, now pendent, of the battle of the grains. A special meeting of the Medical Council has, we believe, been summoned for the express purpose of deciding the struggle which has long been going on in this dispute between common sense and official tenacity. We have reason to believe that the sense of the profession is decidedly opposed to any alteration of the present grain, and for obvious reasons. We now have a grain which is a distinct part of the governmental avoirdupois pound. We object to the introduction of fresh confusion into our already trebly confused weights and measures by the establishment of a new grain. We know that a new grain would produce endless confusion; and for the life of us we cannot see what adequate advantage is to be gained by the fabrication of the new one. Like men of ordinary comprehension, the profession therefore clings to its old grain; and most reasonably. The Medical Council have, we understand, as a body, or as individuals, already strongly expressed their condemnation of the novelty; so also has the College of Physicians. But it would appear that nothing less than



*force majeure*—the resolution of the Medical Council will be sufficient to persuade the *Pharmacopœia* Committee to yield up its nourished bantling, its invention. This *force majeure*, as we understand the matter, will be applied by the Medical Council, who are now summoned, in the midst of their various labours, from the north, the east, and the west, and the south, for the purpose of settling the question.

The only valid reason which we have heard put forward in defence of the retention of the new grain is a most astonishing one, and one which, we trust, may not find its way to the ears of *Punch* or the homœopaths. It is this: that, inasmuch as drugs are universally (or nearly so) corrupt articles of commerce, and inasmuch as the difference between the old and the new grain is very small, no injury whatever can befall the stomach of humanity through the indiscriminate use of the old and of the new grain. A little more or a little less of the article solemnly prescribed by the physician can in no wise affect for better or worse the party prescribed for! Was it scepticism, or cynicism, or the wit of a *Saturday Reviewer*, which invented such a defence of this newly proposed grain? It is true that all the calculations in the forthcoming *Pharmacopœia* are already made after the scale of the new grain; but the trouble required to alter them is of the smallest kind. Half a dozen clever school lads would do all the work in a few hours.

## THE WEEK.

THE funeral of Sir Benjamin Brodie took place at Weymouth on Tuesday last. It was the wish of the family that it should be entirely private; but the Presidents of the Royal Society and of the Colleges of Physicians and Surgeons having made application to be permitted to attend as representing the bodies over which they preside, exception was made in the following instances: General Sabine, President of the Royal Society; Dr. Watson, President of the Royal College of Physicians; Mr. Luke, President of the Royal College of Surgeons; and Mr. Tatum, Senior Surgeon to St. George's Hospital; who followed the remains of the great surgeon to the grave, along with Sir Benjamin Brodie's sons, son-in-law, and nephews, and Sir Archer Croft, Bart., and William Hunter Baillie, Esq. (his cousins), Dr. Acland of Oxford, Mr. Peter Martin of Reigate, and Mr. Charles Hawkins, who so long assisted Sir Benjamin in private practice, and was in attendance on him to the last. Many applications were made from individual members of the medical profession, and from different societies with which Sir B. Brodie had been connected. The pupils of St. George's Hospital were anxious to testify their respect by attending in a

body. In the church there were many persons from the neighbourhood of Broome Park, among them the principal medical men of the neighbouring towns; and several persons came from a distance, anxious to pay this last tribute to the memory of one so much admired and respected.

MR. THOMAS CALLAWAY, F.R.C.S.Eng., formerly of Guy's Hospital, now residing in Algiers, has just been received (by examination) as *officier de santé* of the highest grade by the Faculty of Medicine of Algeria.

ANOTHER of these sad and alarming accidents, death from chloroform, has been reported this week from Stroud, in Gloucestershire. The case is that of Thomas Wright, aged 23, admitted into hospital with disease of knee, for which amputation was deemed necessary. The chloroform was administered in the ward most carefully, by a Snow's apparatus; the quantity used is not stated. There was, however, little temporary excitement in the earlier stage of the inhalation; and the "patient passed into a tranquil sleep." There was no coma; no congestion of the face; and the pulse never once failed or faltered. The respiration failed, and the patient never recovered. The larynx was opened; stimulants were poured down the throat; and the Marshall Hall method persevered in, till it was evident that life was extinct. A *post mortem* examination was made by Mr. Cubitt and Mr. Blagden. All the internal organs were in a state of typical health. The jury gave a verdict accordingly; and added that there was not the slightest blame to be attached to anybody.

THE daily papers inform us that Mr. Partridge and M. Nélaton have gone to Italy to attend a further consultation on Garibaldi. The reports of his state of health have for some time past indicated that the wound was not going on favourably; and, of course, it is understood that the question of amputation comes on for discussion when the subject of such an uncured injury becomes hectic, wastes, etc. Is the bullet still in the wound? seems now again to be the question; that is to say, lodged in the tibia. And if it be there, Is there any other remedy for such a condition than amputation? We believe that surgeons of high authority have maintained from the first, and still maintain, that the bullet must be lodged in the bone, as there was only one opening into the injured limb—an entrance, but no exit. Into this soft part of the tibia, they say, the bullet would enter readily; it would not be turned aside, or glance off, as it might have done had it hit the hard shaft of the bone. If the bullet be really lodged in the bone, then it would appear that amputation was, from the first, the only remedy. Let us hope that if such a dire result be now resolved upon, it may not come



too late in the day to save this great man's life. M. Nélaton has, we are told, in anticipation, curiously enough, of the grand consultation, already decided that amputation is not necessary.

DR. HENRY SCOTT, of 11, Upper Woburn Place, last week applied to Mr. Corrie for advice as to how he could put a stop to a gross deception carried on under the guise of his name. A person named Scott, who had formerly been summoned to this court under the Medical Protection Act, was advertising in some of the daily papers as follows: "Dr. Scott attends and corresponds confidentially in midwifery, pregnancy, and other private cases. He has had thirty years practice: 17, Adam Street, Strand, London." He stated that he had continually the misfortune to be taken for his namesake, who was also a Henry. "The other day I received a lawyer's letter, claiming payment for a year and a half's rent at Westhill, the lawyer having evidently supposed that I was his client's tenant." Dr. Scott then asked whether nothing could be done to put a stop to his calling himself "Dr.", as he has no degree or diploma. Thereupon Mr. Corrie suggested that the false titled man should be prosecuted under the "Medical Act"; and was informed that he had already been so treated; and that the Medical Act was, in fact, a dead letter. Mr. Burnaby, the chief clerk, hereupon suggested that the prosecution failed because at that time no actual registry in which a practitioner's name could be entered had been kept at the Registry Office. The prosecution was instituted by the Medical Protection Association. Dr. Henry Scott said the Association had taken no further steps. Mr. Corrie: "Then what are they called a 'Protection Association' for, if they don't take up such cases? I should think that probably a proper register is kept now; and, if so, I don't see why they should not try it again. I advise you to apply to the society." Here, then, appears to be a flagrant case; one which, if ever case did, demands the attention of the Medical Council and the Protection Association. And yet we learn that nothing can be done; that prosecutions fail; and that the Medical Act is a "dead letter". No wonder people ask, however unfairly, what is the use of this expensive machinery of a Medical Council?

M. BARRESWIL says that on an excursion which he made to Greenwich with the Persian consul, he noticed some gilt gingerbread. Curious to know what cheap material was made to represent gold, he purchased some of the cakes, and on analysis found that the false gilt was copper. He mentions the fact as a hope to warn persons from eating them.

The Committee appointed to adjudge the Bréant prize would, we are told, have enough to do, if they merely read the titles of the papers addressed to

them on the subject; namely, the means of curing cholera.

M. Baillarger informs us that domesticated animals are frequently attacked with goitre in localities where this affection is endemic; and that it is then especially noticed in dogs and horses. Moreover, it affects mules in a special manner. In a stable of Modane he found nineteen out of twenty mules with goitres. In Department Isère, again, at Alleverd, twenty-three out of thirty mules had goitres.

M. Claude Bernard continues his researches into the effects produced by division of the cervical sympathetic. He has already shown that section produces contraction of the pupil, retraction of the globe of the eye, flattening of the cornea, and diminution of the globe; moreover, that galvanism applied to the upper divided end of the cervical sympathetic produces exophthalmia. Two orders of phenomena he distinguishes in these complex results—1. Vascular and calorific symptoms connected with a modification of the vessels, which are produced in all parts of the body, under the influence of the sympathetic nerves of a like kind; 2. Oculo-pupillary symptoms, special to the eye and the pupil, and produced by nerves distinct from the former.

M. Bouchut publishes further cases illustrating the excellent effects of raw flesh chopped up in the chronic diarrhoea of children.

Several renunciations of the globulistic art by its practitioners are announced in the American journals. No doubt these gentlemen have conscientiously abjured their former articles of homœopathic faith; but we fear the world will be censorious enough to think that the refusal of the American Government to admit homœopathists into the public service has somewhat assisted in opening their eyes to the fallacy of *similia* and *contraria*!

The *Pharmacien* or Chief of the Civil Hospitals of Bordeaux points out, in a late number of the *Bulletin de Thérapeutique*, the existence of sugar in the urine of persons affected with cancer. Thereupon Dr. Putégnat claims priority of the discovery. We would suggest that the first thing to do is to establish the fact.

The public prints erroneously announce the departure of M. Trousseau to visit Garibaldi. The consequence is, the desertion of his consultation-room by his numerous clients, and a loss to him, it is said, of twenty *louis* per day.

M. Magne, at the Société de Médecine Pratique, insisted on what he considered the fact, viz., that for some years past operations on the eye have been much abused. For his own part, he disclaimed all connexion with the partisans of this new school. In his opinion, surgery of the eyes should be like surgery of all other parts of the body—essentially conservative.



The French journals tell of a Dr. Vanel who, attacked with hydrophobia, was attended by his friend Dr. Lernier; and that the latter, thirty-seven days after the death of his friend, was seized with well-marked symptoms of the disease, but recovered in ten or twelve days. This, we are told, was an example of the "nervous contagion" of M. Bouchut.

The following *post mortem* anecdote is told in a thesis just published by M. Gérin-Roze. Joseph Frank writes: "I have seen many inhabitants of Lombardy attacked with schirrus of the stomach after the disappearance of an herpetic affection. The Emperor Napoleon died of that disease, and therefore his words become rather an eloge than a censure of my father. The emperor said: 'The last time I was at Vienna, I had a slight eruption on the neck; it was very trivial, but I was urged to see a physician, of whom I heard wonders. I consented, and Frank was called in. He at once discovered a skin eruption, a serious disease; I must go through preparatory treatment, medicine, drugs; in fact there was no end to it. I therefore sent for Corsart, undid my cravat, and he examined me. 'Ah! here,' said he, 'you have sent for me all this way to put on a blister, which the most ordinary of doctors could have applied. Frank is mad; you will do perfectly well. Four days of blister will cure you;' and so they did.'"

The following were the titles held by a well-appointed doctor of the fifteenth century, Robert Poitevin: "Doctor of Medicine of the Faculty of Paris, nominated Dean by his colleagues, and subsequently dignified by the respectable cognomen of *Antiquissimus*; Ambassador of the University at the Congress of Arras; Prebendary Canon of Bayeux Cathedral; Canon of the Cathedral of Paris, with the grade of *Succentor*; Prévôt of Suèvre for the College of St. Martin of Tours; Treasurer of the Church of St. Hilaire-le-Grand of Poitiers; Physician-Councillor of two kings of France; Physician of the family of Orleans and of Queen Charlotte of Savoy, wife of Louis XI; Confessor of Margaret of Scotland, whose soul he directed as well as body; testamentary executor of la belle Agnès Sorel, mistress of Charles VII, etc. He died on the 26th July, 1474, and was buried in the church of St.-Hilaire. The following inscription was inscribed on his tomb: *Robertus Poitevin, in medicinâ doctor, hujus ecclesiæ thesaurarius, ecclesiarum parisiensis et turonensis canonicus, homini nostri Regis primus physicus*. Charles VII was much attached to doctors of medicine, and rewarded them grandly."

M. Sales-Giron, like others, is not made a prophet in his own country; but his pulverisation is making head in other countries. This pulverisation has for some time been practised in Vienna, and generally in Germany; and now it is coming out in Holland. The Medico-Chirurgical Society of Am-

sterdam have set down the discussion of the use of the thing for their grand *concours* next year. M. Sales-Giron, we need not add, is far from being neglected in this country.

### THE EFFECTS OF THE WAR ON THE MEDICAL PROFESSION IN AMERICA.

THE demand which has been made on the profession during the present contest has been so great that we have now in the field almost an army of surgeons by themselves. The absence of this large number of professional men from their respective spheres of duty must certainly be felt by the public at large. There is not a single community, however small, which perhaps has not suffered from it, and which does not call for the filling of a vacancy left by some practitioner. And yet the want of surgeons is still felt for the charge of the vast number of recruits which are now being mustered under the last call of the President. The number of students should be increased and our colleges should be crowded. Already, evidences are not wanting to show that the inducements which government holds out to young medical men to enter the army are duly appreciated.

Every young practitioner, who is dependent upon his own exertions, has very often a very hard struggle for a livelihood. At this time, however, this objection is removed; a young man, if he be found competent, can obtain a position at once in the army, and receive a very substantial salary. A noticeable fact which the war has had upon the profession as a body is the great impetus which it has given to study. The institution of strict examinations as proofs of competency has exacted it of every one who desired to enter the service. With all general practitioners, however, the text-books have been freely called in requisition, operations have been rehearsed, dissections made, and the knowledge of military surgery has become an acknowledged necessity. Altogether the work has been an earnest one. The chances for the practice of surgery have been unequalled, and it has been the pride of every surgeon to make the best of such advantages.

Another effect of the war has been to reduce to its proper level the practice of homœopathy. Rampant for distinction and loud in the demands for justice, the followers of this system of quackery earnestly sought recognition by the government and a place in the army, and at one time it did almost seem, through the strenuous exertions of certain unprincipled politicians, that their request would be granted. But in the discussion of the matter a fair comparison was made between the results of the two systems of practice by actual statistics, and we have seen the result. The authorities have performed the solemn duty which they owed to our soldiers, and the regular system of practice triumphantly takes its stand as the only one legitimately under the patronage of the government. The significance of this fact has not been lost upon the community at large, and has doubtless tended more to crush out the claims which the charlatans have urged for favour than anything else which could have been done. A rather surprising effect of this decision of the government has been apparent in the decrease in numbers of this class of practitioners. It being a regulation that none but regular practitioners are eligible for examination, very many of the homœopaths have been tempted to turn heretics to their faith in the hope of obtaining positions.

As the war lasts, and as large numbers of our profession become actively engaged upon the field, we may hope to raise the standard of professional attainments still higher, and when it shall have ended we can count at least one thoroughly competent surgeon to each little town of the Union. (*American Medical Times*.)



# Special Correspondence.

## DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

WE had not sufficient space in our last communication to allude to the recent completion and exposure to public view of the beautiful fountain which has been erected as a monument to the late Surgeon-General, Sir Philip Crampton. Although a tardy, it is a graceful memento of the illustrious man in whose honour his friends and the public have raised it. It is placed near the Bank of Ireland, in one of the most conspicuous situations in Dublin. It consists of a carved granite pedestal, surmounted by an ornamental bronze of elaborate design. On one side is a bust of Crampton; beneath which the inscription is engraved. It comes from the pen of his Excellency the Earl of Carlisle, and, like its illustrious author, is full of wit and kindness.

"1862. This fountain has been placed here, a type of health and usefulness, by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to Her Majesty's forces. It but feebly represents the sparkle of his genial fancy, the depth of his calm sagacity, the clearness of his spotless honour, the flow of his boundless benevolence."

Without desiring in the least to criticise severely the opinions of those who have paid this just tribute to the memory of Crampton, we think it may be fairly questioned whether, in a country like Ireland, where want and destitution of all kinds are, unfortunately, but too rife, it might not be wiser to expend large sums of money, collected for the purpose of raising monuments to the illustrious dead, in a fashion more practically useful and benevolent than in erecting a fountain. The present is a time when such a discussion is especially momentous, because large sums have been contributed for memorials to the Prince Consort and the Earl of Eglinton, and, as yet, the mode of expenditure remains undetermined. Among the great charitable institutions of Dublin, Swift's Hospital for the Insane holds a conspicuous place; and I would ask anyone who had ever visited it, whether any statue, pillar, or fountain—however gigantic or imposing—could honour the great benevolence of its founder as truly and enduringly as that asylum for the most afflicted of humanity? Swift has been dead upwards of a century. The hospital bearing his name subsists. It is a testimonial which redounds to his honour as much to day as it did at the period of its erection. Its great utility has not been diminished. The glory of genius has been dimmed by the surpassing glory of munificence, and of practical utility, displayed in the very existence of this monument—the best that could be raised, and the most likely to endure—the fittest, therefore, to honour the memory of a great and good man.

We hope that those empowered to regulate the distribution of the large funds of which we speak may think with us, and set on foot the prospect of an hospital in the vicinity of Dublin for the treatment of the poor labouring under consumption. It is a notorious fact that, while phthisis is very common in Dublin, there is

no adequate hospital accommodation for the poor sufferers. The hospital resources of the city are disproportioned to the demand, that a small number only of those labouring under chronic ailments obtain relief. We are confident that a more noble use for the memorial funds could not be suggested, or more honourable to the memory of the prince and the nobleman, than the year's alleviation of a large number of the poor suffering consumptives.

To pass to a different subject, the winter session, which in Dublin commences later than in London, is fast setting in, and the students are beginning to crowd the hospitals and schools. Lectures will not begin until the first week of November, by which time the class will be fairly assembled.

There is a good deal of speculation among medical teachers as to the prospects for this year; and undoubtedly there is some reason to apprehend that the class will not equal those of the past few years. Latterly, the average of medical students in this city has amounted to about eight hundred; but certain influences are now at work which not improbably will reduce that number. In the first place, many of the provincial hospitals have been lately recognised by the licensing bodies, and are essaying to take rank in the educational department. Again, the Queen's Colleges in Belfast, Galway, and Cork, are becoming more popular and better frequented, and lastly, the fees of all the schools of medicine in Dublin have been, within the last six months, by common consent and compact, raised one-third. Each course of lectures, for which, up to the present, the charge has been two guineas, is now rated at three guineas, and this alteration makes a difference in the expense of the whole curriculum, which will, unquestionably, influence some.

We think, on the whole, that the effect of this increase of the fees will be favourable. Few, if any, of those who are suited by position and education to adopt medicine will be deterred thereby, and probably those who are deterred need not be regretted. There is great room for improvement in the class of medical students in this country, and much necessity for measures to bring it about. The Medical Council, to which all looked a short time ago with hope and confidence, has proved itself impotent in this, as well as in every other respect, and the work of improvement is thrown back on each individual to carry it out as he may, or as he chooses. A sorry task enough for the conscientious individual to undertake while surrounded by those whose acts are uncontrolled whose principle is selfishness, and sole object personal gain. Competition is said to be the soul of trade, and so it may be; but its ultimate influence on medical education is open to great question. Perhaps, if the competition were in learning, and the imparting of learning, it might prove as beneficial here as in trade; but, unhappily, experience proves that it is but too often a competition downwards. In other words, a struggle to see who will take least money, require least attendance, and with most facility hurry on the pupil to the possession of a qualification in medicine and surgery.

In our next, we shall be in a position to state the real prospects in Dublin in the educational department for



present year; and this will afford us an opportunity giving your readers some information respecting the hospitals and schools of Dublin, and the facilities which they offer to students.

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Tuesday, the 4th of November, 1862.

*Agenda.*—Annual Meeting in 1863; Registration of Births and Deaths; Finances; etc.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, October 26th, 1862.

### EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Fountain Hotel, Canterbury, on Thursday, the 6th November, at 3 P.M. Dinner will be ordered at 5 P.M.

THOMAS BOYCOTT, M.D., *Hon. Secretary.*

Canterbury, October 20th, 1862.

### LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows:—

On Thursday, the 18th December next, at Chester.

On Thursday, the 12th March next, at Manchester.

Gentlemen desirous of communicating papers or cases either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*

Liverpool, October 29th, 1862.

## Correspondence.

### GRATUITOUS MEDICAL SERVICES.

LETTER FROM P. H. WILLIAMS, M.D.

SIR,—I will with pleasure reply to the questions contained in your comments on my letter. The word "cooperation" simply means *working together* for the same end. The term "*equal cooperation*" is quite a different thing, and appears to me, as applied to the subject under discussion, an impossibility. My belief is, that no fair comparison can exist between the contributions, *in specie*, made to charitable medical institutions by the general public, and the peculiar services which we as physicians and surgeons have it in our power to render. I consider, as stated on a former occasion, that our relation as a profession to the poor is such as pertains to no other divisions of society. In each department of study we depend upon the needy for benefits which they alone can furnish; and is it not consistent with the spirit of our noble calling to bestow, in our turn, blessings which we alone can minister to them? Our hospital services confer no favours on the rich. They supply what they can afford in gold; we supply what we can afford in skill and sympathy. Do not let us estimate our share in the cooperation at a money value. The millers and graziers and brewers do their utmost in the only way that is practicable; but we can do more

than they; and shall we leave it undone because our mission so far transcends in dignity the attribute of guinea-giving, indispensable though it be?

You ask, again, "why a benevolent public request medical men to give gratuitous services?" For two reasons. First, medical men are *able*, and secondly, they are *willing*, to bestow them. This leads to the further question, which I apprehend to be the one on which we differ—*How* are they able, and *why* are they willing? That they *are* able has been proved by ample experience. The list of hospitals which from time immemorial have been gratuitously attended by physicians and surgeons abundantly testifies the fact. But whence arises this ability? How can men, whose time is their property, devote so much of it to charity? Because every man has some leisure hours that are not strictly lucrative, and therefore can appropriate those hours to others without sustaining pecuniary loss. The answer to the next inquiry—Why are so many willing?—is to my mind equally natural. First, it is a source of real happiness to a benevolent man to do everything in his power for the welfare of the poor. A true philanthropist is not satisfied to measure his beneficence by the alms of a squire or a tradesman, however wealthy they may be; he has a higher aspiration, bearing a proportion to his extended and specific capacity for alleviating the sufferings of his fellow-creatures. Secondly, there is remuneration, both direct and indirect, for services that are called gratuitous; and it is, in the opinion of many, the *only* remuneration that should be recognised. It is direct, in communicating invaluable knowledge; it is indirect, in forming a basis of professional reputation. This may be called the "spirit of selfishness"; still it is a spirit by which imperfect humanity has ever been influenced, and by which it will continue to be influenced, so long as it remains imperfect. I think it might be demonstrated that no *less* selfish system pervades any department of commerce or of art, and that no less selfish system could be devised with reference to ourselves.

It has been said that we "lose our status" with the public by giving our advice, and that they will value the profession according to its valuation of itself. With every feeling of respect, I believe this to be entirely a mistake so far as proper gratuitous services are concerned, but perfectly correct with regard to what has always struck me as being the bane of our prosperity, namely, *undercharging those who are competent to pay legitimate fees*. I will not now trespass by enlarging on this topic, but only suggest that it is entitled to the most serious consideration. So long as a general practitioner is contented with *eighteen pence* for a visit and a box of pills, and a physician eminent in his locality will condescend to receive the sum of *half a crown* for a prescription, there is surely little hope of our obtaining, as a body, the esteem and confidence of the world. There is not time to point out the difficulties that would attend the establishment of paid appointments in all our hospitals, but at some future date I hope we may dissect that further division of our subject.

I am, etc., PHILIP H. WILLIAMS.

Worcester, October 4th, 1862.

### ALCOHOL.

LETTER FROM THOMAS INMAN, M.D.

SIR,—If Mr. Fowler will take the trouble to read my essay more carefully, he will himself be able to answer his own remarks; especially if he be an admirer of Bacon, and know how induction is gradually built up until it culminates in a point where fresh investigation is necessary. I left "the formation of alcohol in the blood" at this spot; as, not being a chemist, I could not demonstrate the truth or falsity of the deduction. When chemistry has decided the question, we shall at least



have an extra fact in physiology; till then we may fairly wait.

A few minutes thought will tell him that his own case and those I have adduced do not essentially differ. An exhausted man frequently cannot eat until he drinks; and, if anxious to eat much, he may do so by washing his morsels down with any fluid; but this does not militate against the fact that wine-bibbers, as a general rule, eat much less than teetotallers.

That a dog cannot live on sugar is beside the question; for I never dreamed of asserting that the amount of alcohol (possibly) produced in the blood was the chief support of the individual. The dog dies with plenty of fibrine in its veins; and yet a diet of fibrine would prevent its death.

Again, Mr. Fowler will see how inapplicable are his comparisons about air and nitric acid, a shoe-sole and a slice of beef, if he will investigate the relative chemical elements of these. And if he will, in reference to his next observation, place the inexorable logic of facts before the dogmatism of the schools, he will learn that it is of more importance to ascertain whether a thing can be than to prove that it cannot; and to assist his logic, let me recommend him to purchase a hyacinth bulb, and an appropriate glass for it; treat it as recommended by florists, with pure water alone; and then watch its growth.

I am, etc.,

T. INMAN.

#### IMPERFORATE ANUS.

LETTER FROM WILLIAM G. DAVIS, ESQ.

SIR,—As I notice in your JOURNAL of last week, a case of Imperforate Rectum, reported by Dr. Fox at the Obstetrical Society, I forward you the following, which, if you think interesting, perhaps you will publish.

I am, etc.,

WILLIAM G. DAVIS.

Heytesbury, October 21, 1862.

I was requested, early in March, to see a child three days old, with imperforate anus. The child was weakly, but had taken the breast. On examination, I found the perinæum natural, but no sign of an external opening, a kind of indurated raphe presenting itself. The belly was distended and tympanitic. I told the mother I thought the child could not live many days, and that an operation was the only chance. I passed a director in the line of the suspected bowel; and with a bistoury (no trocar being at hand) made an incision to some depth. No meconium, nor anything but blood, followed. I called daily to see the child, which remained in *statu quo*. Some flatus passed from the mouth. After five or six days, I merely put the question, "Is the child dead?" On the twelfth day, the answer I received was, "No, indeed; but it has passed a large motion from the bowels." I then passed daily a small urethral bougie. A daily motion was obtained; the child took the breast freely; and, with an occasional dose of castor oil, progressed favourably for five weeks, when, as the mother was very poor, I sent both her and child to the Salisbury Infirmary, to be under the care of my friend Mr. Coates. He writes me on the 26th of April:—

"I have sent the child out to-day, cured. I introduced Weiss's three-blade dilator; then divided the narrow orifice upwards and to the right, upwards to the left, and downwards towards the coccyx. I then introduced a rectum bougie of the smallest size. Next day I passed the one the woman will show you, with a piece of cord to prevent its going too far, which she is to pass daily."

The child continued to improve. The bougie, an inch and a half in circumference, has been passed twice a week continually to about an inch and a half in depth. The child is now thriving, takes the breast freely, and other nourishment three times daily; and, with the aid of an occasional dose of castor oil, the bowels act well.

I would mention that a neighbouring shepherd called

my attention to the following case. He told his master that a lamb of his flock, during the last lambing season was born without "a vent." The master, an intelligent fellow, took from his pocket a penknife and made an opening. The shepherd assured me, a short time since that this was about the finest lamb of the flock; which bears out the motto,

"Audentes fortuna juvat."

#### "MEDICAL VOCABULARY: IMPUDENT PLAGIARISM".

LETTER FROM R. G. MAYNE, M.D.

SIR,—In your number for the 25th inst., Dr. Robert Fowler, with the air of an ill-used gentleman, yet with too much flippancy, assumes a posture of indignation at the preface to the second edition of my *Medical Vocabulary*, and undertakes to "dispose of its egregious errors of facts". In all that he has advanced I see no reason whatever for expunging or changing one word of my preface. Not a little sophistry is employed by him in attempting to give importance to the pompously announced "disposal", as if it were to swamp the whole question of plagiarism, whereas it does not affect it at all. My preface states that "I was startled by observing in the medical journals (November 1860) an advertisement," etc. Dr. Fowler writes, that his vocabulary "was first advertised in the medical press on Saturday, October 27th, 1860, or *one week* earlier than stated by me; and this is the sum of his alleged "egregious errors of facts"! My assertion that it was published nearly four months after the conclusion of my *Expository Lexicon* is founded upon the dates of advertisements as they appeared in the medical journals. The technical "trade subscription" absurdly founded on by him does not constitute *publication*, in the ordinary sense, and so has no bearing on the subject. As Dr. Robert Fowler has accused me, on these false grounds of "a singular perversion of dates", of "equally perverted inferences", and of asserting "the reverse of that which is true", I tell him to his teeth that there is not the slightest perversion of dates or of truth in a single line of this reply—at least, on *my* part. He has not shown that his book was *advertised as published* before "5th January, 1861". But, supposing he had, he "conveniently" suppresses the fact that the *Expository Lexicon* was virtually completed in its ninth part on 7th November, 1859; the tenth being composed of "*Addenda*" from ancient and more advanced medical literature, unsuited to, and not entering into, the vocabulary; so that, by his own showing, his book was not published till *above a year after the Expository Lexicon*.

But Dr. Fowler denies having ever seen any part of my lexicon, or the first edition of my vocabulary of 1836. The very close resemblance which his *Vocabulary* bears to mine, in character, arrangement, style, form, and adaptation to its purpose, precludes the possibility of my belief of this. In a word, its whole aspect, which differed altogether from that of any pre-existing work, is, to all seeming, imitated, but, I repeat, very "imperfectly". If Dr. Fowler—there is much involved in an *if*—never saw the first edition, how dares he venture the gibe that "the remainder of the edition was sold off about twenty years ago on the London book-stalls, at a very reduced price"? Either he has invented, or, if such a falsity ever did reach his ear, knowing nothing of its correctness, he rudely hazards it for a selfish purpose.

He further pleads in palliation, "The author of this little book was besides unknown; consequently, no inquiry could be possibly made as to his future intentions"; and, therefore, he "made free" with it! This exceedingly moral view of the rights of property is (happily) peculiar to Dr. Fowler, and, perhaps, certain other



eral-minded gentlemen. It is not likely, however, to of general application; say, for instance, to a house g unoccupied, the owner of which is "unknown." No bt, "a necessity of the day," and night too, might be ged in this case; but who would admit the honesty of seizure on such a pretext? It is not so long since other would-be-successful-on-easy-terms author—of rse, also incited by a "necessity of the day"—pro- eed an imitation of *The Old Curiosity Shop*, *Barnaby dge*, etc.; but Mr. Dickens speedily caused the whole ue to be suppressed, as a fraudulent infringement on right.

But the allegation that the author was unknown is not e. My *Medical Vocabulary* was, indeed, published nymously in 1836; but its authorship was made pub- y known so long ago as 1852, in the prospectus of the *pository Lexicon* then widely circulated, and in the press printed on the wrapper of each of the ten parts that work, issued periodically, the first in October 53. Therefore, unless my ingenuous professional other had fallen into a state of *hybernation* for some 1 years, he must have become aware of the fact; but en if it were supposable that he did not of himself ow, surely his publisher, in whose leading-strings he ofesses to have walked, and on whose willing shoulders lays his sins of commission, was, as one of the trade, gnisant of it, and informed his *employé*. Does not e very plea, that the "author was besides unknown," tray an inward conviction of wrong committed? With of denial and attempted extenuation, Dr. Fowler not nullify his having appropriated, or "filched," as seems to fancy Iago's word,

"Convey, the wise it call,"

e idea, the very title, of my original work. Having ne so, and having the hardihood to avouch his mis- ed, little doubt can exist as to the rest of the repre- nsible proceeding,

"Facilis descensus Averni."

The second edition had been again and again called r, long before Dr. Fowler thought of "filching" *my me*; and was so "long in abeyance, only because of the grossing requirements of the *Expository Lexicon*." his declaration of the preface he has perused; yet, in e face of it, he broaches a statement that it never ould have appeared but for his usurpation of the first and why? Just to shuffle in his puff about "the very eat commercial success of my own *Medical Vocabulary*."

I am, etc., R. G. MAYNE.

Leeds, October 28th, 1862.

[We cannot admit any further correspondence on this bject into the JOURNAL. EDITOR.]

HIGH BALLOON ASCENTS. Mr. Glaisher, gives the fol- wing as the main purport of his visit to the ethereal gions: "The committee charged me with two primary bjects, the determination of the temperature of the air id its hygrometric state at different elevations up to five iles. The secondary objects were to compare the adiness of an aneroid barometer with that of a mercurial rometer; to determine the electrical state of the air; determine the oxygenic condition of the atmosphere y means of ozone papers; to determine the time of vibra- on of a magnet on the earth and at different distances om it; to determine the temperature of the dew point y Daniell's dew-point hygrometer, and Regnault's cons- ensing hygrometer, and by the use of the dry and wet ulb thermometer as ordinarily used, and by their use hen under the influence of the aspirator; to collect air t different elevations; to note the height and kind of ounds, their density and thickness, at different eleva- ons; to determine the rate and direction of different rrents in the atmosphere; to note atmospheric phe- omena; and to make general observations."

## Medical News.

ROYAL COLLEGE OF SURGEONS. The following mem- bers of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on October 29th:—

Cann, Thomas Martyn, Virginstowe, Devon: diploma of mem- bership dated June 12th, 1862

Copland, Frank, Brenchley: June 4th, 1861

Gayton, William, Brick Lane, Spitalfields: November 14th, 1860

Giddings, William Kitto, Leeds: April 23rd, 1862

Hibberd, Edward, Tunbridge Wells: May 8th, 1862

Hunt, Alfred, Bridge Road, Hammersmith: May 1st, 1857

Matthews, Chas. Samuel, Portugal Street, Lincoln's Inn Fields: May 8th, 1860

May, Lewis James, West Putford, Devon: July 31st, 1862

Phillips, Howell Charles, Trinity Square: July 31st, 1862

Taylor, Rev. James Hudson, Barnsley: July 27th, 1862

Trewhella, Henry Ellery, M.D. St. Andrew's, Guy's Hospital: April 22nd, 1862

Waghorn, Henry, Soho Squire: May 9th, 1862

Walton, Brinsley Marcius, Hurstpierpoint: April 20th, 1860

Yates, James, Oldham, Lancashire: August 1st, 1861

APOTHECARIES' HALL. On October 23rd, the following Licentiates were admitted:—

Ayre, Edwin Samuel, Penistone, Yorkshire

Clarke, Alexander Carson, Coleraine, co. Londonderry

Forrest, John, Blackburn, Lancashire

Hobson, William Henry, Charing Cross Hospital

Roe, Edwin Hodgson, Eccles, near Manchester

Shillito, Joseph, Newcastle-on-Tyne

Watson, Thos. Win. Wasdale, Nottingham Place, Regent's Park

Way, John Palmer, Portsmouth

At the same Court, the following passed the first examination:—

Bracey, William Arthur, Guy's Hospital

### APPOINTMENTS.

\*ACKLAND, W. H., M.D., appointed Physician to the Bideford In- firmary.

HELPS, William, M.D., elected Resident Physician and Medical Su- perintendent to Bethlehem Hospital, in the room of \*W. C. Hood, M.D.

LITTLEJOHN, Henry J., M.D., appointed Medical Officer of Health for Edinburgh.

### ROYAL NAVY.

ALLEN, James A., Esq., Assist.-Surg. (confirmed), to the *Emerald*.

ASHFORD, John W., Esq., Assistant-Surgeon (acting, additional), to the *Rattlesnake*.

BENNETT, Wm. R., M.D., Assistant-Surg., to Greenwich Hospital.

CLAPP, Wm. P., Esq., Assistant-Surgeon (confirmed), to the *Tribune*.

EGLES, Gabriel, M.D., Assistant-Surgeon, to the *Impregnable*.

MINNOCK, A., Esq., Assistant-Surgeon (additional), to the *Fisgard*.

O'FLAHERTY, Thomas A., M.D., Assistant-Surg., to the *Britannia*.

RIORDAN, Denis A., M.D., Assistant-Surgeon (acting), to the *Rattle- snake*.

ROCHE, William, Esq. (b), Assistant-Surg., to Plymouth Hospital.

THOMSON, J., Esq., Assistant-Surgeon, to the Woolwich Division of Royal Marines.

WARDEN, T., M.D., Assistant-Surgeon, to the *Psyche*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

AYERST, T., M.D., to be Assistant-Surgeon 5th Battalion Kent R.V.

BARCLAY, R., M.D., to be Assistant-Surgeon 1st Lanarkshire A.V.

BUSWELL, R., Esq., to be Assistant-Surgeon 1st London Engineer Volunteers.

GLADMAN, H. R. A., Esq., to be Assist.-Surg. 1st Lanarkshire A.V.

WOODBURN, J., M.D., to be Assistant-Surgeon 1st Lanarkshire A.V.

### BIRTH.

ELLIS. On October 28th, at Bristol, the wife of \*R. W. Ellis, Esq., of a son.

### MARRIAGE.

\*WILLIAMSON. John Edwin, M.D., Nantwich, to Mary, second daughter of Thomas STRINGER, Esq., Macclesfield, at Prestbury, on October 23rd. (No cards.)

### DEATHS.

CHRISHOLM, Stewart, M.D., Deputy Inspector-General of Army Hos- pitals, at Inverness, aged 68, on September 30.

NOTT. On October 22nd, at Bere Regis, aged 71, Catherine, wife of \*Thomas Nott, Esq.



SHAW. On September 19th, in Madras, Ann Jane, wife of James Shaw, Esq., Deputy Inspector-Gen. of Hospitals, Madras Army.

MR. WHITE COOPER, has resigned the office of Ophthalmic Surgeon to the St. Mary's Hospital.

DEATH FROM ENORMOUSLY ENLARGED SPLEEN. In a *post mortem* examination, made by Mr. B. Dulley, the cause of death was an enlargement of the spleen, which had attained the weight of nine pounds. Deceased was in his forty-eighth year. (*Northampton Express*.)

VACANCIES. The following appointments are vacant: Physician to the East Suffolk and Ipswich Hospital; medical officers for the Ballyclough Dispensary district, Mallow Union; and for the Corlingford Dispensary district, Dundalk Union, county Louth.

UNIVERSITY OF LONDON. The examination for medical degrees in this university will take place in the month of November. For the degree of Bachelor of Medicine, the examination will commence on Monday next. The examination for the degree of Doctor of Medicine will commence on Monday, November 24th.

DIET IN THE ARMY. Dr. Gibson, the Director-General of the Medical Department of the Army, has represented that the daily ration of meat allowed to the soldier is insufficient to enable him to support the fatigue of duty, and recommends that the supply be increased from three quarters of a pound to a pound daily.

THE MEDICAL PROFESSION AT HONG KONG. The number of physicians, surgeons, oculists, and dentists, in Victoria, amounts to 592. Of this number four are females. In addition, there are 61 Chinese and aborigines. There are also 1,022 persons—528 males, and 494 females, following the occupation of chemists, sick nurses, and hospital attendants.

MEDICAL SOCIETY OF LONDON. The first series of Lettsomian Lectures for the present session will be delivered on the 17th and 24th of November and 1st December, at 8½ P.M., by Dr. James Bird, A.M. The subject is, "The Materials and Principles of Private and Public Hygiene, and the Practical Application of Hygienic Rules for the Preservation of the Health of Individuals and of Masses of the People."

INCOMBUSTIBLE DRESSES. The sum total of the facts is comprised at this moment in the statement that, of all preservatives of linen garments against flame, sulphate of ammonia is the cheapest and best. A solution containing 7 per cent. of crystallised salt, or 62.10 per cent. of anhydrous salt, is a perfect preservative. It does not offer the resistance to the iron that other salts do, as only a comparatively small proportion of it is used, neither does it change the colour or texture of the fabric upon which it is employed. (*Social Science Rev.*)

MEDICAL ATTENDANCE IN THE ARMY. The Secretary of State for War has directed that medical aid to all branches of the military service shall be governed by the army medical regulations of October 7th, 1859. All officers, as well as members of the civil and military departments, will only be entitled to medical aid at the public expense when there is a military surgeon at the station, or a private medical practitioner in attendance at contract rates, on troops, staff pensioners, or the permanent staff of militia regiments; and when their residences are within a mile of the principal army dispensary, no separate medical claims will be allowed.

THE FEMALE BLONDIN. On Friday week, the Female Blondin was removed on crutches from St. Bartholomew's Hospital, a cripple for the rest of her life, from the fracturing of the neck of the thigh-bone at Highbury Barn, while obeying the morbid desire of the age for perilous adventures. The fractured limb is three inches shorter than the other, and perfectly useless. With a courage truly characteristic, she wished the surgeons to amputate the limb if it could not be rendered service-

able, rather than have it dangling uselessly by the side of the other one, and requiring support which she might find very difficult to obtain. What renders the case of this unfortunate artist the more distressing is, she was the only support of an aged and infirm father and invalid sister.

THE PUCKETT SUBSCRIPTION. Mr. Griffin requests to announce that, since printing the names of the subscribers to the Puckett fund, he has received one guinea each from Major W. Gordon Cumming, Lieut. G. Blowers, and Henry J. Gane, Esq., all of whom are residents at Bhopawar, in the East Indies. The students of St. Mary's Hospital have also sent to him £2:3:6, and Mr. Sayer of Leeds has forwarded ten shillings each from Mr. Clayton and Mr. W. Hall; and it appeared by the *Lancet* of Oct. 11th, that Dr. Stocker has subscribed £1; thus raising the entire subscription to £1024:3:6. Mr. Griffin has been unable to discover the addresses of about twenty subscribers. Should any of them see this notice, and write to him, he will forward them a circular of the accounts.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. From an analysis of the official list of the members, etc., of the institution, which has just been published, it appears that there are now 260 gentlemen who have undergone the examinations for the Fellowship, and 938 Honorary Fellows, making a total of 1198. There appears to be about 13,890 Members, and 840 Licentiates in Midwifery. For the certificate of qualification in Dental Surgery 13 persons appear, being only 34 over the number we published last year. Of the present Council, the following gentlemen have twice filled the President's Chair: Messrs. W. Lawrence in 1846 and 1855; J. H. Green in 1849 and 1858; J. M. Arnott in 1850 and 1859; J. I. South in 1851 and 1860; C. H. Hawkins in 1852 and 1861; and James Luke in 1853 and in the present year.

ST. THOMAS'S HOSPITAL. On Tuesday last the Court of the Governors of St. Thomas's Hospital met, when the report of the deputation of four of the Governors recently appointed to examine the hospitals of France, Belgium, and Holland was received with great satisfaction. A motion was then made to leave the whole question of choice and purchase of site to the Grand Committee, subject to the provisions of the Act of Parliament upon which an amendment was moved, very much, it was understood, with the view of continuing the hospital at the Surrey Gardens. In the debate that followed the Treasurer (Mr. R. Baggallay) and the leading members of the Grand Committee stated that no site had been chosen or even discussed; and that thirty to fifty acres ought to be obtained as near as possible to London. Finally the motion was carried by a considerable majority; as also another, directing the architect of the hospital to prepare plans to be submitted to a future Court and to the medical men.

HOSPITAL AT NAGASAKI. The Japanese Hospital at Nagasaki is completed and opened to the public. It has excellent accommodation for one hundred patients. This hospital is the first one that has been opened in Japan, and its success is entirely owing to the indefatigable zeal and energy of Dr. Pompe van Meerdervoort, who is appointed director of the establishment, and gives public lectures on surgical and anatomical subjects, for which services he received from the Government of Japan a salary of 600 florins per month (equal to £600 per annum.) The above named gentleman writes that the natives have a very good idea of surgery and medicine, and that many of them have made such proficiency in the theory and practice of the profession under his tuition, that he fully hopes, after the lapse of another year, to be able conscientiously to transfer the direction of the hospital to a native medical man. (*London and China Telegraph*.)



**POPULATION AND HOUSES.** The revised census returns show that on the 8th of April, 1861, the number of houses inhabited by the population of England and Wales was 9,505. There was, therefore, one house to every 9 persons, or 536 persons to 100 houses. In 1851, there were 547 persons to 100 houses, so that notwithstanding increased numbers there is rather more house-room than there was. In the metropolis, however, taken as a whole, the returns show that the crowding is rather greater than it was; in 1851 there were 772 persons to 100 houses, in 1861 780 persons. At the date of the census of 1861 there were 27,305 houses building in England and Wales, and in the same year the number of children born was 260,232 greater than the number of persons died. The number of houses in England and Wales reckoned as "uninhabited" in 1861 is 184,694, an increase of 1,200 over 1851, but it must not be supposed that these means empty houses; it merely implies that in that number of houses no person sleeps. In the city of London, for instance, the "uninhabited houses" have since 1851 increased from 1,059 to 1,576, but at least 1,200 or 100 of these are occupied during the day, though left empty at night under the general surveillance of the police.

**DISEASED MEAT.** There seems to be a strong belief in the provinces that meat which is scarcely fit to be given to dogs there, is good enough for those of us who live in London. Mr. Churchwarden Smart, of Newton Bromsfield, Northamptonshire, bought a cow so far eaten up with a disease that it is doubtful, according to the evidence, whether the form of slaughtering it was gone through before or after its death. He wished some butchers in his own village, who dare not, of course, offer it for sale here, to dress it and send it to London. They declined to accede to the latter part of the request from fear of the law, several of their friends having already found their way to prison for similar doings. Mr. Churchwarden Smart then took the responsibility on himself. The cow was dressed and the carcase, *minus* the very worst portions, which were given to pigs, was sent up to London, and was seized, in a frightful state of decomposition, and condemned. Mr. Smart was then called to account, and brought before Alderman Mechi at Guildhall. After the case had been gone into he was committed for trial.

**CHRISTIAN MEDICAL ASSOCIATION.** The ninth annual meeting of this Society was held at the Freemasons' Hall, Great Queen Street, on Friday last, the 24th inst., at 8 P.M.; H. Hyde Salter, M.D., F.R.S., in the chair. The Report of the Committee stated that weekly meetings of medical students and practitioners for the study of the Bible had been held throughout the past winter and summer sessions, at the Freemasons' Hall, on Saturdays, at 8 P.M.; and that they had been already recommenced for the present winter. The following paragraph closed the Report:—"One other, and a most important, subject has been much pressed upon the attention of the Committee during the last few months. It is that of medical missions to the unenlightened people of heathen lands. Of the value and the need of such missions the Committee had no doubt; but they would not have considered themselves at liberty to undertake a missionary charge, in addition to that work which they were originally constituted, unless the subject had been much and repeatedly urged upon their attention. They cannot but contemplate with some excitement the prospect of the British medical profession joining in a common effort to extend the knowledge of Christ on earth by sending forth and supporting one or more medical missionaries. Such an act would be a noble manifestation of allegiance to Him on the part of the profession, and of a desire to imitate Him who, like He saved men's souls, took also their infirmities and bare their sicknesses. The Committee still hesitate to think that they could be so honoured as to be en-

trusted with the bounty of the profession in such a cause, but they have already ventured to ask attention to the subject. In August last they held one public meeting at the St. James's Hall, to which the members of the British Medical Association, then in London, were invited, and at which the subject was briefly introduced. They are also, in pursuance of a resolution of that meeting, engaged in preparing a scheme for the support of medical missions by the profession, which, when matured, they hope to make public. Meanwhile, they take this as one fitting occasion to renew their appeal to medical men for an earnest consideration of the whole subject." The meeting was afterwards addressed by the Rev. W. Cadman, Rev. W. Arthur, Professor Balfour, Dr. Stewart, and Mr. Pye Smith. From the auditors' abstract of accounts, it appeared that, after expending the receipts of the year, amounting to £43, the Society remained in debt to R. D. Grainger, Esq., F.R.S., the Treasurer, in the sum of £7.

**RESPONSIBILITY OF NON-QUALIFIED PRACTITIONERS.** A verdict of some interest was given last week by a coroner's jury. A child sixteen months old had died from acute hydrocephalus, and the medical evidence went to show that death had been accelerated by the administration of a preparation of opium, which the mother of the child had obtained from a Mr. Timpson. Mr. Timpson, it seems, is not a legally qualified practitioner, but he claims for himself that he knows a good deal more than many who are. Be that as it may, it was sought to make him in some degree responsible for the death of the child. The coroner, however, explained the law. Formerly, if a patient died under the wrong treatment of a legally qualified man, it was held to be misadventure, but if the same thing occurred under the treatment of a man not legally qualified, it was manslaughter. A case which had been decided in the superior courts had, however, changed all that; and it was only when a person totally ignorant of medicine undertook to prescribe that he laid himself open to the charge of manslaughter. Mr. Timpson was not so ignorant, and therefore no charge could be brought against him. The jury agreed to a verdict of death from natural causes.

**POISONOUS MUSSELS.** Last week a young woman, was poisoned in Liverpool by eating some mussels which her brother had collected from the bottom of the barque *Robert*, which was undergoing repairs in the Clarence graving dock. The vessel, during her stay at Birkenhead, was covered on the bottom and sides by an immense quantity of mussels and weed, which remained fastened to her until she was placed in the dry dock. Here they were removed by the workmen, and on Friday distributed to various families throughout the town, with what results remains to be seen. Cunningham, like many of the workmen, took home a basketful, and had them cooked. He and his sister ate a number, after which they both became exceedingly ill; the woman died, and he was only rescued by medical skill. For some time Cunningham was paralysed in his limbs, found difficulty in speaking, and experienced all the sensations of drunkenness. Two young children who partook of some of the mussels, were immediately afterwards seized with violent vomiting, and exhibited symptoms of arsenical poisoning. Another ship carpenter, named Kilread, who ate some of the mussels uncooked, has been temporarily deprived of the use of his limbs, and is in imminent danger of losing his life. Several other persons who partook of the mussels are similarly situated, and there is no knowing where the mischief will end, as thousands of the mussels have been taken away for sale. The attention of the health officers has been directed to the matter, and orders have been given to have the mussels collected and destroyed. The hull of the *Robert* to which the mussels clung was not covered with copper, but with a green composition, similar to that which is used for the bottoms of iron vessels, and



it is supposed that a large proportion of arsenic forms an ingredient in its manufacture.

**DIET OF THE ARMY.** The army medical reports just issued, state that the medical officers say that three quarters of a pound of meat, with a share of bone to be deducted, are not sufficient for the soldier's daily ration. It is not enough, it is said in one quarter, to counterbalance the corporeal tissue expenditure of the Life Guardsman of six foot stature, engaged in the daily duty of horse strapping and other physical exertions. It is not enough, is repeated in other quarters, for the young soldier, often weakly and ill-grown, and who requires a supply to meet the process of growth and physical development. The loss in roasting or baking this ration drives some soldiers to turning it into soup, for the sake of obtaining greater bulk of dinner. The Director-General of the department (Dr. Gibson) has submitted to the authorities that the quantity is insufficient, and that many soldiers resort to publichouses to mitigate the craving for food, and are thus led to form habits of intemperance; and he recommended that the ration of fresh meat be increased to a pound, anticipating full compensation in the greater vigour and efficiency of the army, and in a proportionate diminution of the rate of mortality and annual invaliding. The sanitary report, however, then adds:—"This question of supply—no inconsiderable one of directly increased public expenditure—is believed to have met the counterbalance of that as yet unavoidable consideration."

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

**TUESDAY.**....Guy's, 1½ P.M.—Westminster, 2 P.M.

**WEDNESDAY.**...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

**THURSDAY.**....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

**FRIDAY.**.....Westminster Ophthalmic, 1.30 P.M.

**SATURDAY.**....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Epidemiological, 8 P.M. President's Address; Report on Epidemics; Dr. B. W. Richardson, "On Anomalous Exanthems."—Medical, 8.30 P.M. General Meeting; Dr. Thudichum, "On the Treatment of Dropsies in Connection with Diseases of the Kidneys, the Liver, and the Blood."

**WEDNESDAY.** Obstetrical, 8 P.M. Mr. Braxton Hicks, "Five Cases of Vaginal Closure"; Dr. Archibald Hall (Montreal), "Case of Puerperal Convulsions."

**THURSDAY.** Harveian, 8 P.M. Mr. W. Sedgwick, "On the Influence of Sex in Hereditary Diseases."

#### TO CORRESPONDENTS.

**\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.**

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.**—SIR: In the JOURNAL of this date, p. 454, col. II, there are certain persons named as office-bearers of the "Faculty of Physicians and Surgeons, Glasgow." Allow me to inform you that not one of these persons is even a Fellow of Faculty. Enclosed is a correct list of the office-bearers of Faculty elected on the 6th inst.

I am, etc., **WILLIAM WEIR**, Treasurer of Faculty.

Glasgow, October 25th, 1862.

[We have received also another letter on the same subject. The heading of the article should have been "Glasgow Faculty of Medicine." EDITOR.]

**MAN AND MONKEY.**—[*Homo Loquitur*. Man addresses, but respectfully, his remarkable forefather, Mr. Gorilla.]

Most uncouth monster, tell us, do we see  
A veritable ancestor in thee?—  
In thee, with thy flat forehead, hideous face,  
Huge awkward arms, bare teeth, and broad grimace.  
Has man indeed thus gradually grown,  
From some primæval germ, unnamed, unknown,  
Till in successive ages he has got  
Through varying races to so high a lot,  
That to Gorilla he ascends at last?  
And now the great Gorilla period past,  
Having attained to be a tailless brute,  
Though still, it may be senseless and still mute,  
The rising race progressing on the whole  
At length achieves a language and a soul.

By "natural selection", Nature's plan?  
Herbs become trees, and monkey becomes man.  
And man, we hope, will go "selecting" on  
Until all trace of "lower natures" gone,  
And all terrestrial transitions past  
Man grows into an "angel upon earth" at last.

On this wise was the peopling of the earth,—  
No race in fact was separate at birth,  
But every race, however old or young,  
From one and the same origin has sprung.  
A single germ, launched in the far, old time,  
Began developing, with power sublime,  
Developing itself on some grand plan,  
Until it did develop into man,  
When through all other species it had grown,  
As by philosophy so well is shown.  
No creature of the air, the sea, the land,  
E'er stood in need of the Creator's hand;  
Such old-world notions now will none content,—  
Creation's proved to be development.

Philosophy, thou hast a perfect right  
Thyself to re-create with any flight,  
In fact or fancy, any deed or word,  
Be it the most sublime or most absurd.  
But man too has his rights—and on the whole,  
Considering the body and the soul,  
May claim the right—with all respect for you—  
"To read his Bible, and believe it true."

Through Nature's countless creatures still we find  
Each was created after its own kind,  
Each kind may vary, but the first design  
Its limits to each species doth assign;  
Link after link, each joined yet each apart,  
Like some well graduated work of art:  
A wondrous chain, in which God binds the whole  
From Nature's lowest life, to man's immortal soul.

Man! the great link between earth's creatures here  
And the blest spirits of an higher sphere;  
His mortal frame dies with the beasts that die,  
His soul immortal doth ascend on high.  
Behold man's massive brain and thoughtful brow,  
And his transcendent place at once allow;  
'Tis but a mocking semblance beasts can show,  
With narrow forehead "villainously low",  
And face that more or less to earth is prone;  
To walk erect belongs to man alone:  
To man alone belongs that marvellous hand  
That executes each work his mind has planned.  
To man alone belongs the power of speech,  
His God to worship, and his kind to teach.

The famed Gorilla or most able ape  
Shows but a parody on human shape;  
So write or argue as you may or can,  
Man is not monkey nor is monkey man.

Torquay, October 10th, 1862.

R. T. E.

**COMMUNICATIONS** have been received from:—Mr. H. E. LEE; Mr. J. C. WORDSWORTH; Mr. M. B. HILL; Mr. WILLIAM CADGE; Mr. J. Z. LAURENCE; Dr. STIFF; THE SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; Dr. R. G. MAYNE; Mr. AUGUST PRICHARD; Dr. E. CUTTER; Mr. T. WILLIAMSON; Mr. RICHARD GRIFFIN; Dr. RENSCHAW; Mr. B. W. FOSTER; Mr. C. H. MOO; Dr. W. H. ACKLAND; Dr. WADHAM; Mr. W. H. MASTERS; Dr. J. A. RUSSELL; Dr. KIDD; Mr. T. S. FLETCHER; Dr. P. H. WILLIAMS; Dr. W. WEIR; Dr. DAVEY; Dr. FLEMING; Dr. SKINNER; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. EDWARD COPEMAN; Mr. W. PARKER; Mr. G. BODINGTON; Mr. H. SHA; Dr. J. M. BRYAN; Mr. STONE; Dr. A. T. H. WATERS; Dr. GRAY HEWITT; Mr. G. D. BROWN; Mr. L. HILL; and Mr. HAMILTON.

#### BOOKS RECEIVED.

1. An Appeal to Physiologists and the Press. By H. Freke, A.M.B. Dublin: 1862.
2. The Microscope and its Revelations. By William B. Carpenter, M.D., F.R.S. Third edition. London: 1862.
3. Introductory Address delivered at the Opening of the Classes of the Middlesex Hospital Medical College. By W. O. Priestley, M.D. London: 1862.
4. A Medical Vocabulary. By R. G. Mayne, M.D. Second edition. London: 1862.



This Sheet to STREET, PARK LANE, LONDON, W., before the 1st of January, 1865.

*Remedies* me-Bath : Pitch Ointment and Napthaline Ointment: Wet Sheet:

NO.	INITIALS. continued.	RESULT.	REMARKS. CHEMICAL EXAMINATION.

nal" for November 8, 1862.

Signed \_\_\_\_\_

Address



THERAPEUTICAL INQUIRY. No. 2.

# NON-SYPHILITIC PSORIASIS.

This Sheet to be detached from the JOURNAL, and with the Cases recorded on it, to be sent to DR. HANDFIELD JONES, 49, GREEN STREET, PARK LANE, LONDON, W., before the 1st of January, 1865.

*Remedies recommended for investigation.*—Liquor Potassæ Arsenitis: Donovan's Solution: Decoction of Dulcamara: Sulphur Fume-Bath: Pitch Ointment and Naphthaline Ointment: Wet Sheet:  
Liquor Potassæ: Infusion of Galium Aparine.

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Directions for filling up this Schedule will be found in the Number of the "British Medical Journal" for November 8, 1862.

Signed \_\_\_\_\_

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NO.	INITIALS.	AGE.	SEX.	CONSTITUTION.	Previous Duration of Disease and of Relapse.	CAUSES.	Attendant Symptoms, State of Urine, etc.	Treatment, and how long continued.	RESULT.	REMARKS. CHEMICAL EXAMINATION.

Directions for filling up this Schedule will be found in the Number of the "British Medical Journal" for November 8, 1862.

Signed \_\_\_\_\_

Address \_\_\_\_\_



THERAPY.

This Sheet N STREET, PARK LANE, LONDON, W., before the 1st of January, 186

*Remed* Fume-Bath: Pitch Ointment and Naphthaline Ointment: Wet Sheet:

NO.	INITIALS long continued.	RESULT.	REMARKS. CHEMICAL EXAMINATION.

Journal" for November 8, 1862.

*Signed*

*Address*



# Therapeutical Inquiries.

## II.—NON-SYPHILITIC PSORIASIS.

Reporter, C. HANDFIELD JONES, M.B.,  
F.R.S., F.R.C.P., London.

AMONG the minor disorders, such as do not peril life or seriously impair our more important faculties, there is scarce any which is more obstinate or annoying than psoriasis. There are few disorders also respecting whose pathology we are more completely in the dark. Appearing often without any apparent cause, leaving very frequently the general health unaffected, and permitting all the functions to go on in a normal manner, it fixes its disfiguring patches on the cutaneous surface with a tenacity which too often makes it a very *opprobrium medici*. For lack of certain information, we imagine psoriasis to result from a poison in the blood analogous to the syphilitic; but this theory bears no fruit in assisting us to a rational treatment. We use various means quite empirically, sometimes with complete, oftener with partial, sometimes (even the best of us) with no success at all. In some instances, the disorder appears to depend on some article of diet, which acts as a cutaneous irritant; more often, we can discover no such. We have then that peculiarly difficult condition to deal with, where a single morbid phenomenon exists, and seems to have become, as it were, naturalised in the economy, and where medical interference, except by local measures, seems only to derange the healthy without benefiting the unhealthy parts.

Taking psoriasis simply as we observe it, we must look upon it as a chronic inflammation of the skin having a great tendency to localise itself in particular situations, very commonly symmetrical, and not producing for the most part any other organic change than a more or less rapid scaling off of the epidermis, and some staining of the affected tissue. It is prone to periodical relapses, returning mostly about the spring or autumn, and ceasing or diminishing in the colder season. It often increases in inveteracy with years, continuing then for life; sometimes, however, it disappears spontaneously after an attack of febrile disorder, at least for a time. It resembles other skin-diseases in its relation to arsenic, being sometimes much aggravated by it, when the skin is unduly excitable, and at other times greatly ameliorated or cured by the same doses. Comparing psoriasis with eczema, impetigo, and pemphigus, on the one hand, and with lichen and prurigo on the other, we remark that it seems to be eminently a *tissue-disorder*. The discharging vesicular group seems to be very dependent on vasomotor nerve-dis-

order, leading to congestion and exudation, which speedily cease when the nerve-power is restored. The papular group, with its intense itching, appears to be closely connected with cerebro-spinal nerve-disorder. The squamous affections, on the contrary, seem to belong chiefly to the cutaneous tissue itself, and to result from some modification of its vital nutritive action.

The chief points for observation will be to ascertain as accurately as possible: 1. The producing causes in each instance; 2. The natural tendencies of the disease as to disappearing and recurring; 3. The means local or general, external or internal, which are most effectual in its cure. The view of Mr. Erasmus Wilson, that psoriasis, as well as lupus and kelis, are forms of cutaneous disease having their original source in syphilis, should be borne in mind, and any evidence bearing upon it recorded. In cases where a copious desquamation takes place, it would be quite worth while to collect a large quantity of the scales, and have a careful chemical examination made. Uric and oxalic acids should be specially sought for. The state of the urine should be occasionally observed, its specific gravity, acidity, quantity, and sediments (if any) noted. Any deviation from a healthy condition of the alvine evacuation should also be noticed. The diet and habits of the patient should be inquired into, as the cause of the disorder may possibly be detected in them. Special attention should be given to ascertain whether the eruption shows a decided tendency to alternate with dyspepsia, or any other disorder of the viscera, or of any part. The remedies should be fully and fairly tried; and, as far as possible, employed separately; so as to make it practicable to form an opinion of their individual efficacy. In the use of liquor potassæ arsenitis, it should be remembered that very large doses—as much as fifteen or twenty minims three times a day—may be requisite. This remedy should be given after meals; while liquor potassæ should be administered upon an empty stomach. In giving the sulphur fume-bath, care should always be taken to vaporise the sulphur together with water; as otherwise the sulphur is very prone to take fire. If dulcamara be given alone, it should be in not less than two-ounce doses of a concentrated decoction three times a day, which should cause decided *malaise*.

It is evidently desirable that full time should be taken to make the report complete, as in some very chronic cases no result worth recording is likely to be arrived at under at least one or two years. In other cases, of course, a much shorter period would suffice. But, in all, the solidity of the cure should be tested by observation continued beyond the season of the year when relapse might be expected to occur.



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

TWO CASES OF ADVANCED DISEASE OF THE HEART, IN WHICH THE OCCURRENCE OF SYMPTOMS WAS REMARKABLY DELAYED.

Under the care of JAMES RUSSELL, M.D.

CASE I. W. C., aged 40, hinge-filer. His history was as follows:—His family history is free from any indication of disease, and his own health has been very good until two months ago. His work is very laborious; but he affirms that he has not suffered from any ailment, excepting that he admits two brief attacks of faintness within the last five years, and slight faint feeling, with fluttering at the heart, when lifting heavy weights.

Eight weeks since, whilst running after a horse, he became giddy, lost his eyesight, fell, and for a minute or two was partially insensible; he describes himself as having been in a kind of dream. A similar attack happened three weeks subsequently, as he was walking uphill, "but he had not the same dream as before"; and two or three slighter attacks followed. During the first five weeks of the past two months, he was compelled to "play," on account of tightness in his chest, and difficulty of breathing; and when he resumed work, he was frequently obliged to rest by this sense of constriction and by lassitude. His ankles began to swell about a fortnight ago; his urine became scanty; and a few days before admission, he was troubled with a dry cough for the first time.

He has worked at a very laborious employment from seven in the morning until the same hour in the evening. Of late he has been in greatly reduced circumstances, and has had "a deal of trouble." For the last three or four months, he has sometimes had no food but gruel through the day. He shed tears in recounting his troubles. His habits have been sober and steady.

On admission, it was noted that he was suffering from very short breath, which rendered him afraid of falling asleep, and that his pulse was exceedingly feeble. There was anasarca of the legs and ankles; his urine was scanty. His face was pallid; his lips slightly livid; the right external jugular was distended; and there was considerable visible pulsation in the right carotid. The heart's impulse was very feeble and hardly visible; its dulness extended to the left, as far as a vertical line through the nipple. On the right side, the limit of dulness could not be accurately ascertained, on account of want of resonance in the neighbouring region of the chest. A soft systolic bellows sound was heard very distinctly over the upper region of the chest, especially under the sternal end of the right clavicle, and down the right edge of the sternum, as low as the fifth cartilage. The second cardiac sound was entirely absent, and there was a suspicion of the existence of a diastolic bellows sound. The epigastrium was full; but the irritability of the abdominal muscles prevented our discovering the edge of the liver.

The patient lived but eight days after entering the hospital; and during that period, the fatal symptoms of his malady developed themselves with marvellous rapidity. He expectorated clear fluid blood in considerable quantity, he was unable to lie down or to sleep; he "could not tell what form to get into to ease his breath"; he spoke in short interrupted sentences. His breathing was greatly distressed, short, and affected with

sudden effort; his pulse was hardly perceptible; and the sounds of his heart could scarcely be distinguished. His face was pallid, at times leaden; and his lips were livid. The expression of his countenance anxious. His entire condition involved all the sufferings incident to the closing scene of extreme cardiac disease. The anasarca rapidly extended to the thighs, and finally reached the arms also; his urine was turbid and scanty, and passed only in small quantity at a time. His exhaustion was so great that he was unable to feed himself.

Stimulants of various kinds were administered, and enemata of sulphuric ether; but with no effect. He derived most comfort from the repeated applications of mustard plasters to the chest, which relieved the severe pain seated in that region. The urine contained a small amount of albumen; and that passed the day before death had an alkaline reaction; but there were no microscopic appearances exhibited, save some crystals of uric acid in one specimen. He retained his intelligence to the last.

POST MORTEM EXAMINATION. There was some fluid in the chest, and considerable adhesion of the left lung. The heart presented a very moderate amount of fat on its surface. It was greatly enlarged, the enlargement concerning mainly the left ventricle. It weighed one pound three ounces and three-quarters avoirdupois. Its tissue was firm; the coronaries were healthy. The walls of the right ventricle were somewhat thickened. The tricuspid valve was obviously insufficient to close the opening. The pulmonary valves were healthy. The left ventricle was much hypertrophied; the mitral valve was healthy. The aortic valves presented a large amount of disease; their separate flaps were intimately adherent to each other, so as to form a diaphragm stretching across the opening of the aorta. Several considerable earthy masses were connected with the valves, so that on introducing the finger from the ventricle, the sensation was that of entering a sac of small stones. Across the centre of the diaphragm passed a small slit with smooth elevated edges, like a neatly worked button hole, through which a threepenny-piece just passed edgewise by using very slight pressure. The aorta, through its entire length, was perfectly healthy. A portion of the left ventricle, reserved for further examination, was unfortunately lost. Of the right ventricle, many fascicles presented a considerable array of small oil-globules; in some, the globules occupied the entire fascicle; in others, they were more sparingly scattered; but a large number of fascicles were quite healthy. The lower lobe of the right lung was one mass of diffused pulmonary apoplexy; the left lung was healthy. The liver occupied a very low position in the epigastrium; in consequence, no doubt, of the continued depression of the diaphragm in the effort to relieve the dyspnoea. Its weight was three pounds four ounces avoirdupois; its tissue was healthy. The spleen was healthy. The two kidneys weighed eleven ounces and a quarter; their larger veins were loaded with blood. Their tubules were opaque, many very much so, from granular deposit in the contained cells.

CASE II. H. R., aged 50, labourer; had an attack of fever three years ago, but has had no other complaint. He never suffered from rheumatism. His habits have been temperate, and he has lived well.

Nine weeks ago, he was crushed between the buffers of two railway trucks, and was obliged to desist from work for three weeks, though he was not wholly confined to bed during that period. He recovered perfectly, save that he had a slight stitch in the lower part of the left side, and was able to resume his labour for two or three weeks. He is clear and positive as to the entire absence of any symptoms indicating disease within his chest, until three weeks before his admission. His work has been very laborious; he had to raise heavy bars above his head, in a backward direction, in loading carriages,



and has never experienced any inconvenience in the performance of his duties.

Three weeks ago, as he was walking quietly from his house, he was suddenly seized with great dyspnoea, which compelled him to return; and for a fortnight he remained at home, unable to do anything from shortness of breath and palpitation. He has been subject ever since to paroxysms of a similar character, often lasting the greater part of the night, and attended by pain beneath the lower part of the sternum; he dared not go to sleep for fear of losing his breath altogether, and had only one good night through the whole three weeks. Four days before admission, his legs swelled for the first time.

The report taken on his entering the hospital stated that he was a spare man; his face was pallid, with patches of coarse injection on each cheek; the integuments of his nose were loaded with blood, and his lips were livid. His pulse was 92, collapsing; that of the right arm was remarkably fuller than that of the left. There was slight oedema of the ankles.

The pulsation of the carotids and radials was very distinct. The impulse of the heart, felt vertically beneath the mamma, was very feeble. The only other circumstance worthy of special note in the physical examination was the presence of a soft systolic bellows sound, replacing the natural first sound of the heart beneath the nipple, and a very distinct double bellows sound audible over the upper region of the chest, and especially beneath the sternum, the normal sounds of the heart being almost absent. The systolic *bruit* was also heard in the course of the carotids.

During seventeen days, he continued in much the same state; his nights were sleepless, and passed under the infliction of rapidly recurring fits of distressed breathing, which obliged him to start up with violent panting respiration. He soon became unable to recline at all; but perpetually threw himself forward to catch his breath. His respiration was 22; inspiration being deeply drawn, expiration abrupt and rapid. His face was pinched and livid. His pulse between 96 and 108, regular, but collapsing; the left pulse could hardly be distinguished. His heart beat very feebly. He was irritable, but his intellect was unclouded. The anasarca increased, and in time involved the scrotum.

Morphine was then prescribed in cautiously regulated doses, with the happiest effect. His nights became tranquil, and were passed in comfortable sleep. He became able to lie down; and exulted that, whereas previously he was unable to rest for more than five minutes without springing up to relieve his breathing, he could now pass his nights comfortably in a semirecumbent posture, and enjoy uninterrupted repose. Under this altered state of things, his appetite returned; he took food freely; and his face lost its worn and haggard expression; it filled up, and assumed an aspect of ease and tranquillity in striking contrast with the suffering it had hitherto too manifestly bespoken. He continued, however, to be attacked with accessions of severe spasmodic pain in his abdomen, which was much distended, and was imperfectly relieved by assafoetida enemata, and by mild aperients.

Unhappily, the improvement thus effected was but short-lived. At the end of a fortnight, his troubles returned, and a tendency to collapse was speedily manifested. The pain in the abdomen also caused much distress. He sank in five weeks after his admission.

On *post mortem* examination, the heart was found considerably enlarged, chiefly through the medium of the left ventricle, the apex being unusually rounded. Its weight was  $1\frac{1}{2}$  lb. avoirdupois. The left ventricle was full of soft coagula; and large coagula were removed from other cavities of the heart before I saw the organ. The right ventricle, with its valves, was healthy; the pulmonary artery and its branches were free from

fibrinous deposits. Both auricles were dilated. The left ventricle was greatly dilated and hypertrophied; the mitral valve was healthy and efficient. The arch of the aorta was dilated; and its interior constituted one sheet of calcareous degeneration, without a single healthy spot; the disease ending entirely with the arch. The orifice of the left carotid was contracted; but the left subclavian artery, just beyond its commencement, was nearly closed by a smooth infundibular membranous process passing from the lining membrane to the mouth of the vessel, within which was an opening which only admitted a small probe. The aortic valves were thick and hypertrophied. They would, however, have been equal to their office, but that one flap was prevented from opening fully by thickening of its corner; thus the artery would not hold water. The orifices of the coronary arteries were decidedly contracted by the degenerate disease of the aorta, otherwise these vessels were healthy. The muscular tissue of the heart was pale; the fascicles were occupied by bright globules, thickly set in some parts, so as to render them quite opaque; in other parts, the globules were more scattered. The change had advanced farthest in the walls of the right ventricle, where no transverse striæ were visible; in the left ventricle, the normal striæ appeared in some parts.

There was a considerable amount of fluid in the chest. By an accident, the condition of the lungs is omitted from the report. The liver weighed  $3\frac{1}{2}$  lbs; it contained much blood; its yellow element was very distinct; its cells presented an abnormal, though by no means excessive, quantity of oil. The gall-bladder contained dark bile and inspissated grains. The kidneys weighed together  $12\frac{1}{2}$  oz. They were much loaded with blood; but the lobular markings on their surface were distinct. The tubules were generally opaque, and presented a sparing deposit of oil-globules, a few of which existed in the separated cells. Certain of the tubes were very dark and opaque, apparently (as shown after the operation of acetic acid) from shedding of cells into their interior. The Malpighian tufts were unusually opaque.

These two cases, though differing somewhat in the nature of the morbid changes, resembled each other in the fact that advanced disease of the heart had existed for a length of time, almost without symptoms, not incapacitating the patients from very laborious employment; but at last, without any warning, under the influence of some change in the condition of the heart, at once developing all the most urgent disorders incident to the malady, and hurrying the case to a fatal termination. The history of years, in an ordinary case of heart-disease, was compressed in one case into nine, in the other into eight, weeks. In that short space of time was crowded most of the sequence of events usual in cases of this disease; the obstacle to the course of the blood reacting first upon the lungs, and through them upon the general venous circulation. The speed with which the term of illness ended, when once the heart had yielded in the struggle, affords a measure of the magnitude both of the obstacle opposed to the heart, and of the efforts it had so long maintained in overcoming such obstacle.

A case very similar to the former of the two is detailed by Dr. Stokes (*Diseases of the Heart and Aorta*, p. 153), in which death occurred suddenly, only a few days after symptoms of disorder of the heart had announced themselves. The outlet through the aortic opening was even smaller than in the case narrated above; yet "the patient was a man of exceedingly active habits, who had up to his fatal illness enjoyed uninterrupted health."

It is, however, highly probable that such immunity from the symptoms of the malady, in *obstructive* disease of equal extent, could only exist when the aortic valves were concerned. Closure of the mitral orifice to a like



degree must necessarily have reacted upon the lungs, the auricle not possessing sufficient power to cope with the difficulty; though the author already quoted details (p. 148) a very interesting case which proves that *regurgitant* disease of the mitral valve is not inconsistent with uninterrupted health, and with habits of great bodily activity.

Cases such as these read the important lesson "that some valvular diseases, at all events, are either not progressive, or that they advance with such extreme slowness as to constitute a class of cases very different from the more common examples of these affections." They afford a very striking example of that wonderful system of compensation whereby the heart is enabled by increased growth so completely to adapt itself to altered circumstances as to be, for all useful purposes, a healthy organ. The microscope demonstrated, in my two cases, the conditions on which such compensating power is dependent; namely, healthy nutrition of the heart's fibre. In both the hearts described above, the muscular fascicles had undergone partial fatty degeneration; and the history of the patient, or the *post mortem* examination, afforded an explanation of the failure of nutrition thus indicated, in the want of the necessities of life in one case, and in partial occlusion of the mouths of the coronary arteries in the other. Before these influences came into operation, the circumstances of the patients were favourable to healthy nutrition of the body in general, and therefore of the heart in particular. Both were temperate men, and of very active habits and sound constitutions; and both had been free from rheumatism, the recurring attacks of which have often so large a share in increasing valvular disorganisation.

When circumstances influencing nutrition are of a favourable character, it often happens that patients, although less fortunate than those who have formed the subjects of these remarks, are nevertheless able to date to a long anterior period the commencement of those symptoms which first taught them that they were otherwise than sound men. I have just witnessed the close of such a case in the person of a young man whom I first saw in 1844. He was then eight years of age, and had already established disease of the aortic valves, resulting from acute rheumatism. He even then presented evidence of the injurious effect of the disease upon the circulation. He has thus lived at least eighteen years, his disease undergoing a steady increase; and, although at times suffering from rheumatic attacks which distressed him far more than his cardiac disease, he grew to be a remarkably fine, well-made young man. Urgent symptoms of unsoundness of the heart did not set in until within two months of his death.

Last year I saw a gentleman, aged 47, who presented physical signs of a heart of unusual magnitude. Its impulse, and the dulness occasioned by its presence, extended from the front of the left chest into the lateral space, near to the posterior boundary of that space, and as high as a line drawn round the chest from the lower edge of the left costal cartilage. The action of the heart was too feeble and irregular to develop reliable auscultatory sounds; but a feeble systolic *bruit* was audible in the left lateral space. The pulse was very small and unsteady, and presented remarkable discrepancy with the beats of the heart; a difference of from twenty-eight to fifty-two pulsations existing between the heart and the radial artery. His breathing was very laboured and stridulous, and the ribs were raised with much effort. His face was pale; his conjunctivæ turgid. There was no fulness of the jugulars. I learnt from a very intelligent friend that the patient's symptoms dated back for a period of twenty years, but that he had never been incapacitated until the twelve months preceding his visit, though he had expectorated blood on several occasions. Three years previous to the time when I saw him, he had made a tour in Wales, and had

ascended Snowdon in great part on foot. He was a man of very active habits. During the last year, dyspnoea had established itself, and was at times aggravated by severe paroxysms; and anasarca followed, and increased rapidly. When I saw him, he was unable to lie down, and sometimes could not even take food without great increase of dyspnoea. He also suffered much from extreme nervous irritability, as well as from apprehension. I heard of his death soon after his visit to me.

One other lesson, ably dwelt on by Dr. Stokes, is afforded by such cases as these—a cautious use of the information the stethoscope affords us, lest by alarming our patient, by presenting habitually to his mind the dreadful idea of heart-disease, with all the fears vulgarly associated with that idea, by causing a mischievous change of habits and an equally baneful habit of watching symptoms, we depress nervous and bodily energy, and thus induce prematurely the very evil most to be dreaded, and "run to seek what we would most avoid".

### ROYAL LONDON OPHTHALMIC HOSPITAL.

RESTORATION OF SIGHT IN AN EYE SUPPOSED TO  
BE BLIND FOR NEARLY SIXTY YEARS.

By J. C. WORDSWORTH, Esq., F.R.C.S., Surgeon to the Hospital.

—, aged 62, applied at the Royal London Ophthalmic Hospital for advice on account of her grandchild, who was suffering from an ordinary ophthalmia; and, as she was about to leave the hospital, inquired whether anything could be done for her own right eye, the sight of which was gradually decreasing. She stated that she had lost the use of the left from an accident when she was about two years old; that it had been operated on in Charterhouse Square; and that the surgeon had stated that the cataract had been disposed of, but that, in his opinion, sight would never be recovered. Acting on this opinion, her friends had always considered the sight lost, and consequently taken no further steps to recover it.

On examination, I observed that she had slight perception of light; the pupil being small, pear-shaped, and drawn upwards by a slight prolapse of the iris, probably resulting from the needle-operation for solution. To enable me to explore the eye satisfactorily by the aid of oblique illumination, and by the use of the ophthalmoscope, a drop of the atropine solution was applied to the conjunctiva, and in a few minutes had produced full dilatation of the pupil. Its area appeared to my unassisted vision quite free, black, and patent for the admission of light; but when examined by concentrating the flame of the gas-burner with a convex lens, and so directed as to allow the light to fall obliquely on the eye, the apparently open pupil was at once seen to be occupied by a deeply pigmented membrane, filling its whole area so as almost entirely to exclude light from the retina. The layer of pigment was so dense as to appear almost black; but with the ophthalmoscope I observed that the pigment was partially deposited on one small portion of the membrane, through which light passed, and afforded her a vivid sensation of its presence, and was so reflected as to produce a dull-red, undefined image on my retina. This partially available space would not be opposite the pupil in its ordinary state; hence she had never become aware of her ability to see light by that eye until the pupil was artificially dilated with atropine. No defined view of the optic nerve or other structures or the fundus of the eye could be gained by the ophthalmoscope; but I was so satisfied of the integrity of the retina, that I ventured to promise her some recovery of vision as the result of an operation, to which she was induced to submit at once.

Two needles were introduced through the cornea, as the membrane was expected to be very tough and elastic,



and consequently difficult to tear. By these means the necessary laceration was made, without producing much strain on the ciliary attachments of the membrane; a good clear space became available for vision; and by the aid of a convex lens she was at once enabled to recognise the features of those around her.

In making a few comments on this case, I shall confine myself to a passing notice of its great physiological interest, its practical illustration of the value of modern means of investigating this class of diseases, and of the consequent precision with which they may be treated.

1. As the operation was performed while the hospital was in Charterhouse Square, now half a century ago, it affords the most remarkable instance with which I am acquainted of recovery of sight after so long an abeyance of the function; and it is not a little singular that the complicated nervous apparatus essential to vision should so long have maintained its integrity under circumstances so unfavourable.

2. It would be difficult to furnish a more pleasing illustration of the advantages that the ophthalmoscope has given us in arriving at a correct diagnosis, than this. Our predecessors (to their lasting honour, be it said), by their genius and industry placed ophthalmology on a par with other cognate departments of medicine; but, lacking the more exact means of physical diagnosis of our time, necessarily were obliged to speculate more or less on the hidden conditions of the eyeball, and, thus deducing their conclusions from inferential data, were without those landmarks that now may be observed in the progress or recession of disease. No longer left to speculate on subjective signs, we are enabled by the ophthalmoscope, etc., to seek for the physical conditions displayed by the interior of the eyeball. Nay, more improved means of research have made it incumbent on us to scrutinise with a precision not attained in any other branch of our science all functional diseases of the eye. Ten or twelve years have not sufficed to limit exactly or to daunt our hopes in the cure of blindness; on the contrary, we have learned not to despair of vanquishing our foe till, at any rate, we have seen him, or, if invisible, till we have at least learned his *habitat*, and such other of his circumstances as may be within our ken; or, failing all these, till we have, *per exclusionem*, little doubt as to his power or our own inability to overcome him.

No doubt we have much to learn, much to see, much that, though seen, we are not yet able to interpret; still we have learned so much, seen so much, and interpreted so much, in the last decade, that we are daily becoming more tenacious, more hopeful, more ambitious, more daring. It certainly is true that we often obtain a glimpse of an enemy that makes us feel discretion to be the better part of valour. We have then, at least, the satisfaction of escaping the stigma of exhausting ourselves on a hopeless contest. But, on the other hand, how often might the motto, "Ex fumo dare lucem", be our due; and, guided by the light of ophthalmoscopic exploration, we are enabled to descry the veil that shuts off light from an eye that, when unveiled, can see.

**THE RICHMOND LUNATIC ASYLUM.** The Dublin Corporation have this year rejected the presentment made for the sum of £10,251 for the Richmond Lunatic Asylum, on the ground that a number of lunatics from all parts of Ireland are there supplied at the expense of the Dublin citizens. They had sought in vain for a remedy, though the Government admitted the justice of their complaints. The tax for this object had increased £7,000 in the course of eleven years. The effect of the vote, however, is that the matter will go to the Court of Queen's Bench, which will issue its mandate for the collection of the £10,000. Relief must be sought from the legislature to enable Boards of Guardians to send pauper lunatics to the districts in which they had resided a certain length of time.

## Original Communications.

### FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

#### III.—ROLLET OF LYONS.

M. ROLLET is one of the earliest propounders of the theory of double contagion of venereal ulcers. This theory explains the apparently anomalous results and consequences of venereal infection, by referring their origin to two distinct contagious principles; the one, producing soft chancres, is a contagious pus, causing, by its irritating quality, ulcers where it is absorbed; the other is a true virus, which, like that of small-pox and of other diseases, affects the system generally, to the infection of which all the local symptoms are subordinate. To this virus alone are all the phenomena of constitutional syphilis referrible. In a pamphlet of seventy-eight pages, entitled *De la Pluralité des Maladies Vénériennes*, he has published his conviction of the distinct nature of the two ulcers in the year 1860; and from this the following extracts are made.

He first runs through the order of their appearance in history. Gonorrhœa is the oldest, being described by Moses, and by the Greeks, Arabs, and Romans.

The contagious ulcer of the genital organs, and its consequence, the inoculable bubo of the groin, appeared later. It is described as being widely spread and well known by the surgeons of the thirteenth and fourteenth centuries.

The syphilitic chancre was first observed at the end of the fifteenth century, when its appearance caused a terrible panic among the nations it invaded.

Hence, the doctrine of the plurality of venereal diseases is old; and its present introduction to notice is simply a revival of a belief which was firmly held when syphilis was a new disease. Syphilis was well described until the two diseases were confounded together by Nicolas Massa in 1532; since which time others have followed his misleading, till M. Bassereau, in his treatise on *Diseases of the Skin Symptomatic of Syphilis* (Paris, 1852), rediscovered the distinct natures of venereal sores.

The points these diseases have in common are simply these. They are contagious; affect most frequently the genital organs; are usually transmitted by sexual intercourse. They often coexist in, and are often derived from the same sore. But all these latter characters are consequent on the first; namely, that they are contagious.

The sexual organs are the parts which fall into closest communication of all the parts of the body during the commonest mode of contact between individuals; viz., coitus. Rollet thinks it remarkable, not that these diseases have the sexual organs as a common seat, but that all contagious diseases do not select the genitals as the favourite locality. He believes that, if the *acarus scabiei* could exist in the vagina, it would be found there more often than anywhere else. Having discussed this question at some length, he passes on to arrange the points of difference of the two ulcers in five series.

*First Series. Inoculation on the Patient Himself. (Auto-inoculability.)* The contagious ulcer is almost indefinitely inoculable on its bearer. This experiment has been tried some thousands of times on the same individual, with never-failing success. For example, M. Lindmann inoculated himself 2200 times with soft chancreous pus without once failing. (See Ricord's *Leçons sur le Chancre*, page 335.) It is inoculable on syphilised



and on unsyphilitised persons alike. No disease but one completely local—as favus, for instance—can behave thus.

The indurated chancre can at no period be inoculated on its bearer. Experiments confirming this have been made again and again in all countries of Europe. Moreover, this ulcer is inoculable on no other person who is labouring under any form of constitutional syphilis.

The number of simple chancres is more often plural than single, through its power of repetition on the same individual; so that it repeats itself around the site of the original ulcer.

The almost complete absence of well authenticated cases of simple chancre caused by accidental contagion on the head and face and nipple, however it be explicable, is a peculiarity of this variety.

The infecting chancre is most usually single (perhaps all exceptions to this rule are “mixed chancres,” which are explained later). It is most frequent on the genitals, nearly as frequent in the mouth, but has been observed on every part of the body's surface.

*Second Series. Incubation and Mode of Development.* The simple chancre has no incubation period. In twenty-four hours it is visible as a minute pustule; in four or five days it is a characteristic ecthymatous pustule, breaking down after that into a growing ulcer. The infecting chancre has a long period of inaction after inoculation. In fifteen cases of artificial inoculation of syphilitic sores on persons virgin from syphilis, made by different observers, the shortest period was nine days and the longest forty-two; the mean being twenty-five days. Of these fifteen, three were inoculated from primary chancres, and twelve from secondary affections.

The simple sore commences as a pustule. When it has become an ulcer, it is pretty deep in form; it has borders which appears punched out perpendicularly, sometimes undermined; the floor is wormeaten, covered with greyish pus. The base is nearly always supple; when it is hard, its hardness is non-elastic and due to inflammatory engorgement.

The infecting sore commences as a papule, which rapidly ulcerates; its ulcerated surface is coppery red or ham coloured; its borders are not sharply cut out; its sides slope down to the floor, which is smooth; the pus secreted on it is scanty, and often coagulates into a croupous layer or even into a crust.

The induration commences early, and steadily develops itself, presenting when developed a hard elastic base, feeling to the touch most frequently like a piece of parchment, or India-rubber, or gristle. This induration is frequently absent in women and even in men about once in twenty cases.

The transformation *in situ* of a primary lesion into a secondary one is more frequent in women than in men. A thin pellicle forms over the denuded surface of the ulcer, which thereby attains a papular appearance. This change, occurring so frequently in women, Rollet considers in some way to supply the want of induration of their sores.

Simple chancres are much more subject to sloughing, etc., than the infecting sore, owing to the superior irritating qualities of the former.

*Third Series. Differences of the Consequences of the Two Sores.* This, as remarked by Dr. Friedreich, his German critic, is what M. Rollet is busied with proving to be a result of the difference of the two sores; *ergo*, he rests his argument on a *q.e.d.* The sole consequence of the simple sore is an acute bubo, arising from absorption of the virus of the sore. One of the nearest glands of the next chain swells, grows very tender, and sharply painful; suppuration soon follows, of which the pus is plentiful, greyish, and inoculable, like that of the chancre. The opened abscess soon resembles the chancre in its sharply cut edges, ragged surface, and inoculable pus. This absorption does not always take

place; and then there is only swelling and tenderness of the glands of the groin, as with any other cause of local irritation. Here end the consequences of the simple chancre.

The infecting chancre causes enlargement of the groups of lymphatic glands generally; those nearest the sore being first affected and inevitably affected. The groups more distant from the sore are usually also enlarged. This enlargement is indolent, hard, and long continuing; suppuration occurs now and then in this variety; but purely from irritation, and the pus is not inoculable. To this enlargement succeed secondary symptoms, at a more or less distant period. In the before mentioned fifteen cases, it appeared in the minimum period of twelve days, and in the maximum of 128 days, with a mean of fifty-two days.

*Fourth Series. Differences in their Sources of Origin.* The syphilitic chancre arises from inoculation, either of the pus of a primary lesion, of the fluids of some secondary lesions, or of the blood of a person suffering some form of secondary syphilis. Each of these sources produces a chancre in the person infected. The semen can also convey it to the ovum; and, in this instance, the presence of a chancre is not necessary. In every other case, a chancre is the commencement of syphilis. The simple chancre results through contagion with the pus of the simple chancre.

These two laws have been proved by various observers, in addition to Rollet, Ricord, and Fournier, who have investigated a large number of cases where the persons infecting and the persons infected have been compared, and these comparisons have always established the similarity and identity between the source and the propagated sore. Some of these cases of similarity were proved before the dualist doctrine was revived. For instance, when children have infected their nurses, the sores have been long known to be hard chancres succeeded by syphilis. In twenty-four inoculations of syphilitic exudations, the consequence has always been syphilis.

*Fifth Series. Effects of Treatment.* The simple sore can be eradicated at any period of its existence by cauterisation, which converts it into a simple suppurating wound, healing quickly, and no longer inoculable.

The infecting sore, though sometimes cauterisable with good effect, cannot be destroyed so as to prevent constitutional results, with certainty, at any time, and without doubt. After the first few days, cauterisations are useless. Mercury is useless in preventing the progress of the simple sore; but it is universally acknowledged to be advantageous in the infecting sore.

In comparing the frequency of syphilis with other venereal diseases, Rollet makes use of statistics to be quoted presently.

*Coincidence of the Two Diseases on the same Individual.* The two diseases are often present together, because they are propagated in the same way; and they have their most frequent seat in common. This is only a characteristic of contagious diseases generally. For instance, in inoculating vaccine matter, measles and small-pox are sometimes inadvertently inoculated, being present along with the vaccine disease in the source of infection.

The venereal diseases may exist, not only at once, but in the same localities; so that the lesions they occasion have characteristics common to both sores. The syphilitic poison may be inoculated; but, at the same time, gonorrhœa and soft chancres may be present, which completely mask the syphilitic sore until its secondary symptoms show themselves elsewhere.

From the following statistics, Rollet thinks he can estimate the usual proportion of the cases of mixed diseases to the cases of isolated disease. Of 2000 cases of venereal affections, gonorrhœa bore 41 per cent., simple chancres 33 per cent., infecting chancres 26 per cent. Of these 2000 cases, 90 per cent. were uncomplicated with



each other; and 10 per cent. had either two or all three of these simultaneously present.

*Mingled Cases.* 1. A syphilitic patient without syphilitic eruption on his genital organs has a gonorrhœa, which runs its usual course; if the pus alone be inserted in the mucous membrane of another, that second person has gonorrhœa only; if blood be taken with it, and the second be virgin from syphilis, he is infected with syphilis as well. The patient may have syphilitic affections of the genitals; in which case the syphilis and gonorrhœa may be transmitted simultaneously, and run their course independently of one another. If this syphilitic sore be an urethral chancre, the case would be very puzzling, as there would, perhaps, be no detectable sign of syphilis separate from the gonorrhœa. The point of this argument is, that blood of syphilised persons is inoculable, but their pus is not.

2. Simple chancres may coexist with infecting ones.

*Mixed Chancres.* A constitutionally syphilised individual contracts a simple chancre, which runs its usual course, except it may have greater tendency to phagedæna. This chancre he may communicate to a non-syphilised individual as a simple chancre, and nothing more, if the contagious matter contain only pus and no blood. Should blood be mingled with the pus, this communicated sore will, in all probability, prove an infecting syphilitic sore. This chancre, in virtue of its mixed character, that of the simple and that of the infecting chancre, is inoculable on its bearer. (Rollet relates no case in support of this hypothesis.)

3. A person may bear both simple and infecting sores at the same time on different parts; but if they be pretty close together they may inoculate another individual at the same point, and so produce a sore having the characters of both. Or, again, a sore originally infecting may be inoculated with pus from a soft chancre; and then its characters would be mixed. The inoculation may take place in the reverse order. These combinations are rare, as the sores are usually separate.

M. Rollet concludes, from the results of artificial inoculation, that the "mixed chancre" holds a proportion of five per cent. to the infecting sore.

The mixed chancre, Rollet thinks, must have been described as the *ulcus elevatum* by older writers; its description so completely resembles that of the sore produced when the two contagious principles are mixed.

From a few considerations on the coexistence of vaccine with syphilis, the following are extracted:—

If a syphilitic individual be vaccinated, whether he be new-born or adult, is immaterial. The irritation of the vaccine stimulates the action of the syphilitic poison; and syphilitic eruption appears earlier than it would otherwise have done. If, from this subject, vaccine pus without blood be taken, no syphilis will be communicated. This has been verified by different observers, whose experiments are narrated at length by M. Viennois, in a treatise on the Inoculation of Syphilis with Vaccination. (*Archives Générales de Médecine*, June, July, and Sept. 1860; and *Gazette des Hôpitaux*, March, April, and May 1862.) If blood of the syphilised person be taken with the pus of the vaccine, it is certain that syphilis will be infected. This question is treated at more length in the before-mentioned treatise.

The contagious principles of the venereal sores are two in number—the syphilitic poison and the contagious ulcer poison. The syphilitic virus is contained in the pus of the primary sore, the blood generally, and the serous fluid of secondary lesions. The spermatic fluid in a certain degree also contains it, as that fluid can communicate the disease to the ovum.

The contagious principle of the simple chancre is not sustained in any of the corporeal fluids except the pus of the chancre and the bubo arising out of it.

This completes M. Rollet's *exposé* of his doctrines. It will be seen that he is a dualist in the most exact

sense of the word; namely, that venereal ulcers arise from inoculation of two originally different contagious principles, which have and ever have had no relation with each other. There are other writers who incline to the view that the contagious principle of the simple ulcer was once a modification of the syphilitic virus, though now its effects are completely distinct from those produced by the syphilitic poison. These are, in this restricted sense, dualists also.

[To be continued.]

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

CASE OF SPHACELUS OF THE TONGUE.

By AUGUSTIN PRICHARD, Esq., Clifton.

[Read September 25th, 1862.]

GEORGE NICHOLS, aged 50, a coal-miner from Monmouthshire, was admitted as an in-patient on the 28th of last July. Ten months before that time, a small pimple appeared on the left side of his tongue, without any very obvious cause. He himself seemed inclined to assign it to his habit of smoking, which he had carried to excess, having, as he said, always held a pipe between his teeth, perpetually puffing whilst at his work underground. He was a sober man, and had never had syphilis.

The inflamed spot became worse, and so painful that he was unable to eat on that side of his mouth; and the disease increased so much for the next month, during which his tongue was daily touched with nitrate of silver, that he was unable to continue his occupation.

When I first saw him, his tongue was red, very hard, and immovably fixed in its place behind the teeth; but it was not at all swollen, nor ulcerated. His speech was very imperfect.

I was much at a loss to determine the nature of the disease; for, although the tongue was of a scirrhus hardness, the progress of the malady and the patient's freedom from any other signs of cancer or of glandular disease inclined me to consider it innocent, and not malignant induration.

I ordered him some iodide of potassium internally, good food, and a solution of the chlorate of potash with a small quantity of the tincture of the sesquichloride of iron for his mouth. There was no change in his state for a few days, but then he began to complain of increasing difficulty of swallowing; and the end of his tongue became very soft and dark, and ultimately it turned quite black. Hæmorrhage to a small extent, daily recurring, came on; and with the blood, which was continually dribbling from his mouth, was mixed some black and excessively fœtid matter.

He was directed to wash out his mouth continually with Condyl's fluid diluted; and a little stimulus was given to him. The liquor carbonis detergens was also used, as well as many of the chlorides.

The disease spread until the whole of his tongue became a mass of soft and black putrifying tissue, which no disinfectant would touch. As might be supposed, his difficulty of swallowing became much greater, and he could get down but a few drops at a time; but he did not seem to be particularly affected by the mixture of the teaspoonful of wine and water or beef-tea with the putrid liquid oozing from the mass of sphacelus which nearly filled his mouth.

The poor fellow, throughout the progress of this horrible disease, always looked cheerful and hopeful and contented; and, although his speech was at this period very muffled and indistinct, we could understand him to say that, if he could swallow, he would be better.



The process of starvation was rapid. He became excessively thin and haggard, and cold in his extremities; and by the time the black slough began to separate at the apex of the tongue, he became pulseless.

The case appeared quite hopeless. There was every prospect of his immediate death from starvation; and, besides, there was the risk of the extension of the disease to the pharynx and glottis. To relieve his sinking state, I ordered an injection of strong beef-tea and brandy twice daily, as he was quite unable to swallow; and after the third injection his pulse returned.

The ragged and putrid black mass which represented his tongue was at this period coming away in shreds; and, after about three weeks from the beginning of the mortification, the last portion separated, leaving a tolerably clean surface covered with flabby granulations, bounded by an irregular edge posteriorly, just high enough to hide the epiglottis.

He now regained the power of swallowing fluids, but in a peculiar way. He could drink; but the last portion of the fluid, which filled his mouth, was always rejected, as he had no power of bringing it back within the scope of the pharyngeal muscle. His speech, which had been unintelligible, now became of service to him; and at the present time (Sept. 25th), perhaps more than a fortnight after he passed through that terrible crisis, he can make himself easily understood.

The emaciation was so complete that he was quite haggard, his eyes being sunk in the orbits; and when he could swallow, and the separation of the slough gave him the feeling of returning health, his craving for the fat of meat was most remarkable. Large pieces of the fat of pork and roast mutton were sent up to him at dinner-time; and he masticated and squeezed out the softer parts with his teeth, leaving but shreds of hard tissue behind. He could swallow no solid, and particularly disliked the lean part of the meat.

At the present time the mouth is clean, and the floor is healing over. He can talk tolerably well, but can only swallow while he is lying down. He has regained his strength so far that he is able to walk about with ease.\*

## EAST ANGLIAN BRANCH.

### EMBOLIA AND THROMBOSIS.

By W. COOPER, Esq., Bury St. Edmunds.

[Read June 27th, 1862.]

THE subject of embolia, thrombosis, or fibrinous clotting in the blood-vessels during life, is one which of late years has much occupied the attention of the profession, presenting as it does a frequent source of extreme danger and sudden death. Many valuable contributions to the pathology of this subject have appeared from various scientific sources—from Virchow, Richardson, Walshe, Mackenzie, and lately from Dr. Humphry of Cambridge, in his valuable pamphlet *On the Coagulation of the Blood in the Venous System during Life*. But the theory of the causes of the coagulation yet remains a somewhat controverted question.

By way of adding the practical experience derived from a case or two which have come under my notice, I am induced to occupy your attention by a brief detail of them.

In October 1860, I was called, in consultation with Mr. Cooper of Ixworth, to see a gentleman who had been under his care for about ten days, and of whose case I obtained the following history.

He was called to see the patient (who had been much out of health previously) in consequence of his having ruptured some of the fibres of the gastrocnemius, by

kicking violently at a rabbit which got up close under his feet. He suffered great pain from the injury, which lasted for some hours. A bandage was placed on the leg, and he was ordered to keep his bed.

On the fourth day after the accident, he was suddenly seized with severe pain in the groin and leg of the affected limb (the right). A vast amount of swelling, hardness, and tenderness pervaded the whole of the leg, from the groin downwards. The pain continued severe for some hours. On the third day from this, a sudden attack of prostration came on, with tightness at the præcordia, slight dyspnœa, cough, and expectoration of what was supposed at this time to be pneumonic sputa. On the third day after this, as he continued to get worse, I was requested to see him, and found him in the following condition. He was complaining of excessive prostration, with small feeble pulse; skin soft, and acting well; complete absence of febrile symptoms; sensation of tightness at the præcordia; pain on the right side of the chest posteriorly; slight dyspnœa; frequent and troublesome cough, with expectoration of sputa differing from the rusty coloured sputa of pneumonia, being expectorated in separate dark red sputa, combined with a certain quantity of tenacious mucus, resembling the plum-coloured expectoration which occurs in pulmonary apoplexy and purpura hæmorrhagica. There was some dulness on percussion at the base of the right lung posteriorly, with minute crepitation. The right leg was enormously swollen, and still painful. A very perceptible hardness existed along the course of the saphena and femoral veins; and, from a circumscribed swelling beneath Poupert's ligament, there was no difficulty in pronouncing the seat of obstruction to the circulation to be the junction of the femoral with the iliac vein. The temperature of the leg was diminished, and the skin presented a mottled and purple appearance; in fact, the condition of the leg was that which is usually termed phlegmasia dolens. Associating this with the peculiarity of the chest-symptoms, the condition of the sputa, the small pulse, the excessive prostration, and the præcordial tightness, I believed that the pulmonary artery of the right side was also plugged with a fibrinous clot; and with this view the patient was treated. The lung gradually regained its normal condition, and the leg became somewhat less swollen and painful; and he had so far convalesced at the expiration of about ten days as to be allowed to be taken out of bed. In the act of doing this, he was attacked with the most severe pain in the left groin and leg. The hardness, tenderness, and tension, and the obstruction to the circulation, were so sudden and severe that some fear was entertained lest more serious symptoms should supervene, and the leg should pass into a condition of gangrene. On the second day from this, the same symptoms were manifested in the left lung that had been present in the right; and for some time he was in considerable jeopardy. His convalescence was slow, and much protracted by the occurrence of a small varicose tumour on the lower lip, from which he lost a considerable quantity of blood. The hæmorrhage was troublesome and difficult to control, and yielded only to the repeated applications of chloride of zinc. Considerable œdema of the leg still continues, more than eighteen months having elapsed since the attack; and I am disposed to believe that the current through the deep veins has never been re-established.

About the same period, I attended a delicate female, aged 35, in her confinement. Her labours were always complicated, and she generally gave birth to a dead foetus. On this occasion she went on well until about the twelfth day, when, in attempting to get out of bed, she was seized with a sudden attack of what appeared to be syncope, fell on the bed, and was with difficulty recovered. On seeing her an hour or two afterwards, I found her, with a pulse scarcely perceptible, complaining of an excessive feeling of prostration, slight dyspnœa,

\* Since the date when this report was read, the patient has still further improved in strength, and has returned to his home.



tightness in the chest. She was some days before completely recovered.

M., aged 35, was confined with her tenth child. Her labour was natural; and she went on well until the 14th day, when she was suddenly seized with faintness, sensation of sinking at the præcordia, singing in the ears, slight dyspnoea; and for some days afterwards there was cough, and occasional expectoration of bloody sputa. At the end of the third week, she had pain in the right arm and leg, and was confined to her bed three weeks by phlegmasia dolens.

In October 1861, A. M., a married woman, aged 28, was convalescing from an attack of diphtheria; and, on getting out of bed for the first time, she was suddenly attacked with extreme faintness, difficulty of breathing, tumultuous action of the heart, and great sensation of impending dissolution. Before I reached her, she had partially recovered, but was some time before she was able to get about. Some time afterwards, when she had apparently entirely recovered, on moving across her room she fell suddenly down, and said she was fainting. She was removed to bed, and shortly afterwards expired, retaining her encephalic functions to the last. An inquest was held, and a *post mortem* examination made. The right pulmonary artery contained a large, firm, dark clot, plugging the whole calibre of the vessel at some distance. The left pulmonary artery was also plugged to some extent with a clot apparently broken down, more pale and firm in structure than that found on the right side, and adherent to the sides of the vessel, but softened in the centre. The right heart contained some fibrinous clots.

F. M., a lad 12 years of age, had a severe attack of diphtheria, followed by paralysis of the velum and muscles of deglutition, and of the arm and hand. He was extremely enfeebled, and recovered slowly. During convalescence, and in the act of getting up from bed, he fell back as if faint, and died. The *post mortem* examination discovered the arteries on both sides to be filled with dark and firm clots. The lungs were congested; but there were no fibrinous clots in the heart.

H. G., a carpenter, aged 40, when at work was seized with severe pain in the thigh and leg. Considerable swelling and tenderness supervened, extending from the knee upwards in the course of the popliteal and femoral vessels. A circumscribed hardness could be felt in the groin. These symptoms continued for some weeks, and were followed by a crop of bullæ just over the inner ankle, which coalesced, and resulted in a large varicose ulcer, that was long in being cured.

The history of all these cases was undoubtedly one of obstruction to the venous circulation, from the deposition of fibrinous clots; and some of them presented features of interest worth remarking upon. Amongst others, in Case I we would notice the similarity of the foregoing-symptoms to those of pneumonia, and the curious confirmation of the diagnosis by the recurrence of the disease in the opposite side of the body; and also, as the supervention of phlegmasia dolens in any way connected with the accident? In Case II, the sudden attack of syncope, followed some time after by the occurrence of phlegmasia dolens, left no doubt of the nature of the first attack; and in Case III (the patient convalescing from diphtheria), the association of the first attack, from which she recovered, with the condition of the clot found in the left pulmonary artery after death, showing the partial restoration of the circulation, and her consequent temporary recovery.

The causes leading to this condition of coagulation in the cases I have related were clearly traceable, primarily, to the blood-condition. No previous history of rheumatism or heart-disease existed in any of them; and further investigation into the exact pathology of this disease will, I have no doubt, corroborate the view taken by Richardson, Walshe, Humphry, and others, that in

nearly all these cases (not excepting phlegmasia dolens) the condition of the vessels themselves has no influence on the clotting process, except indirectly through their presenting facilities for the deposition of the clot at the junction of the different large veins, at the projecting angles of the confluent trunks, as well as by their valvular arrangement; and no evidence of any alteration in the internal structure of the vessels from any inflammatory process has ever been found; but that it essentially depends upon a cachæmia or altered blood-crisis, such as obtains in hyperinosis, following acute inflammation, in the cachexia subsequent upon exhausting disease of any kind, and more particularly in the puerperal and diphtheritic crisis.

The treatment I have found most available in these cases is that recommended by Dr. Richardson—the exhibition of carbonate of ammonia in large doses, upon the theory that the fibrine of the blood is held in solution by the presence of ammonia, and that its tendency to coagulation is increased by a diminution of the volatile alkali of the blood.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

FRACTURE OF THE FACIAL BONES: SLOUGHING: LIGATURE OF THE CAROTID.

By EDWARD GARRAWAY, Esq., Faversham.

[Read September 11th, 1862.]

J. T., aged 34, practising at the Irish bar, was on May 9th, 1862, hurled down an embankment in a railway carriage. The carriage was crushed to pieces; and its occupant, when extricated, was found with considerable contusion and laceration of the left cheek, temple, and orbit; the malar bone being driven about half an inch below its normal situation; half of the lower eyelid, together with the integument on that side of the nose, missing; considerable arterial hæmorrhage going on; muttering delirium; great restlessness; pulse running and feeble; and collapse impending. He vomited large quantities of blood. In the course of a few hours, the extremities became perfectly cold; the pulse undistinguishable; the breathing stertorous; and the patient at midnight was left to die, save and except that the hands and feet were tied in hot flannel bags, and a mixture of eggs, brandy, and milk directed to be poured down the throat continually.

On my calling early in the morning to inquire at what time Mr. T. had expired, he was sitting up, and ready to give an account of himself. The lacerated parts were now brought into apposition with sutures, as far as was practicable; and a careful examination revealed entire disconnection and displacement of the malar bone, with fracture and depression of the orbital plate of the superior maxillary bone. A probe, entering either at the outer or inner angle of the orbit, passed down through the roof of the antrum, which was crushed in, and rested on its floor—that is, on the roof of the hard palate. There was considerable chemosis of the conjunctiva and œdema of the upper lid; but behind all the cornea could be discerned, and the globe discovered intact. The malar bone was supported as far as possible *in situ* by a compress, and water-dressings were applied.

The following day, the case was seen by Mr. Solly, who removed a protruding portion of the malar bone with the nippers; directed the cheek, which manifested a tendency to fall away from the orbit, to be well supported; and simple dressings to be continued. A considerable amount of sloughing took place within the cavity. The cheek became distended with fœtid discharge, which welled up from below, and found its vent at each canthus, through the nose, and also into the pharynx. Condyl's fluid was used as a local application.



At the end of a fortnight, some hæmorrhage took place, which increased on the following day; this was purely arterial, and at length became alarming. Ice was kept continually applied to the whole side of the face; and compresses of lint, saturated with solution of perchloride of iron, to the chasm under the globe whence the blood was issuing. The nostril was also plugged. These measures, however, did not effectually control the bleeding, as the slightest movement, especially of the pterygoid muscles, as in opening and shutting the mouth to take nutriment, caused it to gush from beneath the compresses afresh. The pulse, too, was getting rapid and feeble; and now vomiting of blood from the stomach discovered that the hæmorrhage, checked in some measure from without, was finding for itself a more convenient channel within.

It was now determined to clear out the antrum, which was distended with coagula; and plug it with lint soaked in the perchloride of iron. At this stage, Mr. Solly, who had been telegraphed for, arrived, and himself proceeded to plug the cavity as proposed, but soon found the impossibility of thus arresting the hæmorrhage, which evidently arose from sloughing of the internal maxillary artery and its branches. Under these circumstances, Mr. Solly considered no alternative was left but to tie the common carotid, which operation he immediately proceeded to perform.

The patient being laid on a sofa, the head supported on a firm cushion, and inclined to the right side, so as to put the sterno-cleido-mastoid on the stretch, the inner margin of this muscle was exposed by the scalpel; the fascia beneath was divided on a director; the muscular structures were separated by the handle of the scalpel; the sheath of the vessels was quickly brought into view, having lying on its anterior surface the descendens noni, which was pushed aside; the sheath was opened, and the needle passed behind the artery, which was scarcely separated from its attachments; the ligature was tied, and a life saved. Nothing occurred to mar the brilliancy of this operation; scarcely a drop of blood was poured out; and a more simple, rapid, and elegant piece of dissection, one would scarcely desire to witness. There was no exposure either of the jugular vein or the par vagum; and the artery itself was scarcely raised from its connexions, Mr. Solly laying great stress upon preserving uninjured the vasa vasorum. The external wound was closed with three or four sutures and strips of adhesive plaister.

The result of tying the artery was, of course, the instant arrest of hæmorrhage. Aphonia and some difficulty in deglutition followed, together with slight irritative fever; which, however, all passed off in two or three days. The pulse, which before the hæmorrhage had been 100, and then rose to 120, continued at this same rate after the operation; and there was much heat and throbbing in the region of the temporal artery on the opposite side. The discharge from the antrum now found its way by the pharynx down into the throat.

On the fifth day, the wound in the neck was dressed, without removing the sutures; some union at its upper part had taken place. The pulse continued at 120; but there was nothing to take exception to, either in its character or volume. Chlorate of potash, with hydrochloric acid, was ordered, to neutralise the fœtor of the discharge into the pharynx. This fœtid pus from the antrum was an unceasing annoyance, necessitating continued hawking and spitting, and even occasional retching, which disturbed the wound in the neck not a little.

On the seventh day, Mr. T. sat up and shaved himself, contrary to orders. He expressed himself as being superexcellently well, and displayed exceeding vigour of intellect. He was full of apt quotations, brilliant in repartee; and felt, to use his own expression, "ready for anything". This state in the evening amounted to superexaltation, verging upon delirium—"he was in

elysium". With this degree of excitement, the patient got up, and there was pain in the temples. The bowels not having acted for two days, and salts and senega having been given ineffectually, some calomel and rhubarb were now administered. He had a bad night, the mind being too active to permit him to sleep.

On the morning of the eighth day after the operation, the twenty-first from the accident, he was a little quieter; there was still, however, some pain in the temples. The pulse was 130, jerking; the tongue and skin moist. An enema of Epsom salts was given, and Mr. Solly was telegraphed for. Before his arrival, the bowels had acted freely, and all the symptoms were ameliorated. Mr. Solly removed the sutures. The wound seemed disposed to heal. At night the pulse was 120, but had lost its undue force and irritability; the skin was cool and a disposition was manifested for sleep.

On the following morning, he was found sitting up with the pulse at 140. The recumbent posture was strictly enjoined, when it fell to 130, and was soft and compressible. Mr. T. complained of nothing beyond the nauseating discharge into his throat. He was ordered claret, in addition to the nutritious fluid diet with which he had been hitherto liberally supplied. In the evening, the pulse had further increased in frequency. By nine the next morning, many short snatches of sleep had been obtained. The bowels had acted freely, from a slight aperient given the night before. He expressed himself as being perfectly comfortable, free from pain, and free from excitement, though manifesting an irritability unnatural to him. The pulse, however, was distinctly 144. He was ordered egg and brandy, and compound tincture of bark with his chlorate of potash. His father spoke of a rigor having occurred. There was some obscurity about this; nevertheless, it was too evident that the poor patient was in great jeopardy, purulent absorption being most likely going on. In the view Mr. Solly, who saw him in the evening, concurred, and directed sustentation, in every shape, to be had recourse to.

There was no material alteration in his condition the next morning—the eleventh from the operation. He had had some short sleeps; there was a little tendency to diarrhœa; and some dejections had escaped involuntarily. The wound in the neck gaped rather. At 4 P.M., a fountain of blood welled forth from the carotid causing the patient to faint, before his father, who had just left the room, could place a compress over the opening. This aperture was then instantly plugged with lint dipped in perchloride of iron; and gentle pressure was maintained by the finger, so that not a single drop more blood was lost. The poor man was now, however, quite pallid and insensible, the pulse a mere wave. After a time he rallied a little, but never to regain consciousness. The pulse became fuller; the skin burning hot; the right side hemiplegic, whilst the left arm and leg were in continual motion. The throat became gradually obstructed with mucus; and in eight hours from the rupture of the artery he expired, perhaps a day sooner than he might have done had the vessel remained sealed.

**DEATH FROM HYDROPHOBIA.** A melancholy case of hydrophobia has just occurred at Lyons. Madame X—, a lady of good property, was bitten by a favourite dog in May last, the animal at the time labouring under that dreadful malady. Everything was done at the time to prevent any ill consequences, but a few days since the lady was seized in her turn, and in forty-eight hours expired. She retained her faculties to the last, and was able to dispose of her property. When she felt the violent paroxysms of the disease coming on she would not allow anyone to remain near her, fearing that she might do them harm.



## Progress of Medical Science.

**ON ALBUMINATE OF IRON AND SODA AS A THERAPEUTIC AGENT.** M. Angelico Fabri says that simple contact, at the ordinary temperature of the atmosphere, of white of egg with a salt of iron and soda, is capable of instantly producing a soluble albuminate of iron and soda, or an albuminate of the alkaline base. The chemical combination of this compound is such that it is not altered by the yellow ferrocyanide of potassium, the most delicate test of the salts of iron, unless a few drops of acid—as, for example, hydrochloric—be previously added to the soluble albuminate, thus proving that this decomposition cannot be effected by the agency of the alkalies, but only by some acids, since the potassium of the cyanide is not able to displace the oxide of iron, becoming oxidised at its expense, and setting the metal free, as occurs with the other ferruginous preparations. Considering that we find in the blood albumen, soda in excess, and iron, and having shown how these three bodies, by simple direct contact, form a soluble salt, the chemical combination of which is so powerful that it is not destroyed by the most delicate reagent, may we not fairly infer that the iron exists in the blood as an albuminate of iron and soda? and would it not, therefore, be reasonable to administer iron in the various diseases in which it is prescribed, principally in reference to the state of the sanguineous system, in the form of albuminate, as that in which nature itself has placed it within our organism—one of the products, so to speak, on which our life depends? Physicians have been long puzzled, and are still at a loss, how to administer iron, a valuable remedy, in the manner most suitable to the internal organism; hence the great number of preparations of this metal. Some object to its saline combination with mineral acids, on the ground that these are inorganic, and they prefer giving it in the metallic or oxidised state, leaving the acids of the stomach to form with it compounds which may be carried into the circulation. Others, unwilling to run the risk of having the greater part of the iron—little or not at all acted upon—expelled with the feces, prescribe it in the saline state, but combined with organic vegetable acids; hence we have the malate, tannate, citrate, etc., of iron. Others, still more scrupulous, wish to have it united to acids of an animal nature, and prefer the lactate, the cyanide, etc.; M. Fabri would recommend its employment in the state of albuminate of iron and soda. (*Chemical News.*)

**EFFECT OF POWDERED ICE ON WATER BOILING IN GLASS VESSELS.** Professor P. A. Chadbourne, of Bowdoin College, remarks that the common experiment of pouring iron filings into water slowly boiling in smooth glass vessels to increase the ebullition, can be instructively varied by substituting powdered ice or granular snow for the iron filings. Snow that has thawed partially and then frozen so as to become hard and granular is the best; but powdered ice will answer, if kept so cold by freezing mixture as to be perfectly dry. If a spoonful of this ice or snow be thrown into a smooth flask nearly filled with water slowly boiling, intense ebullition at once takes place, a portion of the water being thrown out of the flask. The particles of ice thus act like particles of iron or sand, before they have time to melt and set free the steam. (*American Journal of Science.*)

**SULPHURIC ETHER AS AN ANÆSTHETIC IN MILITARY SURGERY.** Dr. Lente, of Cold Spring, writes:—I send the following notes of the effects of sulphuric ether in military surgery at Mill Creek Hospital. The cases were not selected, but are such as we happened occasionally to have time and opportunity of noting accurately by the watch. Its effect was so prompt and unexpected to many

that I was asked, on more than one occasion, if chloroform had not been mixed with the ether. At first, it was a question among the surgeons as to what anæsthetic should be selected; but, after ether had been tried a few times, no better anæsthetic was desired, and no other was used except on one occasion, through a mistake of the steward, on which occasion the patient was with some difficulty resuscitated, chloroform having been given with the usual freedom of sulphuric ether. Trephining, time two and a half minutes, quantity an ounce and a half. Amputation of thigh, time five minutes, two ounces. Extraction of ball from head of tibia, two minutes, seven drachms. Amputation of thigh, two and a half minutes, ten drachms. Large incision of knee-joint, searching for ball, four minutes, twelve drachms. Amputation at knee-joint, three minutes, two ounces. Incision of infiltrated scrotum, half a minute, six drachms. Exsection of shoulder-joint, one minute ten seconds, ten drachms. Exsection of humerus, one minute two seconds, six drachms. Amputation of thigh, three minutes, twelve drachms. Amputation of thigh, four minutes, twelve drachms. Counter-opening in knee-joint, extraction of ball, three minutes, twelve drachms. Searching for ball in the thigh, large incision, three minutes, two ounces. It is evident, from the effect of the ether in the above cases, and in others where the time was not accurately noted, and is therefore not given, that it is even more efficient as an anæsthetic in military than in civil surgery; the very rapid absorption being probably due to the depressed and feeble condition of the patients. (*American Medical Times.*)

**EFFECTS OF IRON ON TISSUES.** Dr. D. S. Gans, of Cincinnati, gives from *Virchow's Archives*, some observations on the effect of the preparations of iron on the tissue-change, made by Dr. Pakrowsky, of St. Petersburg, who, after measuring daily in all the patients the temperature of the body, the quantity of the consumed food, the quantity of the excrements, the specific gravity, quantity of chlorides and urea in the urine, etc., concludes that "the temperature of the body is positively heightened by the use of these preparations. This increase results in some cases very soon; in one case it occurred after five hours, in others slower, and in one case after a long interval and after a large dose. The temperature, the morbidly lowered as well as the normal one, is increased, and if it cease to rise after reaching a certain height, having taken a certain quantity of iron, the temperature will rise more by increase of the dose. Several days after using it, the pulse rises also, although not in all cases. Very soon, and consequent upon the increase of the temperature, the daily amount of urea in the urine increases. The use of iron increases the weight of the body. Every preparation of iron produces the same effect, and a change in the different preparations in the same patient does not alter the result. The diuretic effect of citrate of iron was very distinct in two cases, but was wanting in three under the same conditions. In all cases where iron was used, no constipation of the bowels took place, except a slight one after iodide and lactate of iron. It was borne well, and in large doses, by the digestive apparatus (nine grains pyrophosphate of iron, and fifteen grains, ferrum hydr. reductum.) Dropsical transudations in the subcutaneous cellular tissue were resorbed by the use of iron, even in patients with insufficiency of the mitral valve, and reappeared after stopping with the remedy. The increase of the heart's impulse, and the dyspnoea in patients with organic cardiac disease, disappeared even in cases in which digitalis had done nothing. After the normal temperature of the body had been raised by the use of iron, it lasted a considerable time after stopping with its use before returning to its normal condition; whilst the morbidly lowered temperature rose quickly by the use of iron, it fell just as quickly by stopping with its use—at least, where the other pathological symptoms



continued, and where, consequently, the cause of the low temperature was not cured." From the above conclusions, the author feels justified in ascribing to iron a nutritive power. The increase of temperature indicating a stronger tissue-change is not in consequence of increase in the quantity of the blood or of the blood corpuscles, both of which are slow operations. The same may be said of the increase of pulse which follows rather than precedes the elevated temperature. Rejecting also the respiration as unaltered by the iron, and hence having no influence on the temperature, Dr. Pakrowsky directs us "to look for the effect of iron in the finest arterial and capillary system, one of the important places of nutrition, and the growth of the tissue and organs, and so much more, as the disappearance of dropsical transudations in the subcutaneous cellular tissue after the use of iron points to that system. The most probable is the supposition that the iron acts upon the contractile elements of the finest arterial branches, which must have, without doubt, a high and important influence upon the capillary circulation, and namely, upon the degree of the tonics; i.e. the degree of tension of the walls of these ramifications. The iron must consequently alter the conditions of the diffusion of the elements composing the tissue and organs. Only in this way does it seem possible to explain the quick effect of iron upon the nutrition, and the resorption and the œdematous transudations." (*American Medical Times*.)

**OVARIAN CYST SUCCESSFULLY REMOVED.** Dr. Washington L. Atlee, of Philadelphia, relates the following case: Mrs. —, aged 50, has enjoyed uniformly good health. Was married at 24, and is the mother of five children, the youngest being 13 years of age. Nothing worthy of remark occurred during any of her first periods of gestation, parturition, or lactation. Enlargement of lower portion of abdomen was first observed soon after the birth of her last child in March 1849. The enlargement was symmetrical, and increased with almost uninterrupted uniformity up to a period of six months since, when the growth became more rapid. It was now exceedingly large and cumbrous. Patient still menstruates. The operation was made in the presence of a number of medical men in this city, and several from other parts of the state. The temperature of the room was kept about 80°. After inducing anæsthesia, an incision about two inches long was made in the line of the linea alba, midway from the umbilicus to the pubes, through all the tissues, until the cyst presented, into which a large trocar was thrust, giving exit to *fifty-two pints of fluid*. The fluid was less viscid than the ordinary contents of ovarian cysts, and abounded in cholesterine, the tubular crystals of which glistened in the light, and, as subsequently examined under the microscope, appeared very beautiful. As the fluid escaped, the abdominal walls collapsed, and were supported by the hands of the assistants. By a dextrous use of the cannula, a small portion of the sac was turned out of the abdominal opening. This was seized, and (there being no adhesions) the entire cyst was readily withdrawn, after a slight prolongation of the incision. The peduncle was long, and about an inch and a half in thickness. It was secured by a silver clamp tightly screwed upon it. The sac was cut off about half an inch beyond the clamp, and the stump smeared with a solution of the persulphate of iron. Wire sutures were then passed through the tissues including the peritoneum, and the incision closed, leaving the stump projecting at its inferior extremity. Adhesive straps were then applied, and warm water dressings, and the whole secured by flannel bandage. At no time during the operation was there any marked depression of the vital power. The cyst, it will be seen, is unilocular, arising from the left ovary. Several small cysts are seen in the region of the ovary. It varies in thickness from one to twelve lines, and is of a tough fibrous texture, capable of containing, as was stated, fifty-

two pints of fluid. It weighs about two and a half pounds. Vomiting occurred at irregular intervals for forty-eight hours after the operation, and it was necessary to keep the catheter for three or four days. Opium *pro re nata* to induce rest and freedom from pain. The pulse never rose above 108. The clamp separated on the seventh day. The incision healed by first intention. The patient has recovered. Dr. Atlee states that this is his seventh operation of this kind. (*American Medical Times*.)

**DISEASE OF HANDS PRODUCED BY POST MORTEM EXAMINATIONS, OR VERRUCA NECROGENICA.** At the London Pathological Society, Dr. Wilks exhibited some wax models of the hands of a young man who had been employed in the *post mortem* room, which illustrated the peculiar affection of the skin produced by the acrid fluid of the dead body. The knuckles of both hands had upon them brown, circular raised patches of morbid epithelium giving the appearance somewhat of epithelial cancer. The chronic and obstinate nature of these warty epithelial excrescences was most remarkable; for if removed, the portions be picked off, they again grow, and remain for years. Dr. Wilks had on more than one occasion recognised this disease in strangers, and suggested its cause; he believed it to be peculiar and characteristic; at least he knew of no other irritants which produced exactly the same effect. There was no name already in use which was strictly applicable to this condition, as epithelioma, leprosy, and such terms, were already in use for definite affections. He had therefore simply styled it *verruca necrogenica*. Mr. Wells regarded this as the "anatomical tumour of Pinel," known to be not uncommon amongst those who are devoted to anatomical research; and he knew a notable medical naturalist subject to it who was much engaged in birdstuffing. Dr. Bristowe was one of the two or three members of this Society who had been the subjects of this disease. He described it as being chronic, commencing in a pustule, which was subsequently surrounded by processes of epithelial formation. Mild caustics injured it, but one complete application of the acid nitrate of mercury got rid of it. Dr. Peacock had also thus suffered, and he believed that mischief always followed from the application of caustics. Dr. Harley saw a man last year who had long made *post mortem* examinations at University College Hospital, the knuckles of both of whose hands were similarly affected. He had thought nitrate of silver useful. It was simply epithelial in its structure.

**PURITY OF FROZEN WATER.** M. Robinet has made a variety of experiments to ascertain how far water is freed from saline impurities by congelation; and his results go to show that the small amount of lime and magnesian salts in potable waters is forced out in the act of freezing, as completely as the more soluble salts present in seawater. Frozen water, he says, is so far purified that it may, in most cases, be used for chemical purposes in place of distilled water. In reference to this, M. Martens adds, that in his photographic excursions among the Alps he found that he could always use the water from the glaciers instead of distilled water, but that dissolved snow did not answer. Dr. Rüdorff has also made experiments on the freezing of saline solutions (*Bericht. d. Akad. der Wissensch. zu Berlin*, 1862, s. 163.) He employed the platino-cyanide of magnesium, the solution of which is colourless; but he found that when the solution was frozen so far that the water left was not enough to hold the salt dissolved, crystals of the well-known beautiful appearance were formed. Other curious results were observed with a supersaturated solution of sulphate of soda. When such a solution was cooled below the freezing point and the formation of ice prevented, it was found that a piece of ice dropped in determined the formation of ice, while a crystal of the salt caused the formation of crystals of the salt. A very small piece of the salt drop-



ped in with ice caused the separation of the whole of the salt. He noticed, too, that the lowering of the temperature produced an alteration in the constitution of the solution. For instance, when a solution of the blue salt,  $\text{CuCl} + 12\text{H}_2\text{O}$ , was frozen, the unfrozen water contained the green salt,  $\text{CuCl} + 4\text{H}_2\text{O}$ . Other curious results will be found in the paper referred to. (*Chemical News.*)

## British Medical Journal.

SATURDAY, NOVEMBER 8TH, 1862.

### A GOOD MOVEMENT.

At the last annual meeting of the Lancashire and Cheshire Branch of the Association, a proposition was brought forward by Dr. Waters of Liverpool, and, having been referred to the Council, has met with their approval and adoption.

The proposition made by Dr. Waters was, that the Council should take into consideration the propriety of instituting an annual course of lectures, two or three in number, on some subject connected with medical science, to be delivered alternately at Manchester and Liverpool.

The Council, having carefully considered the subject at a recent meeting, passed resolutions to the following effect:—

1. That the lectures, as originally proposed by Dr. Waters, should be instituted.
2. That the first course should be delivered in Liverpool, in October or November 1863.
3. That a subcommittee should be appointed to select a lecturer.

We are satisfied that every member of the Association, who will consider these resolutions in all their bearings, will cordially congratulate the Branch in having inaugurated so good a work. It is easy to see that the project, if well carried out, must eventuate in good to the local Branch, to the profession at large, as well as to the Association generally.

It is evident, in the first place, that in a great district comprising Liverpool and Manchester, there must be men ready and able to give every year a short course of good and original lectures; and, secondly, that the opportunity of bringing prominently before their professional brethren and immediate neighbours the results of their observations would stimulate and encourage the younger members of the profession to scientific and original research. In such centres as Liverpool and Manchester, the opportunities for the successful prosecution of scientific inquiry are as great as in the metropolis itself; and the institution of such a course of lectures as we have referred to would materially tend to make men avail themselves of the advantages for investigation which they enjoy.

We think it highly probable that the Branch, in the course it has adopted, will find imitators in other districts where our profession are largely congregated; for it cannot be doubted that the lectures, if they are of an original character, and possess real merit, would be gladly welcomed and well attended.

That the scheme, if well worked out, should redound to the credit of the Association, no one will for a moment doubt. We think it will meet a want which the increasing importance of many of our provincial districts urgently calls for. Under the auspices of a Society general as well as local, we may fairly anticipate for it a success greater than would perhaps attend it were it carried out in connexion with a local institution. We therefore sincerely trust that this well devised scheme of Dr. Waters may meet with every encouragement, and we cordially recommend it to the consideration and support of the Association at large.

### THE WEEK.

At the late meetings of the Medical Council, Dr. Stokes proposed, and Mr. Teale seconded, the following resolution, which was carried unanimously, and ordered to be communicated to the family of Sir Benjamin Brodie:—

“That this Council desire to record their sense of the heavy loss sustained by science, by the profession of medicine, and by the nation, in the death of Sir Benjamin Collins Brodie, Bart., the first and chosen President of the General Council of Medical Education and Registration.”

The following resolution was unanimously adopted at a meeting of the weekly board of St. George's Hospital on October 29th:—

“The Weekly Board of St. George's Hospital beg to express their most sincere condolence and sympathy with the family of Sir Benjamin Brodie on their recent irreparable loss.

“The brilliant career of Sir Benjamin Brodie has been graced by every honour which unrivalled skill and science could obtain for an English surgeon; and the governors of St. George's Hospital, with the strongest feelings of affection and gratitude for his eminent services during more than half a century, as surgeon and teacher, and as trustee, are confident that the institution, which he always warmly loved, will even yet long continue to profit by an association with his character and name.

“It was chiefly in the wards of this hospital that his unwearied industry and observation enabled him to accumulate that store of sound practical knowledge which was imparted with admirable simplicity and clearness to the students, and which has greatly advanced the art of surgery itself.

“In the valuable museum, which he generously devoted to the use of St. George's Hospital Medical School, may still be seen the proofs and results of the doctrines which he taught in his lectures and writings.

“But, above all, the governors look for the permanent influence of his instructions in the high principles of professional conduct, the uniform kindness and consideration for others, the laborious search after knowledge,



from feelings of usefulness and duty, as well as from love of science, ever consistently shown in Sir Benjamin Brodie, and strongly inculcated on his pupils in the exercise of their skill and talents, which have thus been propagated through them to all parts of the British empire."

THE *Times* gives the following sketch of the governing powers who rule St. Thomas's Hospital affairs, and an example of how they manage their business:

"There is a Court of Governors at St. Thomas's Hospital, partly composed of Aldermen and Common Councilmen, partly of members qualified by subscriptions of £50 and upwards, but these so-called 'Governors' govern but in name. They have reports read to them by another less august but still exalted council, called the 'Grand Committee,' and of course they 'approve' them, for the form of signifying disapproval, if there be one, would probably be too undignified to be thought of for a moment. The 'Grand Committee,' in its turn, rarely acts but to 'approve' the proceedings of its 'sub-committee,' and thus this imposing hierarchy of functionaries shrinks into a very snug little coterie. Any one who should desire an interview with the ruling powers of St. Thomas's Hospital, would be relegated from the Council Chamber of the Aldermen and their brother Governors to that of the 'Grand Committee,' and from this to the private room of the sub-committee, where he would, probably, find a party of two or three gentlemen, with a very off-hand way of settling hospital affairs and a very good understanding with each other.

"We are thus enabled to understand, and to make allowances for, the strange want of economy which has been shown, in more than one instance, by the nominal Governors of the Hospital. Its income has increased from £12,000 to £35,000 since the beginning of this century, yet the amount of relief actually given, at the time of the late removal, was little more than it had been before the funds were tripled. The circumstances attending that removal are too well known. The Governors claimed as compensation the exorbitant sum of £750,000. The Charing Cross Railway Company offered them terms equivalent to £400,000; and, after a litigation which absorbed little less than £25,000, £296,000 were awarded by the arbitrator. Having insisted upon the whole of their premises being taken, instead of the corner, which was all that the Company wanted, they thrust themselves into such a position that the building had to be evacuated almost before temporary accommodation could be procured elsewhere."

OVARIOTOMY may be truly said to be the operation on the order of the day. Mr. S. Wells, on showing some ovarian tumours at the Pathological Society, remarked that "although last session he reported twelve cases with seven deaths, he could now say that, reckoning the above recent cases, the last nine were successful operations." On the 15th Oct., Mr. Bryant removed a large ovarian cyst from a woman in Guy's Hospital. The patient has, we understand, gone on well to a recovery, no bad symptom having appeared. Another operation of this nature has been performed at St. Bartholomew's; and one some few weeks ago at St. George's Hospital. In France, also, in all quarters, ovariologists are springing up. Dr. Lee, in his forthcoming paper at the Medico-Chirurgical Society will, we doubt not, blow a counterblast to the proceeding; but one which, in the present mind

of the profession, will be as unavailing as was the trumpet of King James against the smoking tobacco.

At a meeting of Committee of Council of the British Medical Association, held last Tuesday at Birmingham, important resolutions were passed for the purpose of facilitating the payment of subscriptions by members of the Association. It was shown that any difficulties heretofore experienced by the Association are clearly to be traced to laxity in payment of subscriptions. We have, however, much pleasure in informing our readers, as well as those friends of the medical press who take so much interest in the welfare of the Association, that the funds of the Association are at the present time in a flourishing condition, and that our next year's balance-sheet will be every way most satisfactory.

A CORRESPONDENT, an admittedly high authority upon the subject he discourses of—Dr. E. A. Parkes—urges upon the attention of the *Pharmacopœia* Committee the adoption of the metrical by the side of the English system of weights and measures. The reasons suggested by Dr. Parkes in favour of this proceeding are imperative. The *Pharmacopœia* will, in the course of a few years, be behind, instead of on a level with, the existing state of chemical science, if the Committee neglect the present opportunity of admitting the metrical system into its pages. Some gentlemen have objected to the *Pharmacopœia* being published in English, because it would, in consequence, be to a great extent a dead letter to foreign readers; but it strikes us that it will be rendered ten times more illegible to the foreigner if it does not contain *grammes* etc., as well as grains, etc. Another point is also of importance. A knowledge of the metrical system should be demanded of all medical students. As Dr. Parkes truly says, all chemists of all countries, at the present day, express their weights and measures in this metrical language; and no man can, therefore, study chemistry to a purpose who is not acquainted with the system. The adoption by the *Pharmacopœia* Committee of Dr. Parkes's suggestion would give a very great impulse to the spread and more general admission into daily practice of this metrical system. A capital opportunity, moreover, now offers for the introduction of *grammes*, etc., by the side of grains, etc. As the Medical Council have determined to adhere to the old-fashioned grain, the calculations, made according to the new-fangled grain of the Committee, must be all altered. What, then, could be easier, while altering the Committee grain back to the old grain, than at the same time converting the grain into its corresponding equivalent of the metrical system. No one can doubt that Dr. Parkes's prophecy will be fulfilled: that in ten years time



the system will be universally adopted by druggists as well as chemists; and, if so, the Committee must early see that their *Pharmacopæia*, if furnished only with the English system, will daily and daily become more and more obsolete and behindhand at the particular of weights and measures. The Medical Council and its Committees should, in matters touching the Medical Act, lead, not follow, in the wake of medical opinion.

The Medical Council have rejected the new grain, and have determined, not only that the old grain shall be the grain of the new *Pharmacopæia*, but they have also determined that in future there shall be no such things as drachms and scruples admitted here. The following resolution to that effect was carried:—

“That the weights used in the *British Pharmacopæia* be the imperial or avoirdupois pound, ounce, and grain; and that the terms ‘drachm’ and ‘scruple’ as designating specific weights, be discontinued.”

- Moreover, it was resolved,
- “That it be remitted to the *Pharmacopæia* Committee to proceed with the preparation of the *Pharmacopæia*, in conformity with the resolutions of the Council of this day’s date, relative to pharmaceutic weights.”
  - “That the editing of the *Pharmacopæia* be committed to one member elected by each sub-committee.”
  - “That the publication and sale of the *Pharmacopæia* be transferred to the Executive Committee.”

Consequently, we may expect that the *Pharmacopæia* will be rapidly completed and produced for the benefit of the profession.

An attempt to introduce the French metrical system into the *Pharmacopæia* did not succeed. The resolution on the subject, proposed by Dr. Christison and seconded by Dr. Alexander Wood, was negatived; namely:—

“That the Council adopt the French decimal system of weights and measures as the basis for the standards of the weights and measures of the *British Pharmacopæia*.”

Nevertheless, there is no reason at all why the proposition of Dr. Parkes—namely, that the metrical weights, etc., should be introduced by the side of the grains, ounces, etc.—should not be adopted.

The last quarterly mortality returns show a diminution of mortality amongst the Lancashire operatives. The following are certain of the districts where there has been a decrease of deaths in the last September quarter:—

	1860.	1861.	1862.
Wigan .....	452	495	433
Bolton .....	624	836	575
Bury.....	461	556	453
Chorlton .....	716	1000	880
Manchester.....	1553	1970	1475
Ashton.....	638	813	635
Oldham .....	542	666	601
Rochdale .....	431	482	353
Haslingden.....	341	387	296
Burnley .....	339	448	327
Blackburn .....	562	687	526
Preston .....	549	731	603

The reduction of mortality has been accounted for in the following way:—

“The registrar of Wigan states that more freedom to breathe the fresh air, inability to indulge in spirituous liquors, and better nursing of children, are believed to have improved the public health. The registrar of Little Bolton holds that the decrease of deaths is mainly due to a greater amount of domestic superintendence. The registrar of Hulme thinks that the even temperature of the weather and increased attention paid to young children have caused the decrease. The registrar of Knott Lanes (Ashton) attributes the results to absence of epidemics, mildness of the weather, outdoor exercise, maternal care; also to parish relief and charitable contributions, by means of which food has been obtained, not sufficient for health, but enough to mitigate distress, and prevent hitherto an increase of mortality. The registrar of Preston sub-district also refers to the good effect of fresh air, nursing, and mildness of the weather, and he adds:—‘In the weeks ending August 2nd, 9th, 16th, 23rd, and 30th, I registered 30, 25, 29, 24, and 37 deaths; but in the corresponding weeks of 1861, when work was more plentiful, and people in better circumstances, they were 50, 40, 50, 42, and 57. The peaceful and dignified conduct of the operatives entitles them to the warmest sympathy and support of all classes.’ The registrar of Ancoats (Manchester) is convinced that the low rate of mortality in his sub-district was due to the coldness of the summer, in consequence of which diarrhoea did not prevail.”

The next quarterly returns may, however, tell a very different tale. Typhus, we learn, has already shown itself in Preston.

The *American Medical Times*, in an address to medical students, tells them that these days are a glorious occasion for them.

“Our civil war,” they are told, “has opened a new field to the medical profession, and pressed into active and well rewarded service all its available talent. Within the last year, Congress has authorised the addition to the medical staff of the regular army, forty acting surgeons, and one hundred and twenty acting assistant-surgeons. In the same period, also, the enormous expansion of the army by the new levies, of itself has opened the way to the immediate employment of at least twelve hundred additional surgeons. But this is not the only source of demand for surgeons to the volunteer forces. By an Act of Congress, a second assistant-surgeon is to be added to each regiment. Thus, upwards of one thousand new positions were created. The vacancies which this draft upon the profession will make in civil practice should not be lost sight of. Many a country town, affording a lucrative business, has been deprived of its medical practitioners. But a new and perhaps still more important branch of army medical service is being developed. We refer to the military hospitals. These institutions are rapidly multiplying in all the different military districts. The young surgeon not only has an opportunity at once to engage in the practical duties of his profession, but he is rewarded with an ample salary. This latter is no small consideration to many young men; and, if husbanded frugally, will afford an income sufficient to meet the first embarrassing wants of private practice. The navy, suddenly expanding from fifty to three or four hundred vessels of war, demands a contribution from the medical profession. We have then only the most cheering response to make to the medical student who is prospecting his future advantages. There never was a period when there was a greater demand for first-rate medical men. They are required in the army, in mili-



tary and civil hospitals, in the navy, and in the vacant places in civil practice."

The editor, however, forgets to tell his young friends, the students, what will be their chance of practice should peace suddenly come upon them! It would, we fear, put many of them in the present position of our Lancashire operatives.

M. NÉLATON gives a favourable report of Garibaldi's wound and condition. On Oct. 24th, M. Nélaton received a letter, written in Garibaldi's name, and signed by his four (!) ordinary medical attendants, requesting the assistance of his experience (*de ses lumières*) and his presence at Spezzia. That very evening, Nélaton obeyed the summons, and reached his destination on the 28th, at 2 A.M. He was at once introduced to Garibaldi. Reciprocal words of sympathy were exchanged; and then the surgeon examined his patient. The examination finished, he addressed the General: "I am happy to tell you that I do not consider amputation necessary; and that the ball may be readily extracted." To which the General rejoined: "I prefer that conclusion to the other, and thank you much." M. Nélaton thus gives his opinion:—

"I think the ball is in the wound, and that it can be felt with a probe about two *centimètres* and a half from the orifice. The general appearance of the limb is good. The examination was made in the presence of Drs. Ripari, Prandina, Albanese, Basile, Vio Bonato, Maëstri, etc. The patient is in no immediate danger; pulse natural, skin cool, appetite increased, sleep good and refreshing, physiognomy excellent. As regards treatment, I recommend gradual enlargement of the wound up to the point where the resisting body is felt, by the repeated introduction of dilating agents. After five or six days dilatation, the opening will be large enough to admit of the removal of the ball by the forceps. Such method of extraction is preferable to immediate extraction, which would be much more difficult, more painful, would reproduce fever, and is not urgently required."

Such was a part of the report to the congress of doctors who assembled in consultation on the following day. M. Nélaton could not attend this congress, having been telegraphed to return to Paris immediately. Before leaving Spezzia, he attended the evening dressing of the General's wound; and then took leave of "the illustrious wounded, who expressed to him his gratitude in such touching terms, as deeply to affect the eminent professor."

WHATEVER may be the case in London, it would appear that there is no falling off in the number of medical students in attendance on provincial schools. We are glad to hear that the Manchester School, for example, presents this year a flourishing list of new men, one that can compete with the roll of many of our metropolitan schools.

THE Committee appointed by the French Government to inquire into the sanitary condition of

French hospitals has commenced operations. The Minister of the Interior, the President, opened the meeting, assisted by M. Dumas, Rayer, and most of the French medical celebrities. The minister stated that the Emperor was surprised at the facts advanced at the discussion which took place at the Academy of Medicine, concerning the hygienic state of hospitals; and, in his solicitude for the good of the poor, he had formed this Committee, that they might inquire whether or not ameliorations could be introduced into these establishments. Above all, he asked of them that they should, besides studying the question fully and deeply, endeavour at once to recommend some means whereby the mortality might, if possible, be immediately diminished.

The Congress of Sciences was held at Sienna last month, Professor Puccinotti being President. Two hundred and twenty-six members attended. Amongst other questions, we are told that Dr. Finizio brought up the old one of obstetrical abortion; and that (after the example of MM. Stoltz and Villeneuve in France) the entire section of surgery, Professor Vannoni at its head, legists, and philosophers, openly declared in favour of the Cæsarean section! We need not be surprised, says *L'Union Médicale*; "Sienna is very nigh to Rome." Next year the Congress meets in Rome, under the presidency of Mamiani.

M. Chassaignac has communicated to the Société de Chirurgie a case of false aneurism of the femoral artery cured by digital compression in seven hours.

Dr. Wallich has, there can be no reasonable doubt, obtained *ophiocomæ*—star-fishes—from a depth of nearly one mile and a half of the ocean. He has brought them alive to the surface, and seen them for a quarter of an hour afterwards freely move their rays. These animals, therefore, were gradually removed from a pressure of about one ton and a half to the square inch, and introduced to a pressure of fifteen pounds to the same, and yet for a time retained their vitality! Hence it has been assumed that any amount of pressure may be borne by animals of like structure, if they are *gradually* subjected to it.

The death of M. Londe, the Dean of the French scientific press, is announced. He was one of the founders of the *Archives Générales de Médecine*; he was also connected with the *Gazette des Hôpitaux* and several other journals. The "Revue Scientifique" of *L'Indépendance Belge* was also under his charge.

Several distinguished members of the medical profession have occupied the Chair of President of the Royal Society; but Sir Benjamin Brodie is the only surgeon who has been advanced to that dignity. Sir Hans Sloane, Sir John Pringle, and Dr. Wollaston, are the three distinguished physicians who have held the office of President. Sir Humphry



could not be, with any propriety, called a member of the medical profession.

Jules Guérin, like all the rest of the world, has in the journals the last medical report issued by the military medical consultants; and he thereupon, in the *Gazette Médicale*, not only founds a diagnosis, but also offers a method of treatment. The symptoms described, he says, are the signs of approaching violent infiltration. A counter-opening must be made to let away the pus; injections, detersive and tonically tonic, should be practised in the wound, quinine-water mixed with a little wine; charpie dipped in charcoal, and slightly wetted with a solution of nitrate of silver, should be introduced into the cavities of the wound; small doses, frequently repeated, of saline purgatives, should be in use; and, lastly, the strength of the patient is to be kept up by a regimen tonic and renovating. This is the advice which", M. Guérin says, "we can only offer to our eminent *confrères*."

## HEALTH OF THE ARMY AT HOME.

A report on the health of the army in 1860, prepared by Mr. Graham Balfour, and just issued by the Army Medical Department, shows that the average strength of the army of all arms serving in the United Kingdom in that year was 97,703, and that the ratio of admissions into hospital was 1,053, per 1,000 of mean strength, of deaths (or 1 per cent.), and the average daily sick 54.72, or five and a half per cent. More than a third of the admissions into hospital were on account of venereal diseases; next in frequency ranked miasmatic diseases; and these, those of the integumentary and those of the respiratory systems. Of the mortality upwards of a third was due to tubercular diseases, and next to these came diseases of the respiratory system and miasmatic diseases. The highest ratios of admissions into hospital were in the dockyards and arsenals; the admissions there from diseases of the respiratory system were 134.3 per 1,000 of mean strength, which is owing probably to the number of men required and the consequent exposure of the troops in all weathers. The lowest ratios of admissions to hospital were in the camps and Household troops. The ratios at the dockyards and arsenals varied considerably. At Chatham and Sheerness the admissions were 1,498 per 1,000 of the strength. This may be partly owing to the large proportion of dépôt battalions, with men whose health has suffered from service in India, but the sickness in the dépôt battalions at Chatham was considerably more than in the others quartered throughout the kingdom. It is worthy of notice that the Barrack Commissioners in their report of last year pointed out the Chatham barracks as being, as a whole, the most overcrowded in the kingdom, so overcrowded that "it is in vain to expect the troops to be healthy"; and of Sheerness they remarked that the troops in garrison must, and do, suffer from the marsh miasma. It is observed that, to whatever cause it may be attributable, the Foot Guards continue to suffer more from tubercular disease of the lungs than any other troops serving in the United Kingdom. The admissions into hospital for enthetic diseases, which comprise all sorts of venereal disease, were upwards of one-fifth of the average strength of the army; at Portsmouth they exceeded one-half. This disease caused a loss in the service of the year to the army at home equal to 8.69 per cent. of the service of every soldier. The average period remaining under treatment exceeded 23 days. Still

there has been a marked decrease in the prevalence of the disease in all classes of troops in 1860. It is most prevalent in seaport towns, Portsmouth, Woolwich, and Plymouth. The Household Cavalry are much the freest from it, and the Foot Guards rank next, owing probably to their being less frequently moved, and a considerable number of the men being, perhaps, married without leave. The invaliding for this disease is small, but many of the men discharged with broken health and for rheumatism may trace to this source the origin of their disabilities. The proportion of suicides to average strength was only 0.31 per 1,000; the suicides were 26 in number, 14 of them by shooting. The admissions to hospital for corporeal punishment show that it was not inflicted so often as in 1859, and that it was had recourse to oftener at Manchester, Birmingham, and Preston than at other stations. No instances of it are recorded in the Household Cavalry or Royal Engineers; in the other arms it ranged between 0.7 in the Foot Guards, and 7.8 per 1,000 in the Military Train. Examining the relative amount of sickness and mortality in the different arms of the service, we find a reduction in the admissions to the hospitals in the year in every arm. The death-rate per 1,000 living, calculated on the same proportion of men serving at different periods of life in each arm, stands as follows:—Household Cavalry, 4.63; Dragoon Guards and Dragoons, 6.09; Royal Artillery, 9.57; Military Train, 9.83; Foot Guards, 9.05; infantry regiments, 9.71; cavalry dépôts, 9.75; dépôt brigade Royal Artillery, 14.77; dépôt battalions, 15.76. Against which has to be set a mortality of 8.76 for the civil male population of England, or 7.37 for its healthier districts. The Household Cavalry is quite exceptional both as regards duty, pay, and the facility of discharging ineligible men otherwise than as invalids. With a view to ascertain whether military service causes a deterioration of life and health beyond what might naturally be expected to arise from advancing age, a statement has been prepared showing the number of men at various periods of service in the different arms in 1860, and the number who died or were invalided in each period. The most striking point in the table is the great deterioration, as shown both by the mortality and the invaliding, in the Foot Guards between five and ten years service. If the deaths and discharges be combined, the proportion thus lost to the service from the Guards is double that of any other arm, and nearly treble that of regiments of the Line. The rate of mortality among the force serving at home, exclusive of the dépôts, is shown by a table of deaths at different ages to be lower than among the male population of England generally, up to the age of 30; above that age it is considerably higher—a result which can only be attributed to the deteriorating influences to which the soldier is exposed. In the dépôts the excess of mortality shows itself in every quinquennial period above 20, and is due partly to the least efficient men being left at home when a regiment proceeds on foreign service, and partly to the men being sent to the dépôts from the service companies with constitutions impaired by residence in unhealthy climates. As approximative evidence of the extent to which the population are protected from small-pox, it may be mentioned that of the recruits received in England 747 in 1,000 bore marks of vaccination, 790 in Scotland, and 816 in Ireland. The numbers marked with small-pox were 151 in England, 102 in Scotland, 116 in Ireland, leaving wholly unprotected 102 in 1,000 in England, 108 in Scotland, and 68 in Ireland. The deaths in the army from small-pox in 1860 were only one in 19 of the cases bearing marks of vaccination, but two of the only three occurring among those having no marks.

ADULTERATION OF MILK. It is stated that borax is employed to prevent milk from turning sour, and also to impart more consistence, so as to appear more creamlike. (*Chicago Medical Journal*.)



## Association Intelligence.

### LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows:—

On Thursday, the 18th December next, at Chester.

On Thursday, the 12th March next, at Manchester.

Gentlemen desirous of communicating papers or cases to either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*

Liverpool, October 29th, 1862.

### SOUTH MIDLAND BRANCH: GENERAL MEETING.

THE autumnal meeting of this Branch (now numbering ninety-four members) was held at the board-room of the Infirmary, Aylesbury, on Thursday, October 23rd, at 1 o'clock P.M.; ROBERT CEELY, Esq., President, in the Chair. There were also present eighteen members and visitors.

Dr. BRYAN (Honorary Secretary) having read the report of the last meeting, the President made a few remarks, in which he said the Branch had been established six years, for the purpose of professional advancement. Notes were read from members, expressing their regret at unavoidable absence.

*New Members.* The following members were duly nominated, and unanimously elected members of the Branch:—Frederick Duke, Esq. (Buckingham); Thos. Knight, Esq. (Brill, Bucks); A. G. Osborn, Esq. (Northampton); J. T. Savory, Esq. (Wendover); W. G. Walker, Esq. (Brill); T. A. Warren, Esq. (Prince's Risborough); Thomas Whately, Esq., Surgeon to the West Herts Infirmary.

*Papers.* The following papers were read.

1. Case of Sloughing of the entire Scrotum, and complete Exposure of the Testes and Spermatic Cords, followed by Restoration of the Integuments. By J. M. Bryan, M.D., Northampton. Remarks were made by Mr. Ceely, Mr. Frederick Duke (of Buckingham), Dr. McLosky, and Dr. Hooper of Hoddesdon. The latter gentleman stated that, in similar cases of sloughing, he gave extract of conium, gradually increasing the dose until a drachm was given twice a day. He considered it to have a good sedative effect. Mr. GOLDSMITH mentioned a case where all the scrotum, with the glans penis, were torn away by machinery, followed by complete restoration. The patient was at St. George's Hospital. Dr. McLosky mentioned a similar case happening at sea, when a man fell on an empty cask, with one leg in and one outside. He remained in his hammock three months, and did well. His principal treatment was leaving a catheter in the bladder to prevent infiltration of urine, and trusting to nature and time.

2. Case of Strangulated Crural Hernia, resulting in Artificial Anus, and subsequent Passage of Stools *per rectum*: with Cure. By Frederick Cox, Esq., Welford. In the absence of Mr. Cox, the paper was read by Mr. Goldsmith, one of the Secretaries. The patient was a woman in the sixth month of pregnancy, and the operation for strangulation was performed. An artificial anus took place, and things did well, and eventually returned to their normal condition. At delivery at her full time, an arm and shoulder presented; there was also retained placenta. The case terminated favourably. Mr. OSBORN mentioned a similar case, where an operation was performed, and the intestine returned. Artificial anns took place in three days;

feces passed for a fortnight; and then natural evolutions took place *per anum*, the artificial opening healed. Several cases were mentioned by Mr. Veasey, Dr. McLosky, and others, where patients refused to be operated upon, and they did well naturally, artificial anus curing in some, and not in others.

3. Chronic Inflammation of the Os and Cervix. By G. P. Goldsmith, Esq., Bedford.

4. Variola Ovina, or Small-Pox in Sheep. By R. Ceely, Esq. The paper was illustrated by numerous coloured drawings. Mr. Ceely had had sheep on his premises for many weeks affected by the disease, cured by inoculation or exposure, for the purpose of observing the disease in all its stages, and of experimenting the virus on animals and on man. Many of the results of the experiments were detailed.

5. The Production of Instantaneous Expectoration by Stramonium Fumes. By Edward Lawford, M.D., Luton Buzzard.

*Medical Benevolent Association.* Some remarks were made by several gentlemen present as to the advantage of being received as members into the Benevolent Association for Widows and Orphans established in London and Birmingham.

The meeting terminated about 4 P.M., with a vote of thanks to the authors of the papers read, accompanied with the request that they would allow them to be published in the BRITISH MEDICAL JOURNAL.

The members and visitors afterwards dined at the White Hart Hotel, Aylesbury.

The next annual meeting will be held at Peterborough in May or June 1863; Dr. Paley being President-elect.

## Reports of Societies.

### LIVERPOOL MEDICAL SOCIETY.

THURSDAY, OCT. 16, 1862.

JAMES HAKES, Esq., in the Chair.

*Scarlatina in Liverpool.* Mr. BAILEY drew attention to the great prevalence of scarlatina at the present time. It was an epidemic of a very intense and virulent nature, many of the cases proving fatal within thirty-six hours after seizure, convulsions often preceding death. The idea of the treatment necessary was to combat the tendency to death by means of stimulants, such as carbonate of ammonia, wine, and brandy.

Dr. VOSE said it was no exceptional thing for scarlatina to prevail in a form to be almost suddenly fatal. The same thing sometimes occurred with cholera; the same with typhus, which was sometimes fatal in a few hours. Without question, the result was due in part to idiosyncrasy, in part to the intensity of the poison. As to therapeutics, stimulants freely given, and the admission of plenty of fresh air, were essential.

Dr. SHEARER stated that this disease was committing great ravages in the Toxteth Park District.

*Chronic Peritonitis.* Dr. CAMERON read a case, in which a cancerous growth in its hard, non-ulcerated stage, was found along the outer border of the stomach, and another, of about the size of a filbert, at the pyloric end. The spleen was remarkably small. In each ovary was a scirrhus tumour completely supplanting the original tissue, and causing those organs to be matted together with adhesions caused by chronic peritonitis. The whole canal was reduced to between three and four feet in length, and presented numerous constrictions alternating with large pouch-like sacs, consisting of portions of bowel doubled upon itself.

Dr. NOTTINGHAM remarked, that in this case the le-



was deeply fixed in the pelvis, and adherent to the um, and had several cysts connected with it. If of these had become developed, it would have risen very low in the abdomen.

*Dislocation and Fracture of the Spine.* Mr. HIGGINSON brought forward the case of a man, aged 34, who was admitted into the Southern Hospital on September 1st, and died twenty-eight days afterwards. On admission, the spines of the lumbar vertebræ projected at an inch beyond those of the dorsal vertebræ. The muscles of the back were in a state of painful spasm, and he had no feeling in his legs. Under chloroform, the displacement was reduced by moderate extension. Great relief was felt; and feeling, to the extent even of æsthesia, returned to the legs. His urine had to be drawn off continually; sloughing to a slight extent took place over the sacrum; and he gradually sank and died. Mr. Higginson mentioned that he had had a similar case, in which the displacement was reduced in the same manner, and the patient had gone out cured.

Dr. NOTTINGHAM said that in this case the extension had done good. He remembered, however, a case in which extension had been carried too far, and the roots of some of the nerves were torn from the side of the cord.

*Specimens.* Dr. NOTTINGHAM showed a specimen of Cancer of the Penis, removed from a man thirty years of age; also one of Fungoid Disease of the Left Breast, in a married female, aged 40.

*Uterine Tumour successfully removed.* Mr. FLETCHER had an interesting case of successful removal of a large uterine tumour, performed by him at the work-house hospital. Ann Selby, aged 40, a widow, had had five children and three miscarriages. Her youngest child was born eight years before her admission into the hospital. She ceased to menstruate about six months before the operation. On admission, she presented the appearance of a person at about the full period of pregnancy. Her general aspect was healthy, but she was thin and pale. She first perceived the tumour a year ago, on the right side. The tumour was movable, its surface smooth, fluctuation distinct. Some considerable masses of solid matter were perceptible on the left side, below the level of the umbilicus. Examined *per vaginam*, the uterus appeared to be of normal size, not fixed; and the os healthy. No part of the tumour could be felt in the vagina. The diagnosis made was, that this was a multilocular ovarian tumour. A dose of castor oil was given on May 13th, 1862, which acted well; and on May 14th the operation was performed. The urine having been drawn off, an incision was made, five inches in length, commencing about two inches below the umbilicus, downwards towards the pubis; and the tumour was carefully exposed. Very few adhesions were found on each side of the abdomen. As it required considerable force to break them down, the tumour being at length free, a trocar was passed into it, but only entered solid tissue; it was then entered at another spot, and a very small quantity of fluid was drawn off. Some other cysts were punctured or incised, without much reducing the size of the mass. The incision was then enlarged to about two inches above the umbilicus, and the tumour was with difficulty dragged through the wound. It was then found that it was orange, not from either ovary, but from the posterior surface of the uterus to the left of the middle line, and about an inch and a half in diameter; this was cut through with the *écraseur*; and the strain was so great when the chain of this instrument was being tightened, that the peritoneum was seen to split almost exactly in the middle line. On the cut surface from which the tumour had been removed, there were two or three vessels spouting. One of these was easily secured with an iron wire ligature. In another spot, two or three

vessels close together bled freely, and a small portion of the substance of the uterus which contained them had to be tied with iron wire. The ligatures were cut short, and left in the abdomen. A small cyst springing from behind the uterus was ruptured. She was turned on one side, to allow the fluid in the abdominal and pelvic cavities to run out. The wound was now closed with pins, and between each two a point of metallic suture. She was under the influence of chloroform throughout this long operation, and recovered well from its effects. The pulse was rapid for some days, but gradually fell to its ordinary standard. All the pins except the middle one were removed on the 17th; and on the 18th the last pin was taken out, and the wound was nearly healed. The catheter had to be used for some days; and a tendency to diarrhœa appeared, that had to be controlled by enemata containing tincture of opium. On the 31st she was able to sit up a little, and on the 11th of June to walk about; and she was discharged well on July 19th, 1862.

Mr. Fletcher regretted he had not used the uterine sound, though he did not think that even that could have obviated the error in diagnosis. This case shows the immense amount of injury the peritoneum may undergo without necessarily becoming inflamed. He thought the mode of emptying out the remaining fluid by turning the patient over preferable to the use of sponges, etc. The value of the *écraseur* was well shown in this case, as, without its use, the hæmorrhage must have been much more serious. The unirritating nature of the iron ligatures was well illustrated, as they appear to remain embedded in the substance of the uterus without doing any harm. As to the after treatment, two things were noticeable—the trivial amount of opium required, and the very moderate quantity of stimulants given.

Dr. GRIMSDALE said this was one of the most extraordinary cases ever brought before this Society, and a subject of congratulation to the operator. It is a rule not to operate in ovarian disease if we can detect pelvic adhesions. It was, therefore, fortunate that in this case these were not recognised. This tumour was in its nature almost unique. Fibro-cystic tumours of the uterus are very rare, and he had never heard of such an one being removed, much less successfully. We should wonder that severe peritonitis did not take place after the force used, if we did not consider that, when adhesions have taken place, the peritoneum has lost its special character; and it is not in these cases that peritonitis is most likely to ensue, but in those in which the healthy peritoneum has been subjected to much handling. This case would almost seem to justify us in operating in a future similar case, if we knew the tumour to be uterine.

Mr. HIGGINSON alluded to the advantage that was gained in this case by leaving the peduncle altogether within the abdomen, and how beneficial it would be if such a plan could be adopted in cases of ovarian tumour.

Mr. FLETCHER said that he thought the favourable result was in part due to the fact that he was able to have the patient placed in a large and airy ward, without other cases in it, and with a nurse to attend solely to her.

ASYLUM FOR IDIOTS, EARLSWOOD. The autumnal election of candidates for admission into the Asylum for Idiots, Earlswood, took place last week. The institution is in a prosperous condition. The number of inmates was 340, and only four were confined to bed. To judge from the contributions coming in, the institution is progressing in public favour. The board decided on admitting thirty cases, of which five would be for life and twenty-five for the ordinary period of five years. The number of candidates was 171.



## Correspondence.

### THE PHARMACOPŒIA AND THE METRICAL SYSTEM.

LETTER FROM E. A. PARKES, M.D.

SIR,—I was very glad to read Dr. Stiff's able paper on the Metrical System of Weights and Measures in the last number of the JOURNAL. There is one point, however, of such great importance to us that it is deserving of more attention than it has received.

The English weights and measures must now be considered obsolete in all chemical works. In all the best books which have been lately published, and in some of the largest medical schools, the French weights are alone used. A man who knows nothing but ounces and grains would be puzzled to read Fresenius or Odling, or to listen to Hoffman or Williamson. If we go to the Chemical Society, we never hear the words grains and ounces. And this is not only the case in England; it is so in Germany, Italy, Belgium, Spain, America, and Russia, in part, and I am told, Portugal.

The metrical system is not merely the common language of chemists; it is rapidly coming into use among physiologists of all countries.

Here is a practical result. If medical men do not understand the metrical system (which happily can be learnt in ten minutes), they will soon not be able to read works on chemistry and physiology. Independent of all theoretical considerations, the French weights and measures have taken such root in sciences which we cannot neglect, that we must learn them. And it is certain that all future medical students will learn them, and will hear, during their pupilage, a great deal more about *grammes* and cubic *centimètres*, than about drachms and ounces.

But more than this, it is equally certain that the chemists and druggists (who are yearly becoming better chemists) will in ten years be more familiar with the *gramme* than the grain. The same causes which have made the French weights universally used in chemistry, will bring about the same result in pharmacy.

We must propose then this question. In the face of an accomplished fact, are we to cling to a system rapidly becoming obsolete, and to place ourselves in a state of scientific isolation in this matter? We cannot now debate the principles of the metrical system; good or bad, it has already been introduced in such a way that we must adopt it.

That this beautiful method will in ten years be as familiar to us as it is to chemists, I am confident. The sooner we use it the better; and if the *Pharmacopœia* Committee will introduce it by the side of the English system, leaving it permissive for a prescriber or chemist to use which plan he prefers, the value of the *Pharmacopœia* will be greatly increased, and a large public question will be much advanced. This is, in fact, just one of the cases contemplated by the Committee of the House of Commons, when they recommended that the metrical system should be legalised and introduced at pleasure.

To the obvious objection that it is inadvisable to have two sets of weights in the same shop, it may be replied that accurate stamping and a different colour will prevent all mistakes.

I trust, sir, you will give your powerful support to Dr. Stiff's proposal, and will urge this matter with your accustomed force on the notice of the Association.

I am, etc.,

E. A. PARKES.

November 1862.

## Medical News.

APOTHECARIES' HALL. On October 30th, the following Licentiates were admitted:—

Irvine, William Johnstone, Galgate, Lancaster  
Jones, William Thomas, Kentish Town  
Moore, Edward Howard, Newmarket Terrace, Hackney  
Nichols, Robert Thomas, Rotherhithe  
Russell, William Smyth, West Indies

At the same Court, the following passed the examination:—

Atkinson, Charles T. A., University College  
Court, Josiah, Sydenham College, Birmingham  
Elkington, George, Guy's Hospital  
Taylor, Hugh, St. Bartholomew's Hospital

### APPOINTMENTS.

Biggs, James S., M.D., appointed Resident Physician and Superintendent of the Surrey County Lunatic Asylum.  
EVANS, Caleb, Esq., elected Surgeon to the Birkenhead Borough Hospital.

\*HILL, Alfred, M.D., appointed Surgeon to the Birmingham Borough Gaol, in the room of \*J. V. Solomon, Esq.

McGILLIVRAY, Paul H., Esq., appointed Resident Surgeon to Bendigo Hospital, Sandhurst, Victoria.

MIAL, P. E., Esq., appointed Surgeon to the Infirmary, Bradford.  
RODGERS, J. E. D., Esq., appointed Lecturer on Toxicology at London Hospital, in the room of H. Letheby, M.D.

\*TERRY, Henry, jun., Esq., appointed Surgeon to the Borough and Police, Northampton, in the room of the late C. Dodd, Esq.  
WRIGHT, George E., M.D., appointed House-Surgeon to the Infirmary and Galloway Royal Infirmary,

### ROYAL NAVY.

MOORE, John S., Esq., Assistant-Surgeon (confirmed), to the *Br*  
ROE, Thomas A., M.D., Assistant-Surgeon, to the *Trafalgar*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Royal Volunteers):—

SIDLEY, C. M., Esq., to be Assistant-Surgeon Prince Albert's (Leicestershire Regiment of Volunteer Cavalry.

To be Honorary Assistant-Surgeon:—

SOMERVILLE, H., Esq., 14th Staffordshire R.V.

### DEATHS.

BRUORTON, William, Esq., Surgeon, at Wincanton, aged 61, October 30.

ROE. At Ellesmere, Salop, on October 24th, aged 26, Margaret zabeth, wife of \*J. W. Roe, M.D.

WOOD, Robert Henton, Esq., Surgeon, late of St. Martin's, Leicestershire, aged 29, on October 30th.

GIFT TO THE HALIFAX INFIRMARY. Dr. Kenny has presented to the Halifax Infirmary, for the use of the medical staff, a valuable collection of books.

NATIVE INDIAN MEDICAL OFFICERS. Representations are being made to head quarters concerning the claim of the duly educated Indian medical practitioners, to be admitted into the service of the Government.

THE HERBERT GENERAL MILITARY HOSPITAL, building on Kidbrook Common, was commenced twelve months since, and is now ready for roofing in. The building stands upon seven acres of land, and is to cost £160,000.

DINNER TO DR. GAIRDNER. On the 21st ult., a dinner was given to Dr. W. T. Gairdner, on occasion of his leaving Edinburgh to fill the Chair of the Practice of Medicine in the University of Glasgow.

MEDICAL STUDENTS OF THE PRESENT SEASON. The number of students registered as prosecuting their studies at the metropolitan schools is about 1,045. And in 1861 was 1,124; and in 1860 the total number amounted to 1,228.

VACANCIES. The following appointments are vacant:—Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children; Medical Officer for the Willesden District of the Hendon Union, Middlesex; Medical Officer for the Second District of the Shepton Mallet Union, Somersetshire.



**ELECTION OF RECTOR OF EDINBURGH UNIVERSITY.** As opposition is being made to the return of Mr. Gladstone, a committee has been appointed to take the necessary steps to endeavour to secure the reelection of the cellor of the Exchequer as rector.

**AMERICAN ARMY.** "We regret to notice," says the *American Medical Times*, "the retirement of some of the ablest and most respectable members of the Medical Staff of the volunteer corps of the army. The army cannot spare the services of such men at this time."

**DUBLIN MEDICAL SCHOOLS.** The winter session at the St. James's Hospital and County Dublin Infirmary, was opened with an introductory lecture by Dr. Stokes, on Monday. His Excellency the Lord-Lieutenant honoured the occasion with his presence, and there was a crowded attendance of other visitors and students.

**FEATHERED REPTILE.** Professor Owen has communicated a paper to the Royal Society on a subject which has of late excited some interest among palæontologists—namely, the newly discovered fossil reptile with feathers. The strange specimen here referred to was found in the lithographic slate of Solenhofen.

**DR. SHORTT AND THE COTTON SUPPLY.** Dr. John Shortt, formerly Bingleput, in the Madras Presidency, who has distinguished himself by his exertions to secure a supply of cotton from the East Indies, has received a gold medal from the Manchester Cotton Supply Association. He has also received a medal from the International Exhibition, as well as honourable mention for tree cotton and medicinal drugs.

**UNIVERSITY COLLEGE, LONDON.** The first meeting of the Council for the session 1862-63 was held on Saturday last. On the report of the examiners, Professors Huxley, Erichsen, and Wilson Fox, the Filliter Exhibition for proficiency in pathological anatomy (£30) was awarded to Mr. Thomas Griffiths, of Dryslwyn fawr, Northamptonshire.

**NEW DROP-COUNTING APPARATUS,** invented by M. Beron, has been described in the *Repertoire de Chimie*. It is composed of a small flask with a side tube, from which the liquor is poured, the diameter of which is determined by experiment with a drop of distilled water. The number of drops of distilled water for a *gramme* is 20; the number for the same weight of nitric acid is 27; of sulphuric ether, 90; of laudanum, 34; of chloroform, 60; of tincture of rhubarb, 54, etc.

**THE LATE SIR BENJAMIN BRODIE.** On the retirement of this distinguished surgeon from the Council of the Royal College of Surgeons, a commission was given to Mr. Weekes, R.A., to execute a bust for the Council Chamber. The serious indisposition of Sir Benjamin, however, prevented the eminent sculptor from commencing his task, but immediately after the decease, a capital bust was taken, from which we may expect to see a bust added to those which already ornament the College, from the studio of Mr. Weekes.

**MISS NIGHTINGALE.** We regret to learn that there is still the very slightest foundation for the report of Miss Nightingale's restoration to health. She is able to remove from one place of residence to another—a very few times—once a year, but she is scarcely able to leave her bed in the intervals, and quite unable to struggle with the load of correspondence and applications of all kinds which the report of her partial recovery has brought upon her.

**DEATH OF DR. WILLIAM CHALMERS.** Dr. Chalmers was born at Aberdeen in 1786. Educated for the medical profession, he went to India in 1805, and served as surgeon in the Hon. Company's service. He retired in 1827, though an ample competence, but from the failure of his speculations and agents at Calcutta, he was compelled to resume his professional duties, and became physician to the Royal Infirmary, Glasgow, after which he went to

Croydon, in Surrey, where he practised twenty-two years, and was physician to both Archbishops of Canterbury until his final retirement in 1852. He died at Brighton.

**ACCIDENTAL POISONING.** Last week, soon after dinner, the family and servants of Mr. Falconer, Bogindollo, to the number of thirteen, were seized with most violent sickness, which, in the opinion of Dr. Forman, Fettercairn, who was in immediate attendance, was caused by poison having found its way into the food of which they had partaken. One of the female servants lies in an almost helpless state of inflammation and paralysis. The others have recovered. Mr. Falconer has placed the case in the hands of the fiscal. No blame can be attached to the servant who cooked the food, she having suffered severely herself. It is believed that the unfortunate occurrence has resulted from a merchant's assistant having sold poison of a virulent character by mistake for a kind of seasoning to which it bears a strong resemblance. (*Dundee Advertiser*.)

**AN USEFUL HINT.** In the introductory lecture at the Royal College of Surgeons of Ireland, Dr. Jacob told the students that they should be very careful about their penmanship. He had read a letter lately written by Lord Palmerston, recommending to all candidates for public offices the necessity of writing legibly, and this applied to all men looking for public employment, or going into the army or navy. All these were expected to write legibly. Composition in connection with penmanship could not be too highly valued, and it was of the utmost importance that the student should be able not only to write neatly, but to commit his thoughts to paper in proper language.

**ARMY CHIROPODISTS.** The Federal Government, with plenty of paper dollars to buy shoes, has a watchful eye over its soldiers. It is not so cruel as to deprive them of shoes altogether; it will not interfere with the contract articles duly provided at a high but accepted price; and it cannot force shoemakers to construct shoes upon the principles of common sense and regard to the delicate anatomy of the foot; but it can provide the army with an authorised and qualified corps of "pedicures" and chiropodists. This has lately been done by express command of the President. To each division of the army is to be attached a corn doctor and assistants, who will do their part to keep the feet of the men in order, either to overrun the South or run away from it, as strategy may compel.

**LINT.** At a special meeting of the Providence Medical Association, held on the 18th of September, 1862, the subject of lint and its uses was discussed. It was voted, after general consultation, that Drs. Mauran and U. Parsons be a committee to express to the public the views of the Association on the subject. In accordance with this vote, the committee would state, that they fully indorse the very sensible views of their medical brethren of Boston, published in the *Boston Medical and Surgical Journal* of September 11, a summary of which was republished on the 13th inst., in the *Providence Journal*; that the use of scraped or drawn lint is rarely deemed necessary in modern surgery, and that its use in hospital practice has indeed been injurious rather than beneficial to the patient, especially as an application to suppurating wounds. On the field of battle, however, its use is common; and for that purpose they would now present an admirable substitute, abundant, cheap, and of easy manufacture, viz., the recently invented steam-rotted and bleached *flax-cotton*. Information in regard to this article may be obtained by addressing the Secretary of the Rhode Island Society for the Encouragement of Domestic Industry.

**MANCHESTER MEDICO-ETHICAL ASSOCIATION.** The following memorial was presented to the Manchester City Council by Mr. Councillor Horsfall, on Wednesday,



October 29th, 1862:—"To the Mayor, Aldermen, and Citizens of Manchester, in Council assembled. Your memorialists, on behalf of the Manchester Medico-Ethical Association, beg to express their satisfaction that the Council is inquiring into the efficiency of the Coroner's Court, and its capability of fulfilling the ends for which it was instituted. The objections to the Coroner's Court, as at present constituted, are numerous and important—not merely local, but general and inherent. Your memorialists submit that the mode of appointment of the coroner—his qualifications for the office—the extent of his powers—the routine and imperfect system of investigation—and the class of persons from which coroner's juries are usually selected—are some of the more prominent defects which demand the serious attention of the Council. Your memorialists, whilst expressing their concurrence generally with the substance of Professor Taylor's letter, and without committing themselves to the scheme there embodied in its totality, regard it as a basis for entirely remodelling the ancient institution, and adapting it to the requirements of a more advanced age, which, in their opinion, is urgently called for. Your memorialists, feeling the importance of the subject, propose to take an early opportunity of petitioning Parliament (where only reform can be obtained); and, in conclusion, they respectfully suggest to the Council the value of the cooperation of all public authorities. Signed, on behalf of the Manchester Medico-Ethical Association, J. L. Bardsley, Knt., *President*; Daniel Noble, Richard Allen, *Vice-Presidents*; Louis Borchardt, *Treasurer*; Joseph Stone, Jonathan Wilson, *Hon. Secretaries*. Manchester, Oct. 27, 1862."

**DISEASES OF THE HEART IN AUSTRALIA.** Inflammation of the pericardium is more common in the colony than in England, and the deaths are more numerous. Thus about 1 out of every 359 deaths which ensued in Melbourne during twelve months was from this disease; while in London it amounted to only 1 out of every 532 of the deaths, and in England to only 1 out of every 889. Aneurism, again, is both more frequent and more fatal in the colony than in England. The deaths in Melbourne in twelve months from this disease were 26 out of 3,593 deaths from all causes—about 1 in 138; while in London the number was only 68 out of 59,103 of the deaths from all causes—about 1 in 869; while in England the deaths were 321 out of 419,865 of the deaths from all causes—about 1 in 1,349. (*Medical Record*.)

**CENSUS OF ENGLAND.** The first volume of the census for England, which has just been issued, shows the numbers and distribution of the people in the several parishes and places. An abstract of the returns was published last year; a careful revision of them shows that on the 8th of April, 1861, the population of England and Wales, with the Isle of Man and Channel Islands, including the army at home and the navy and seamen in the ports, rivers, and creeks—that is to say, all the persons in the kingdom—amounted in number to 20,209,671. The returns for Scotland having also been revised, the population of Great Britain on that day is found to have been 23,271,965; and the returns for Ireland, when the revision of these also is completed, will bring the population of the United Kingdom to above 29,000,000. The increase in England and Wales alone since the census of 1851 has been 2,138,615, notwithstanding that in the interval 2,250,000 persons emigrated from the United Kingdom, of whom it is calculated that 640,316 were English. Since the census of 1851 the male population of England and Wales has increased 11.33 per cent., the female population 12.50 per cent. The excess of females over males, 365,159 in 1851, had grown to 513,706 in 1861; and these figures do not include the army, navy, and seamen out of the kingdom. In Scotland the disproportion is still greater; in Great Britain, with the islands in the British seas, the excess of females over males in 1861 was

687,471, to which the Irish returns, according to the revised abstract, have above 150,000 to add. On the census night 62,430 persons were on board vessels in harbours, rivers, and creeks of England and Wales, without reckoning persons in barges on canals; in the metropolitan district 8,084 persons were on board vessels in the docks and in the Thames. In England and Wales 124,962 persons were in workhouses, and workhouse schools, 13,456 in hospitals, 24,207 in lunatic asylums, 26,395 in prisons and reformatories, 23,598 in orphan asylums and other principal charitable institutions, without reckoning in any instance the official staff in charge of these institutions; 80,839 persons military, and families of military, were in barracks. The population of the Isle of Man and the Channel Islands, which had previously been increasing, has, in the ten years under review, hardly maintained its number, except by an increase of the military force. In a few months the publication of the census of England will be completed by the issue of tables of tables of ages, occupations, birth-places, etc., of the people, with report on the general results.

**THE CONGRESS OF OPHTHALMOLOGY.** At the meeting of this congress at Brussels in the early part of October Dr. Knapp, of Heidelberg, gave the researches by which he was able to determine the differences of refraction at the meridians of the globe of the eye. Having measured in many living individuals the curved rays of the cornea in the different meridians, M. Knapp was able to construct, by means of accurate figures, the left surface shown and defined by Hume, thus giving a physiological and geometrical basis to the analysis of a disease recently discovered by Donders—namely, astigmatism. M. Hering read a paper containing new facts, which have been used by Professor Ruete to present, under a novel point of view, the doctrine of horopteries. M. Coccia showed a new ophthalmoscope, by means of which anyone can examine the deep structures of his own eye. Professor Arlt exhibited preparations of the orbicular muscle and the lacrymal canal, showing that a tendinous raphe exists, uniting the two superior and inferior portions of the orbicularis. M. Schweiger, of Berlin, pointed out the phenomena of choroiditis; and M. Liebreich exhibited plates representing alterations of the retina and choroid as seen with the ophthalmoscope. M. Hasner showed the practical results of corelisis, or the tearing of posterior synechiæ. M. Hairion and M. Furnari referred to the inoculation of gonorrhœal pus and the shaving of the cornea in granular ophthalmia, and gave an account of the results obtained from the use of these methods. M. von Gräfe gave his ideas respecting a new affection, to which he gave the name of muscular asthenopia, the consequence of defective action of the external rectus. In his communication the history of muscular paralysis and of strabismus was elucidated, and the near relation between visual defects and a disturbance in the general muscular system was pointed out. M. Donders gave the etiological history of the different kinds of strabismus; and showed, by statistics, the influence of the optical state of the eye, and the geometrical condition of its refraction on the production of strabismus. M. Giraud Teulon and M. Donders exhibited scales of printed types contrived separately at Paris and Utrecht, and, by a strange coincidence, almost similar. Both symptoms were based upon the idea emitted by M. Jäger of Vienna. Thereby can be fixed the limits of the antero-posterior plane of vision, and the numbers of the glasses required, by the state of the power of accommodation; as also the degrees of sensibility of the retina. M. von Gräfe spoke of his experiments on the antagonism of opium and belladonna. As is well known, belladonna, and the Solanaceæ in general, dilate the pupil, whilst opium contracts it. M. von Gräfe has ascertained that the ciliary apparatus, on which belladonna also has a paralyzing action, contracts under morphia.



**DIFFICULT QUESTION.** The question as to the propriety or impropriety, right or no right, of women to avail themselves of the advantages of an university education has been just raised in a somewhat unexpected form at St. Andrews. A young English lady, Miss Elizabeth Garrett, the daughter of a gentleman of independent fortune, who has educated herself highly in classics, and in some of the physical sciences, with a view to the study of medicine, visited St. Andrews during the summer, and intimated her desire to become a student in several of the classes during the winter. She received decided encouragement from some of the professors; and others were understood to say that they would offer no opposition to her becoming a student. They were all very gallant except, we believe, Professor Frier, whose strong conservative tendencies led him to oppose, and to intimate his opposition with that canny which extorts the respect due to a trusty opponent to a trusty friend. Relying on the encouragement which she had received, this lady arrived at St. Andrews a few days ago, and on Wednesday last applied to the Rev. Mr. MacBean, Secretary of the University, for a matriculation ticket, paid the usual fee, received the ticket, and signed her name in the matriculation-book. Next day, she presented her ticket to Dr. Heddle, the professor of Chemistry, and asked leave to attend his lectures. He stated that he had no personal objection, and gave her a letter to Mr. Ireland, the Secretary of the United College, authorising him to give her a ticket to the chemistry class. On presenting this letter, and paying the class fee, she, according to the usual course, obtained the ticket. In the same way, she obtained a ticket for Dr. Day's class of anatomy and physiology, he having no objections to her being a member of it; but, to the contrary, giving her a cordial welcome. All this is very well, and just what might have been expected from the distinguished and accomplished professors of this ancient and celebrated university. But, unluckily, they seem somehow to have become alarmed at the idea of being the first to take the lead, or rather to permit of being taken, in regard to this so-called "innovation" of educating women in a College, and in those branches of education that have been generally confined to men, and, at least, not sought after by women. Accordingly, on Saturday, the Senatus met and passed a resolution to the effect that the issuing of the matriculation ticket and the class ticket to Miss Garrett was not sufficiently authorised; that this novel question raised ought to be deliberately considered and decided; that the opinion of other universities and of lawyers should be taken if thought expedient; and that, in the meantime, professors should be enjoined to defer allowing the attendance of this lady on the classes of the university. No one can fail to sympathise with the difficulty of the St. Andrews' Senatus. We feel assured that it appears to them a very serious one; or gentlemen so enlightened and so much before the age in point of liberality as the majority of its members are, would not have hesitated to make up their minds at once and settle this question one way or other upon grounds of reason and common sense. We feel sure that on these grounds the great majority of the professors think as we think, that it is not wrong, but right, to educate women in the highest which possible, and that female doctors of medicine would be a great boon to society, and an inestimable safeguard to the feelings of delicacy of their own sex. However, there is still left the practical difficulty of mixed classes of young men and young women—especially in medical classes—and we can see that this difficulty may attain very formidable proportions, though not at St. Andrew's, which, in this sense, would be a very favourable field for the experiment. The classes there are all comparatively small; in anatomy averaging about a dozen, and in chemistry about twice that number; so that every student is under the professor's eye, and no

indecorum can go unnoticed, as might be the case in very large classes. Besides the practical, there are knotty legal points in the matter. For example, it may be doubted whether any Senatus can exclude ladies from those universities that are established by law and supported by public money. Where do they find the right to do it? Girls are not yet prohibited from attending parish schools—they are rather encouraged to attend—and what difference is there, unless arising from custom, between parish schools and universities? We are not aware of any difference in law. (*Scotsman.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.
TUESDAY. ....	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.
FRIDAY. ....	Westminster Ophthalmic, 1.30 P.M.
SATURDAY....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	Medical Society of London, 8.30 P.M. Mr. Henry Smith, "The Treatment of Certain Forms of Hæmorrhoidal Tumour and Prolapsus; with the Description of a New Clamp."
TUESDAY.	Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Wiblin (Southampton), "Case of Elephantiasis Scroti"; Mr. Wm. Smith (Chesterfield), "Case of Poisoning by Oil of Wormwood"; Dr. Robert Lee, "Cases of Ovariectomy."

POPULATION STATISTICS AND METEOROLOGY OF LONDON—NOVEMBER 1, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 920 Girls.. 963 }	1883 1184
Average of corresponding weeks 1852-61 .....	1856	1215
<b>Barometer:</b>		
Highest (Wed.) 29.789; lowest (Fri.) 29.596; mean, 29.682.		
<b>Thermometer:</b>		
Highest in sun—extremes (Sun.) 89 degs.; (Fri.) 55.8 degs.		
In shade—highest (Sun.) 58 degrees; lowest (Th.) 28.5 degs.		
Mean—46.8 degrees; difference from mean of 43 yrs. 0.0 deg.		
Range—during week, 29.5 degrees; mean daily, 13.3 degrees.		
Mean humidity of air (saturation=100), 94.		
Mean direction of wind, S.W. & S.E.—Rain in inches, 0.54.		

TO CORRESPONDENTS.

**\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.**

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

**ERRATUM.**—In the list of graduates of the University of St. Andrew's, published in the JOURNAL of October 25th, the letters "F.R.S.E." were, by an accidental error, placed instead of F.R.C.S.E., after the name of Dr. Joseph Lancaster, of Clifton.

**DR. FOWLER'S MEDICAL VOCABULARY.**—Dr. Fowler, "in strict justice to himself," asks us to state that he is "prepared at any time to prove by documentary or other evidence before a Court Medical (or on oath, if preferred, before a Court Legal), every statement written by him on the above subject. I have never," he adds, "been in, or near to, Leeds in my life; and have never, to my knowledge, cast eyes upon Dr. Mayne."



**JOURNALS WANTED.**—The Publisher of the *BRITISH MEDICAL JOURNAL* is in want of the numbers for August 15th, 1857, and June 5th, 1858. Perhaps some member who does not bind his volumes will kindly forward his copy of those numbers.

**C. K.**—A writer in the *Saturday Review*, who exults in not knowing anything about physic, has another fling at the profession. He has a leaning towards the "coarse specifics of Morison and Holmoway"; and argues, because we have now more modified views of bleeding, calomel, stimulants, open windows, etc., there can be little certainty at all in medicine as an art. And he is wonderfully dogmatic, as all such exulting "know-nothings" usually are, that the *vis medicatrix naturæ* is the foundation of all therapeutics, and after that reflex action is the great dominating law of all vital actions. He compares the statistics of hospitals, but thinks physiology a stand-still science. He should try his hand at the "harmony not understood" of Ricord.

**MR. PARKER** has forwarded us the following:—£100 reward to any person or persons who will refute, in writing, the principles of the new physiological views that are comprehended in avocations of common life, in a treatise, by W. Parker, M.R.C.S., L.A.C., with a frontispiece of the Bath Mineral Hot Water Fountain, and an appendix on the Bath Mineral Waters. The above sum will be given by the author, after the decision of a fair and open tribunal, selected from men of renown. Sold by Peach, Bath; and all booksellers. Bath, 1857. Price one shilling.

**MEDICAL WITNESSES IN COURTS OF LAW.**—**SIR:** I see in your issue of to-day, a note from my friend Dr. Hall of Torquay, in which he asserts, that "two years ago, when touching upon the discrepancy of medical witnesses, I ventured to suggest that Government should appoint three experts, whose duty it should be to decide upon the scientific bearing of any important medico-legal question." If he will take the trouble to read Nos. 207 and 208 of our *JOURNAL* (December 1856), he will perceive that so long as six "years ago, precisely the same solution of the difficulty which 'has' just now occurred to the Committee of the British Association for the Advancement of Science," was suggested by myself. The paper referred to concludes with these words:—

"I would submit to you—if it would not be desirable, for the sake of science, and not less for the honour of our profession, that in all cases, of whatever kind, involving in any degree a knowledge of the principles and practice of medicine and its collateral branches, a plain statement of all the facts should be drawn up, and submitted to a *MEDICAL ARBITRATION*. Reverting for one moment to the case of Mrs. Catherine Cumming, and to that of Mr. J. Parsons Cook, do you not feel with me that, had the physicians and surgeons engaged on either trial constituted what may be called a medical committee (jury), then would the whole matter have been greatly simplified, the cause of justice very materially promoted, and science itself maintained in all its integrity, uncontaminated by the technicalities of law, or degraded by the sophistries lawyers? Under such circumstances, would not law be made subservient to medicine, or, what is the same thing, mere precedent to scientific truth—the mere words of man to the glorious works of his Creator? In a word, would not mere art be made to fall prostrate before the natural or organic laws? The fact that the reverse of all this obtains to this hour is in every way sufficient to assure us that there is yet scope and opportunity for the medical reformer—for him who would venture on the responsible task of ameliorating the position of our own most honourable calling."

I am, etc., JAMES G. DAVEY.

Northwoods, Bristol, October 25th, 1862.

**COMMUNICATIONS** have been received from:—Dr. JAMES RUSSELL; Dr. J. W. ROE; Mr. C. W. WOOD; Mr. ANTHONY MARTIN; Dr. PARKES; Dr. SKINNER; Dr. STONE; Dr. JOSEPH LANCASTER; Mr. J. K. SPENDER; Mr. WILSON; Dr. HANDFIELD JONES; Dr. FOWLER; Mr. H. TERRY, jun.; THE HON. SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. HAYNES WALTON; Dr. E. COPEMAN; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. WILLIAM COPNEY; Mr. F. JORDAN; and Mr. T. M. STONE.

#### BOOKS RECEIVED.

- Contributions to Practical Medicine. By James Begbie, M.D., F.R.S.E. Edinburgh: 1862.
- Analysis of Two Hundred and Twenty Cases of Pulmonary Consumption. By William R. Hill, M.D. London: 1862.
- On Diseases of the Chest, including Diseases of the Heart and Great Vessels. By Henry William Fuller, M.D. London: 1862.
- On Diseases of the Skin. By Erasmus Wilson, F.R.S. Fifth edition. London: 1862.

#### ADVERTISEMENTS.

### Hospital for Sick Children, 4

GREAT ORMOND STREET, QUEEN SQUARE.—A Series of LECTURES on the DISEASES of CHILDREN will be given by the Medical Officers of the Hospital, on Wednesdays, at Three o'Clock. The FIRST LECTURE will be given by Dr. WEST, on Wednesday next, the 12th instant, at Three o'Clock precisely.

The Lectures are free to Practitioners on presenting their cards and to Students of Medicine after their first year, by tickets to be obtained of the Secretary at the Hospital.

November 1862.

S. WHITFORD, Secretary.

### The London Medical Review

(enlarged eight pages) for November,

CONTAINS:—

ORIGINAL ARTICLES.

- "An Essay Towards a New Law of Healing."—Part II.
- Dr. Inman, "Essays on Therapeutics."
- Mr. Ballard, "On the Convulsive Diseases of Infants."
- Dr. Roger, "Clinical Researches on Auscultation of the Heart" (Translated by Alfred Meadows, M.D.)

ANALYTICAL AND CRITICAL REVIEWS.

- "Medical Climatology," by R. E. Scoresby-Jackson, M.D.
- "On Long, Short, and Weak Sight, and their Treatment, by Scientific Use of Spectacles." By Soelberg Wells, M.R.C.S. M.D. Edin.
- Homœopathy, as practised in Manchester in Harmony with alleged Principles, by J. Drummond, L.R.C.P.E., M.R.C.S.
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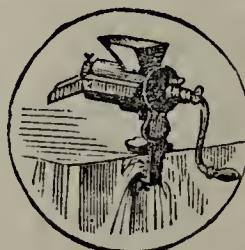
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## Original Communications.

### SOME REMARKS ON THE CAUSATION OF NON-ORGANIC PARALYSIS.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to St. Mary's Hospital.

In a paper on the physiology of the spinal cord and brain, in the *Journal de la Physiologie*, Dr. Brown-Séquard adduces some important facts, which go to show that irritation of sensitive or excito-motor nerves produces, for a variable time, a diminution of the vital properties and functions of the part of the spinal cord to which they proceed. Two of the most striking are the following:—4. The application of a ligature on the hilus of one of the kidneys, or suprarenal capsules, or, in other terms, the irritation of the nerves of these organs, determines very often the same effects as section of a lateral half of the spinal cord. 6. If, after having rapidly exposed the cord in the dorsal region, without having produced paralysis or anæsthesia of the posterior limbs, we excite the posterior roots of a pair of nerves on both sides, we observe immediately paralysis and anæsthesia in the posterior limbs; and if we irritate several pairs, these results increase in proportion to the number of pairs irritated and the degree of irritation.

In a preceding paragraph, Dr. Brown-Séquard states his intention to demonstrate "that it is by a reflex action on the blood-vessels of the nervous centres that irritation of centripetal nerves (sensitive or excito-motor) determines the alterations of nutrition, as the result of which are produced very often paralysis, anæsthesia, and different forms of convulsive affections (hysteria, epilepsy, catalepsy, chorea, tetanus, cramps, contractions, tremblings, etc.)."

Now, as the paralysis from irritation of centripetal nerves is said to occur immediately, it seems to me difficult to believe that any notable amount of alteration of nutrition can occur so rapidly, at least, as the result of mere anæmia. Animals after decapitation, when the circulation must be well nigh abolished, manifest reflex movements perfectly; anæmia is therefore insufficient to account for the loss of function of the cord. Dr. Brown-Séquard's own reply, in the same paper, to some objections against certain other experiments seems conclusive on this point.

"It is true that the cord loses one of the sources of its supply of blood when the roots are divided; but, on the one hand, the quantity of blood which the cord ceases to receive after the section of seven or eight pairs of nerves, is not very considerable (?); and, on the other hand, the entire suspension of the circulation after the removal of the heart allows the properties and functions of the cord, not separated from its roots, to remain during one or two minutes, whilst the section of the roots annihilates or diminishes immediately these properties, and is quickly abolishes, or renders less active, the exercise of its functions."

It seems, therefore, to me incontestable that we must look to some other cause than local anæmia for the paralytic phenomena in these and like cases. If we look to the two chief kinds of non-organic paralysis; viz., that termed reflex, and that which I have called simple, or neurolytic, we see that in the first the palsy, to all appearance, depends on some morbid impression conveyed to the centre, ceasing on its removal; while, in the other, the nervous centre appears to be directly enfeebled, as by the action of some poison, or obscure influence, on its issue; and the "juvantia" are not, as in the other case, the removal of an irritation, but stimulants. Amaurosis from dental irritation, paraplegia from a stricture, are examples of the first; influenzal and malarious paralysis

of the second form. In the latter affections, the signs of general debility are often so *prononcé*, as well as the effects of tonics and stimulants, that we can hardly err in regarding the condition of the nervous centre implicated as one of debility. We are then entitled, it seems to me, to assume the occurrence of a form of paralysis depending on temporary functional disorder or exhaustion of a nervous centre. Some minute alteration in the cells of the gray substance, or in the connected axis-cylinders, would easily arrest the free passage of nervous force. Now, if this may occur from the direct influence of some poisonous matter in the blood, it seems at least probable that it may also occur as the result of some morbid impression on the periphery of a centripetal nerve. That the paralysis is in some way dependent on the morbid impression we know; that anæmia from contraction of blood-vessels will not account for it we have admitted; there remains, therefore, so far as I can see, nothing but to assume some interference with, or derangement of, the minute molecular changes, which occur normally during the active state of nervous tissue. In the foregoing I have assumed, and I suppose fairly, that the morbid condition termed reflex paraplegia is closely analogous with that produced in the experiments above cited.

### FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

#### IV.—DIDAY OF LYONS.

M. DIDAY published, in the *Gazette Hebdomadaire* for June 21st, 1861, a summary of his views on syphilis, entitled *Histoire Naturelle et Thérapeutique de la Syphilis*. He says that, between March 1855 and June 1861, he has had under his care two hundred cases of constitutional syphilis, both primary and secondary in its affections, of which he has detailed notes of one hundred and thirty. He takes this mass of observations as his basis on which to found his conclusions.

The course of syphilis was sometimes severe, but generally light, in these cases.

*Origin.* Acquired and not inherited syphilis always commences by more or less ulceration, which ulceration has two varieties—1, the indurated chancre; 2, the chancriform erosion. This latter is identical with the "parchment chancre" of Ricord, and has been described under different names by other authors. The disease may be communicated by either of these, or by secondary eruptions. When by the latter, the chancriform erosion is the primary sore resulting. The chancriform erosion propagates most syphilis, because it is more indolent than the indurated chancre, and better permits friction against its surface; it also is more contagious than the secondary lesion, whence it fails less frequently to communicate the infection.

*Severity.* This depends on—1. The source. When the contagion comes from a primary indurated chancre, the syphilis is generally severe; also, if the infection be hereditary, less so when the inoculating lesion is chancriform, and least so when from a secondary affection. The more recent the chancre which gives contagion, the more likely is the disease to be severe. 2. The state of health of the patient, the degree of his observance of the rules of hygiene, etc., have also their influence. The tertiary affections are no longer contagious. The immunity of a syphilitised person is regulated—1, by the source whence he was infected; 2, by the distance of time since he was inoculated. For example, a man recently inoculated by an indurated chancre is quite safe; but a person for whom several years have elapsed is possibly re-inoculable.



*Symptomatic Manifestations of the Degree of Severity of the Disease.* The disease will be obstinate and invade the tissues deeply—1. If it resist specific treatment; 2. If there exist an indurated chancre in both subjects—the transmitter, and the one on whom the contagion has alighted; 3. If the incubation period be short; 4. If the earliest eruption be pustular or scaly, or repeatedly returning at short intervals, or have a confluent tendency; 5. If the constitution be subject to any other diathesis, as tubercles, Bright's disease, etc., or if there be much chlorosis, accompanied (or caused?) by great ganglionic enlargement.

The disease will probably be light and disappear quickly—1. If the source of contagion be a secondary sore or chancriform erosion; 2. If the primary sore be a chancriform erosion; 3. If the period between the primary and secondary eruption be long; 4. If the earliest secondary eruption be roseolous or papular; 5. If the intervals between the appearance of each series of symptoms be long.

*Treatment.* The general effect of mercury is to retard the appearance of secondary symptoms when not present, and to hasten their departure, and with that to shorten the period of action of the poison; hence it accelerates the cure, but it does not absolutely prevent relapses.

Diday has recorded fifty-seven cases where mercury was given regularly and thoroughly for long periods. The result was various; some cases had a mild course, others a severe one.

Mercury is an exciting cause of phagedæna, stomatitis, and other complications of mercurial poisoning.

Those cases which are treated without mercury recover in the great majority, and these recoveries have lasted many of them several years. Severe cases are essentially relieved by mercury, and the following are the cases for its administration. Mercury should be given when the chancre is of woody hardness, when there is iritis, aphonia, or much glandular induration, with early chlorosis. It is seldom necessary, if the primary lesion is chancriform, or if the other signs of a light case be present. Iron, quinine, etc., are generally sufficient. Mercury, when given, must be thoroughly applied, and often coupled with iodide of potassium.

[To be continued.]

## RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 299.]

CASE XVII. *Twins: Convulsions: Mania: Recovery.* Mrs. B. was confined with twins on Thursday morning, September 19th, 1861. She had had two children before, both labours being difficult, on account of narrow pelvis; but her general health had been good. During the latter part of this, her third pregnancy, she felt very unwell, the uterus being much distended and its sympathetic effects severe. The uterus was of a peculiar shape, being most distended longitudinally from cervix to fundus; and she suffered much from dropsy of the lower half of the body, the urine being albuminous, and the œdema greater in amount than usually arises from pressure only. In this labour, the first child presented naturally, but its passage through the pelvis was, as usual with her, difficult; before the second was born, a sufficient amount of hæmorrhage occurred to make it desirable to complete delivery as soon as possible; it was a shoulder presentation and delivery was accomplished by turning, the child having been dead apparently some time, as the cuticle was separated in several places. The placenta soon followed, and the uterus contracted quite firmly. There was no more hæmorrhage, nor had the loss been either severe or lasting.

It was observed, when the membranes of the first child (born alive) ruptured, that the liquor amnii, of which there was a great quantity, had a very peculiar urinous smell. All went on well until the afternoon, when a frightful convulsion occurred, lasting some time, but at length giving way to mustard poultices to the feet, cold to the head, etc. She had also a five-grain dose of calomel. From this attack she seemed to rally, and was apparently going on well all Friday and Saturday; but on Sunday, without any visible cause, convulsions came on again, and continued almost without intermission for several hours, so as to leave scarcely any hope of recovery. I should mention that after the first convulsion, on the day of her confinement, she discovered that her sight was very indistinct; and this blindness, as well as a certain degree of bewilderment, remained more or less until the convulsions returned on Sunday. On Monday, the 23rd, I was summoned a distance of forty miles to see her, and remained with her from 2-30 until 6 P.M. During this time she had no convulsion, but looked wild, was only semi-conscious, with her sight imperfect, but pupils not dilated. She kept moving about in her bed slowly and deliberately, looked pale and ghastly, had very little sleep in the night; the pulse was very feeble, not exceeding 90, and there was a great disposition to become cold on the least exposure. There had been no sickness, nor any real convulsion since the night before; neither had there been relief from the bowels since taking ten grains of calomel on Sunday. She was quite willing to take nourishment, eating and drinking greedily whatever was put to her lips. The lochia were scanty but healthy, and there seemed nothing the matter with the uterus, but she said she had great pain in her back. It was difficult to get her to answer questions, and she had almost a demented look. I thought her in great danger from exhaustion, and gave her some brandy and milk, no stimulant having been hitherto given. We then agreed to administer an enema of turpentine and castor oil in gruel, which soon produced a good relief from the bowels, some of it being lumpy. She had passed water very freely the day before, and the œdema of the lower half of the body was almost gone. The disturbance of having the bowels relieved, and the bed-clothes and linen changed, produced a good deal of exhaustion; but her pulse rallied after more nourishment, and we gave her twenty minims of tincture of opium in brandy and water, intending to repeat the dose in two hours if she got no sleep. She had no convulsion up to the time of my leaving, and I hoped if she took nourishment, and her nervous system were kept quiet by opiates, there might yet be a chance of her life being spared.

I did not see the patient again, but received from time to time the following reports:—

September 25th. "Our patient has had no return of convulsions up to the present moment. The first dose of opiate had very little effect; the second, given in two hours, made her rather wild and confused for some time; after which she had a little unsatisfactory sleep for about half an hour. She had two more doses of tincture of opium (mxxx and mxxv) yesterday, and has had some sleep, but not calm rest. I was afraid at one time last night we should have a case of mania, as she shrieked very violently, and was rambling and delirious. However, the violence has passed off since 2 A.M. to-day. She takes nourishment, beef-tea, etc., about every two hours; but during her delirium last night, she refused everything, saying it was useless, as she was sure to die."

September 27th. "Mrs. — was better yesterday. Last night at 7 P.M., she took forty-five minims of tincture of opium, and slept four or five hours. She appears to be quite herself to-day, only suffering a little confusion as if from the effects of the opiate; takes her food remarkably well, and talks very reasonably and quietly."

September 29th. "Our patient has we hope been steadily improving, although she is still in a weak state; mentally she is much better, and our fears of mania have



ased. To-day, she has a quick pulse, and complained a slight shivering, and the discharge is a little offensive. This has made us apprehensive of puerperal mischief, but there is nothing very marked at present."

October 1st. "Many thanks for your kind advice. We think Mrs. — much improved since I last wrote; there is no especial factor of the discharges, and no abdominal tenderness. There is generally a rapid pulse, a very respiring skin, and a peculiar wax-candle kind of look to the hands and arms, but which I think is not quite so marked as it was. Her mind is much improved, but any effort to think soon fatigues her, and there is still a simplicity of manner which is not natural. We are obliged to continue the opiates."

October 4th. "You will be sorry to find that our case is not yet well out of the wood. Up to yesterday morning, she appeared to be doing well, and yesterday ate twoutton chops for her dinner with keen relish; but in the evening she suddenly became very desponding, and then wildly maniacal, in which state she continued all night. When I saw her at 7 A.M., she was in a perfect state of religious frenzy, took me for the devil, and required two or three people to keep her in bed. Some opium and a few grains of morphia had been given during the night; but she failed in procuring sleep, or the slightest remission of the violent ravings. Finding things in this state, I forthwith caused her to inhale a drachm of chloroform, and succeeded in sending her into a most tranquil sleep, and left her sleeping peacefully at 8.30 A.M."

October 7th. "Mrs. — has been very quiet since the night before last, although she has not had very much und sleep. We trust she is doing well, although she still has delusions. I am much obliged for your suggestions with regard to treatment, but hope the stage of delirium is past. We give a full opiate at bedtime to get her to sleep at night if possible, support her with good nutritious diet, attend to the state of the bowels, and endeavour to remove every cause of excitement."

October 11th. "Since I last wrote, our patient has been progressing very favourably. She now talks rationally, and I think I may say that all her odd ideas have disappeared. She has a good appetite and begins to look quite herself again. She can, however, bear but very little thinking. Thinking still fatigues her, and her memory is deficient."

October 16th. "I am happy to say Mrs. — is much improved since I last wrote. We fully appreciate your remarks about keeping her mind quiet, although this is now the most difficult advice to carry out; as she is so extremely anxious to get well, and forms so many odd theories in her mind respecting the cause and nature of her ailments, sometimes frightening herself and making herself worse than she would otherwise be. Nevertheless, I can confidently say she appears better to-day than I have seen her yet."

October 21st. "I am glad to say that Mrs. — is now going on exceedingly well; she has been down stairs the last two days, and is rapidly gaining strength."

I had an opportunity of seeing this lady in the middle of last June (1862.) She was then in perfect health, and not suffering any ill consequences from the illness above described.

[To be continued.]

DEATH OF A SURGEON IN THE FEDERAL ARMY. Surgeon-General's Office, Washington, September 20, 1862. Orders:—It is with feelings of profound grief that the Surgeon-General announces to the Medical Department the untimely death of Surgeon W. J. H. White, U.S. Army, who was killed at the battle of Antietam, on Wednesday, the 17th inst. As a tribute of respect to his memory, the usual badge of mourning will be worn by the officers of the Medical Department for thirty days. William A. Hammond, Surgeon-General.

## Transactions of Branches.

### EAST ANGLIAN BRANCH.

#### CASE OF RECURRING FIBROID TUMOUR.

By WILLIAM CADGE, Esq., F.R.C.S., Norwich.

[Read June 27th, 1862.]

THE case and few remarks I wish now to make, concern and illustrate well a class of tumour which has only of late years come into fashion, if I may use such a term. Three or four years ago, when the annual meeting of this Branch of our Association was held in Norwich, I have some recollection of briefly reporting this very case, as it then stood, and exhibiting the tumour then just removed. It so happens that the patient is at this time under my care in the Norfolk and Norwich Hospital; and I might, had it been thought of at the time, have now exhibited a tumour, which I have recently removed, so exactly resembling that which I shewed before (which is preserved in the Norwich museum), that those members who remember the former one might be excused for thinking that I was reproducing old wares.

The class to which this case belongs, is that described by Mr. Paget as the "Recurring Fibroid Tumour". The name is very apposite, for it indicates their two most marked and prominent features; viz., an appearance very nearly resembling the ordinary fibrous tumour, and the great proneness to recur after removal.

The present case illustrates well both these points; and I will just sketch out the history before describing it. The man is a healthy, ruddy looking, well conditioned peasant, about the age of 50 at this time. About eighteen years ago, the tumour begun as a hard swelling near the umbilicus; it grew, and in four years time had reached a considerable size, and was removed by Mr. Johnson in the Norfolk and Norwich Hospital. It soon recurred in the same spot; and six years afterwards it was a second time removed by a surgeon then in Norwich, Mr. Webber. Again it returned, and in four years he was again an in-patient of our hospital, this time under my care. The tumour had reached an enormous size; it implicated a very large portion of the abdominal wall. The operation for its removal was a formidable one; incisions extending nearly half round the body were required; and the tumour weighed nearly two pounds. He left the hospital well; but in a year or so a recurrence took place, and I removed a similar but much smaller tumour from the same situation in 1858. A fifth time the disease returned; and this brings us to the present date. The man presented himself to me about a month or six weeks ago, in the best possible state of health, and, with as much cheerfulness and alacrity as a man of the most stolid indifference to all things could muster, requested me remove it again. The tumour had precisely the same appearance as formerly, but was not quite so large as when I first operated. It consisted of a cluster of fibrous tumours projecting from the abdominal wall around the umbilicus; this was evidently its point of origin, but it had spread in all directions not a little. These fibrous growths were of various sizes, some as large as an orange, some as small as a marble; some were connected together intimately, others distinct; some—most, I may say—sprang from the old cicatrix, a few were quite distinct from it in healthy skin; some were only skin-deep, others extended through the abdominal muscles quite down to the peritoneum. The integument covering all was more or less affected; on the smaller knobs, it was so confused with the growth that you could not separate the two; on the larger ones, it had ulcerated, and they were covered with a surface of weak granulations, which secreted a thin sero-puru-



discharge, and occasionally gave out blood to some extent. Only a week or two before the last operation, he lost one and a half or two pints of bright blood at one time. This, however, was very uncommon. There was no glandular implication, no visceral disease, no cachexia. The general health, as I have said, was perfect.

Three weeks ago I removed the disease, cutting in sound skin, and circumscribing the tumour. It required a very long elliptical incision, and some careful and deep dissection through the muscles below to the peritoneum, during which it was prudent to use the handle of the knife much and the edge but little. (At a former operation, I believe I made an aperture into the cavity of the peritoneum, but no harm came of it.) The feeding arteries were large; and the bleeding very free, but was readily arrested. The large wound was left to heal by granulation, and now the patient is rapidly recovering.

The only points to which I will direct attention are these: Was this in reality a non-malignant tumour? and, if so, how are we to account for its frequent recurrence?

When the case was first sent to me by a medical friend, I certainly thought at the first glance that it was a malignant fungoid outgrowth; and that, so far as treatment was concerned, it was, as Shakespeare says, the "mere despair of surgery". There were the firm fleshy tubercles, which were reproducing and extending themselves, some ulcerating and bleeding, and almost fungating as cancerous growths are wont to do. On the other hand, the behaviour of the tumour was very unlike that which is usual in cancer. Thus it was of eighteen years duration; and this of it itself was almost a proof of its non-malignancy. Then there was no enlargement or implication of the inguinal lymphatic glands, nor any approach to a cancerous cachexia. When removed and cut into, it had the pale, smooth, firm texture and appearance of the common fibro-cellular tumour. Microscopically, there were none of those nucleated cells of various shapes and appearances of which soft cancer is almost entirely composed, but merely some filamentous tissue, and a quantity of corpuscles, nucleated and elongated so as to look like fibres in a stage of development. If, then, it is admitted that this case, and such as this, are not of the great family of cancers, how can we account for their local recurrence? There are three possible explanations.

1. The tumour may at no time have been wholly and entirely removed, and the portion left may have sufficed for its reproduction. This is not unlikely to have been the case; but it was not the only cause; for, besides the central portion, which might have been raised on an old root, there have always been tumours quite distinct from the old cicatrix, though adjacent to it. These, therefore, could not have been a mere renewal of disease.

2. The tumours may have existed originally in a large cluster or group; and the removal of some may have left others, not hitherto apparent, to grow and develop. This is an explanation alluded to by Mr. Paget; but it cannot, I think, be in any reason maintained.

3. They may be entirely fresh productions, such as occur in cancers after complete removal. This is probably the real truth, though its mode of occurrence is, in the present state of knowledge, wholly unexplained.

The fate of cases of recurring fibroid tumour is generally bad. As the tumours recur, they grow worse; the patient wearies of such repeated operations, and dies exhausted; or they degenerate into common cerebriform cancer, and so terminate life. Happily, however, it happens in some cases, after three, four, or five operations, the tendency to recur ceases, and the patient remains permanently well. I would fain hope,

though I do not much expect, that the latter and better fate may await the poor patient whose case I have detailed.

## SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETING.

### ABSTRACT OF A PAPER ON INCOMPETENCE OF THE RIGHT HEART.

By STEPHEN MONCKTON, M.D., Maidstone.

[Read September 26th, 1862.]

It must with frequency enough have happened to all of us, to stand over a patient whose general symptoms are those of respiratory embarrassment from some form of chest disease, not connected in any primary sense with lung damage, and whose pulse leads us at once to conclude that the *fons et origo mali* is in the heart; in whom too, this conclusion is confirmed, by the marked abnormality of sounds detected on applying the ear to the region of the heart, without our being able to indentify by the most careful auscultation, any one valve or spot at which the disorder may be fairly said to commence. It is sufficiently clear that the cardiac systole and diastole are disturbed, their proportion spoilt, and their result diminished; but no distinct or localised *bruit* can be detected as pointing out the one flaw from which such general disturbance of the whole machine may be presumed to flow. The great feature, and almost the only one, of which the ear takes cognisance is perverted rhythm; the heart acts in an irregular and tumultuous manner, manifesting plainly enough the existence of disease, but aiding in very small degree the resolution of our doubts as to the exact malady we have to treat, or the exact condition we have to modify. Please to conceive for a few moments the picture of such a case: say a man between 40 and 50, of spare habit; somewhat anxious and ailing countenance; a certain amount of cough but not much; slight blueness about the lips and nails; moderate œdema of legs; a good deal of breathlessness varying, but not spasmodically, in its severity; an intermittent pulse; and a tumbling irregular motion of the heart under the left ribs, but no bellows-sound. With what permanent pathologic change may all these symptoms have to do? They may result—

1. From an effusion more or less extensive into the pericardium.

2. From adhesion of this bag to the surface of the heart.

3. From aneurismal dilatation of the aorta beyond the sinuses, so high up as not to incapacitate the semilunar valves.

4. From a tumour of any sort establishing itself within the chest, so as to interfere mechanically with the successful regularity of the heart's action; among the most common of which tumours will be found medullary masses, and tubercular accumulations in the posterior mediastinum.

It may be added that long standing asthma on the one hand, or a debilitated and excitable state of the nervous system on the other, may simulate this state of things, but that the distinction may, almost always, be pretty certainly perceived.

It is manifest that dyspnœa and palpitation issuing from any of the four foregoing organic states, will not stand alone as symptoms, but will be associated in each case with fellow-indications almost pathognomonic of that case. Thus hydrops pericardii will either have had a rheumatic history, or will be associated with dropsy in other cavities; it will produce, too, a marked breadth of dulness on percussion, a bulging, a constriction, and almost infallibly, orthopnœa. The presence of a tumour again, would be pretty surely betrayed by pain, percussion dulness, progressive history, and above all by special pressures, as upon the trachea or œsophagus, or on the veins of one side, producing unilateral anasarca.



All these possibilities would occur to the mind in dealing with such a case as I have imagined to be set before us; but often it will not be reasonable to attribute the patient's malady to either of the four causes which we have mentioned; and in continuing our diagnosis by negation, we shall often be driven, I believe, to conclude that the real grief must consist in diminished contractile force of the right ventricle.

A strangely small amount of pathologic attention has been bestowed upon this side of the heart; and it used to be common enough to hear in lectures that the idea of damage to the right side might be practically discarded, and the auscultatory signs and other phenomena be studied with reference to the left heart alone. No doubt this is largely true, but not absolutely so; no doubt primary organic lesion of the right heart, lesion that is not directly associated with emphysema or some flagrant cause, is uncommon enough; but the same may be said of the left cavities also. Moreover, it little signifies whether the grief be primary or secondary—whether it stand alone or coexist with another grave disease, provided it be the point about which the patient's sufferings turn, and the point at which, by treatment, relief may be procured.

The conviction that, in many instances, the right ventricle was the seat of the more prominent symptoms that distressed a patient of this class, has long been hovering in my mind, and three cases, of recent occurrence, though not specially well marked, may be made to constitute an opportunity for discussing the question with the experienced practitioners met here to day.

The first was an applicant at the West Kent Hospital, a male, aged 42; who had suffered little in the way of ill-health till ten weeks before becoming an out-patient in June last. At that time he caught what appears to have been a severely congestive cold upon the lungs, lasting five weeks and then disappearing, but little in the way of cough or expectoration being left; there was, however, a peculiar and distressing breathlessness. To the eye he was well nourished and cheerful, rather livid at all times, but positively purple on the least exertion; his pulse was irregularly intermittent, not chopped off as in aortic disease, nor disproportionately feeble when compared with the heart's stroke as in mitral incapacity; it was, so to speak, rather irregular than intermittent, and proved on observation, (which is very important) to intermit especially on acceleration. All being quiet and calm, the pulse was comparatively even; but slight exertion sufficed to add ten per cent. to the number of strokes, and twenty per cent. to the amount of irregularity. The heart's action corresponded with the pulse; there was no bellows nor friction sound, no muffle by pericardial fluid, but a tumbling tumultuous pulsation. He was ordered to discontinue all labour, to take steel and digitalis with aloetic pills as an out-patient; this he did for two or three weeks, but with little benefit. Anything like real effort made him, and especially his face, downright purple. He was admitted to the wards. Examination in bed proved the heart to be transgressing rather too far to the right side of the sternum; the lungs were somewhat emphysematous, but the chest-walls were neither much distended nor very immovable; there were no spontaneous paroxysms of dyspnoea at all approaching the spasmodic type, nor any orthopnoea.

My diagnosis was dilatation with thinning of the right ventricle, and some loss of elasticity about the lung-tissues as well; but that the cardiac incompetence was the direct source of the man's trouble and the thing demanding the most immediate relief. He was first made to lie perfectly still and warm in bed for some days, and good, but not very great good, resulted from it. I consequently determined to take eight ounces of blood once or twice from the arm to unload the right cavities; before this, however, a copious hæmoptysis came on, and was do spat much blood for many days; little or nothing

was done, and no attempt made to check the hæmorrhage, which in six or eight days slowly stopped. The improvement was most decisive. The lividity disappeared; the pallor was not extreme; he became capable of exerting himself to a reasonable extent without dyspnoea, and in three weeks was doing light work for fourteen hours a day. It may be added that when the hæmoptysis ceased, he was put upon mineral acids and zinc, and made to take them for a considerable time.

Among the reasons which justified our concluding this to be a damage of the right heart, the following may be mentioned.

1. The presence of irregular pulse, and the absence of valvular lesion to account for it.

2. The tumbling movement of the heart itself, without pericardial or nervous symptoms to account for it.

3. The fact that this tumultuosity increased *pari passu* with the duskiness of face, and with the general signs of venous turgescence.

4. The insufficiency of the limited amount of vesicular emphysema to account for the distress, absence of the paroxysmal exacerbations, and the connection of the man's trouble with antecedent congestion of the lung, such as might naturally have induced engorgement and dilatation of the right cavities.

The second case was that of a tradesman's wife, about 50 years old, whose great complaint was that she awoke every morning at three o'clock in oppressive breathlessness and chest-agony, sustaining little short of the pains of death for two or three hours. When at last dressed and down stairs she was pretty well, though of course troubled if great hurry or exertion were demanded. The pulse was much as in the first patient, and the heart tumbling as before; some pulmonary emphysema was no doubt present, but the form of the chest was pretty nearly normal. After a little ineffective medication, ten ounces of blood were taken from the arm. She slept through the next night undisturbed, and continued much relieved for weeks, when another abstraction was practised, to meet a growing tendency to relapse. Relief again followed, and was perpetuated by a steady course of mineral acid and zinc.

In this case, though there was an asthmatic element, special attention was called to the heart by its tumultuous action, by the irregular pulse, by the fact also that difficulty and oppression came on, not spasmodically, but *regularly*, at a time when, during sleep, a slow stasis of the blood had been permitted to take place within, and in front of, the right ventricle; which organ, if at all enfeebled, would require time and sustained effort to reestablish the equilibrium.

A still more recent instance has occurred in the person of an innkeeper, stout and pasty, aged 46. He was first seen in a state of general dropsy with considerable dyspnoea and some jaundice; for these symptoms intemperance was largely responsible. He had a pulse singularly weak and broken; a tumultuous heart movement, and an absence of all valvular *bruits*; his feeble health and reduced powers forbade hope and active interference, and after a few weeks of general treatment he died. A *post-mortem* examination disclosed a gorged and fatty liver, slight emphysema of one lung and extreme congestion of both; extensive fatty degeneration of the heart; wonderful thinning of all the ventricular walls; parts of those on the right side being barely thicker than stout pasteboard, although he was a large sixteen stone man. The capacity of the right ventricle was also greatly increased, being estimated by a gentleman present at eight ounces; it must have exceeded six ounces. Other cases I have met with in which the right cavities seemed at fault, but where they were perhaps less exclusively so than in the foregoing. These three, though imperfectly sketched, will suffice to introduce the conclusions it is desired to draw, viz:—

1. In some of the common enough cases where gene-



ral chest trouble and altered circulation occur, without good and clear reasons, an undue distension and want of contractile vigour in the right ventricle will help to account for the symptoms.

2. This condition occurs in association with different degrees of collateral mischief, extreme pulmonary emphysema, or large and chronic consolidation of the lung, being rarely without it; while, on the other hand, contemporaneous lesion may be so slight as to leave this the principal feature for our diagnostic and therapeutic attention: this latter state of things presupposing, no doubt, a special defect of resisting power on the part of the cardiac muscles.

3. Now and then, without complaint being made of chest trouble at all, when examining a patient for other matters, we light upon an irregularity of pulse and a tumultuosity of the heart not easy to explain, but which may arise from an inequality between the right side and the left; from a disproportionate enlargement of the one, which embarrasses the movement and alters the direction of the whole, causing the heart to rotate, as it were, on a transverse axis, and to combine a rolling movement with its normal, and almost rectilinear peristaltic action.

4. Rest with a few small bleedings at first, with mineral acids and zinc to follow, constitute the most effective method of dealing with this state.

#### MIDLAND BRANCH.

TWO CASES OF MELASMA, OR BRONZED SKIN OF ADDISON'S DISEASE.

By EDWIN MORRIS, M.D., F.R.C.S., Spalding.

[Read June 18, 1862.]

JAMES BLAND, labourer, single, aged 51, was admitted into the Spalding Union Infirmary, on December 16th, 1860. He had been a free liver and had had syphilis and gonorrhœa. Several years ago he had slight hæmoptysis and passed blood in his urine; but was not in consequence incapacitated from work, and did not consult a medical man. He had had sciatica and still complained of pain along the course of the sciatic nerve. With these exceptions he had had no disease that he was aware of, until a year ago, since which time he had never been well. On December 18th, 1859, he was admitted into the Spalding Union Infirmary, suffering from ague, and remained there until January 7th, 1860, when he was discharged cured. After leaving the infirmary, he had a relapse and "thought he had it for four months." He could not remember when he first noticed that his skin was discoloured, but stated that a year ago it was quite white. Last harvest he was unable to work on account of pain in the back and loins, which has continued more or less since.

On admission he presented a worn and haggard appearance, as if labouring under some organic disease. His body was entirely discoloured, resembling very much the appearance of a man of colour. Over the chest and upper extremities the skin was of a dark brown or bronze colour and uniform, while the face and lower extremities were of a much lighter tint. The scrotum and penis were not darker than the rest of the body. The cuticle on the arms and back was loose, dry, and had a leathery feel. Over the loins, the epidermis cracked and desquamated in furfuraceous scales, leaving the dermis of a lighter tint. He complained of dimness of vision and giddiness; and had œdema of the lower extremities. His appetite was capricious; bowels constipated; pulse 75, rather full and compressible; tongue clean. He had pain in the region of the kidneys and slight pain on micturition. There was no pain in the splenic region, and no enlargement of spleen could be detected by percussion. On examining the chest there appeared to be slight flattening in the left infraclavicular region; and on percussion

slight dulness was elicited. On applying the stethoscope the inspiratory murmur was found to be increased, and the expiratory murmur whiffy. The heart-sounds were prolonged with distinct systolic murmur. He passed three and a half pints of urine daily; it was natural in appearance, with slight mucous deposit on standing; the specific gravity was 10.15. On testing with heat and nitric acid not the slightest trace of albumen was detected.

This man, having all the symptoms of asthenia, was, after a dose of house medicine had been administered, put under tonic treatment with counterirritation over the region of the loins, which relieved the pain very much.

February 7th. Up to this date, he had been improving. To-day, he was not so well. He slept ill last night. He complained of giddiness and palpitation. He coughed and had pain in the left infraclavicular region. There was no expectoration—tongue white; bowels regular; pulse 70. He passed four pints of urine during the night. There was aching in the loins. The face and hands were not so dark as when he came in. On the chest, the epidermis desquamates in patches; the dermis was still of a bronze hue, but not so decided as when he came in. The systolic murmur was still audible.

July 15th. Under full diet with tonics and stimulants his general health steadily improved; so much so, that he had considerably increased in weight. The anæmic murmur had disappeared. The skin on the face and chest was of a very much lighter tint than on the back and loins, where it was still as dark as when he came in. He had no cough; rested well; at times he still had pain in the loins. Feeling so much better he expressed a wish to go out, and was accordingly discharged.

March 2nd, 1862. He was readmitted. Not long after he left the infirmary, from want of proper sustenance and lodging, he became nearly as bad as when first admitted, and as he became weaker the colour of the skin became darker. He had now lost flesh considerably and was very lame. There was pain still in the chest and loins. The cough was troublesome; but he complained more of the pain in his back and loins, and along the course of the sciatic nerve; pulse 70, compressible; bowels regular; appetite capricious. The urine was normal in quantity and of a specific gravity of 10.24. It contained no albumen. The skin was as dark as when he was first admitted. He was ordered to take decoction of bark; and to have full diet and a pint of ale daily. This treatment was continued for two months, during which time he gained flesh and improved in his looks generally—lost that pale sickly expression of countenance. He is still an inmate of the infirmary, and the bronzing is remarkably prominent. I have had an oil painting taken of this man by an amateur artist; the likeness is an excellent one, and the colouring most admirably done. It faithfully depicts the bronzing of the back and neck, as well as the sickly dejected appearance of his countenance. The man has much improved in his looks since the portrait was taken—in fact is fast recovering.

The next case is that of a female, Frances Chambers, aged 65, who had been suffering from general debility and loss of flesh for some time. Her appetite was gone; and the feet were so extremely weak that she was scarcely able to walk about. She passed but little urine, and complained of pains about the loins. Her chest, arms, neck, and body were of a peculiar walnut-stain colour—a deep bronze; so also was the face, but of a lighter hue. This discoloration had been present more or less for more than a twelvemonth; her bowels acted regularly, and the evacuations were of a natural colour. The same treatment was pursued in this case, viz., bark, and a generous diet. For a time she rallied and was much better. The bronzed appearance of the skin did not however improve. In November 1861, her general health gave way; the appetite became very capricious; she became much emaciated; and died January 1862. The colouring of the skin had become more general and



of a deeper shade. A *post mortem* examination was not permitted.

I have been induced to bring these cases before the meeting in consequence of their peculiarity and rarity, and also from the fact that this disease has attracted the notice of the medical profession, and caused a considerable degree of excitement with respect to the nature of the true pathology of the disease. That the complaint depends upon an anæmic state of the body is undeniable. Both the cases which I have just detailed bear out this fact. To constitute the true "Addison's disease" we must have the symptoms of general asthenia together with a diseased state of the suprarenal bodies, which become much increased in size and softened. A very able article, by Dr. Wilks, appeared in the *Guy's Hospital Reports* for 1859, upon "Cases of Morbus Addisonii"; wherein he states "that disease of these bodies may exist without discoloration, and this is admitted when the disease is acute"; and that it is in chronic cases that discoloration of the skin takes place. I would strongly recommend those persons who may feel interested in this class of diseases, to peruse the report of Dr. Wilks, as they cannot fail to be both edified and instructed.\*

Dr. Addison, in his work on *Melasma*, says:—"It was whilst seeking in vain to throw some additional light upon this form of anæmia, that I stumbled upon the curious facts which it is my more immediate object now to make known to the profession. The leading and characteristic features of the morbid state to which I would direct attention, are anæmia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of colour in the skin, occurring in connection with a diseased condition of the suprarenal capsules.

"With more or less of these symptoms we discover a most remarkable, and as far as I know, characteristic, discoloration taking place in the skin; sufficiently marked, indeed, as generally to have attracted the attention of the patient himself or the patient's friends. The discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the neck, face, superior extremities, penis and scrotum, and in the flexures of the axillæ and around the navel. It may be said to present a dingy or smoky appearance, or various shades of deep amber or chesnut brown, and in one instance the skin was so universally and so deeply darkened that, but for the features, the patient might have been mistaken for a mulatto. In some cases this discoloration occurs in patches, or perhaps rather, certain parts are so much darker than others as to impart to the surface a mottled or somewhat chequered appearance. With regard to the treatment of this disease it is evident enough, that the anæmic condition of the system requires correcting, and this is best effected by tonics, such as decoction of bark, and quinine in combination with nitric acid; also a generous diet of six ounces of animal food daily, and one pint of porter or ale. The beneficial effects of this were fully proved in the case of James Bland, where this treatment was carried out for a period of seven months, at the end of which time the man was discharged at his own request, much improved in every respect. The man being thrown upon his own resources, now falls again into a wretched state; he becomes dirty, ill-fed, ill-clothed, suffering great privations. The anæmic condition is again produced and the discoloration appears as vivid as ever, and at the end of eight months presents himself at the Infirmary for treatment. The same plan of treatment was again put into requisition; and at this time, three months since his admission, he has greatly improved in colour, and in his health generally.

\* In *Guy's Hospital Reports* for 1862, just issued, an article again appears from Dr. Wilks, on Morbus Addisonii, which is an able digest of all that is known of this singular disease up to the present time.

## Reviews and Notices.

A PRACTICAL HANDBOOK OF MEDICAL CHEMISTRY. By JOHN E. BOWMAN, F.C.S., formerly Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOXAM, Professor of Practical Chemistry in King's College. Fourth Edition. Pp. 303. London: 1862.

THE editor of this well-known and useful little book has brought it well up to the present state of chemical knowledge, so as to render it even more useful than before to the medical student and practitioner. In this edition, Mr. BLOXAM has introduced processes for the quantitative determination of kreatinine and ammonia in urine, and has extended the application of the volumetric analysis to the examination of this secretion. He also gives short directions for the examination of the solid excrements, of bile, and of the liquids of muscular flesh; and has fully described the application of the electrolytic method for the detection of metallic poisons. Short chapters have been added on the detection of strychnia, nicotia, phosphorus, and alcohol, in organic mixtures; and, finally, a brief account is given of the mode of applying Graham's process of diffusion-analysis to the separation of poisons from organic mixtures.

GENERAL DEBILITY AND DEFECTIVE NUTRITION: THEIR CAUSES, CONSEQUENCES, AND TREATMENT. By ALFRED SMEE, F.R.S., Senior Surgeon to the Royal General Dispensary, Surgeon to the Bank of England, etc. Second Edition. Pp. 117. London: 1862.

MR. SMEE defines debility as that state of man in which the ordinary actions of health are performed feebly or below the usual limit. He discourses in simple language on its varieties and symptoms, causes, consequences, and treatment, and on its relation to periods of life. In the present edition, he has made some additions to an appendix on the composition of articles of food, etc.; but has not altered the text of the work, which was originally the substance of an oration delivered by the author before the Hunterian Society in 1859.

A COMPENDIUM OF DOMESTIC MEDICINE; AND COMPANION TO THE MEDICINE CHEST. To which is added an Appendix on Cod-Liver Oil. By JOHN SAVORY, Member of the Society of Apothecaries, London. Sixth Edition. Pp. 378 and 35. London: 1862.

THIS is one of a class of books which closely borders on the dangerous. To do the author justice, however, he intends it for the use of those who have not a duly qualified practitioner at hand; and he "earnestly recommends" that too much confidence be not placed in books of domestic medicine. If the use of this book be strictly limited in accordance with the author's intentions, there can be no doubt that it will be of great service on some occasions.

THE DISTRESS IN LANCASHIRE. The students of Guy's Hospital have forwarded £26 to the Mansion House Fund for the Lancashire operatives.



## British Medical Journal.

SATURDAY, NOVEMBER 15TH, 1862.

SIR BENJAMIN COLLINS BRODIE,  
BART., D.C.L., F.R.S.

IN this week's JOURNAL, we give a sketch of the life and labours of Sir Benjamin Brodie. We have delayed doing this, until we should be enabled to give an accurate account of the late illustrious surgeon; and we have thus avoided putting on record errors, which have appeared in the pages of some of our contemporaries.

In writing the life of such a man as Sir Benjamin Brodie, that which affords most ground for reflection and comment is the question—By what means did he gain and maintain that exalted position both with the profession and the public which he enjoyed without interruption for so many years? If we take into consideration his character as a man of science and as a surgeon, we find a high manifestation of observant power and of industry, joined throughout with a desire to make his labours subservient to the advancement of his profession in the knowledge of the removal of disease and the saving of life and limb. Here he obviously set a good example, and did much good. But when other men are found approaching or even equalling him in his scientific acquirements and labours, and yet falling far short of him in public esteem and confidence, we are compelled to look further for the foundations on which his reputation was based. He would under any circumstances have enjoyed a very fair reputation as one of the pioneers in the experimental physiology of the present century, and would have stood in the highest rank among those surgeons who see some higher vocation in surgery than the mere use of the knife; but all this would not have gained him the esteem which belongs to the great and the good man, unless the whole tenour of his character had been uniformly honourable and straightforward—unless he had sought, by example as well as by precept, to gain for his profession the respect of all both within it and without. His conscientious dealing, too, in regard to the opinions which he had held, but which he found it necessary to modify or abandon, and to the honourable offices which he filled at various times, must have had its weight.

With these few prefatory remarks, we proceed to our subject.

BENJAMIN COLLINS BRODIE was born at Winterslow, in Wiltshire, on June 8th, 1783. He was the third son of the Reverend Peter Bellinger Brodie, rector of Winterslow, and a magistrate and deputy-lieutenant of the county of Wilts; and of Sarah, daughter of Benjamin Collins, Esq., of Milford, near Salisbury. A sister of the Reverend Mr. Brodie had been married to the celebrated Dr. Denman: their children were Lord Denman, and two twin-daughters, one of whom, Margaret, married Mr., afterwards Sir Richard Croft, and the other Sophia, became the wife of Dr. Matthew Baillie. The connection of Sir Benjamin with these celebrated and influential persons does not appear, however, to have been of much service to him. Notwithstanding his near relationship to Dr. Denman, Sir Richard Croft, and Dr. Baillie, little was done by them to advance his professional career; and it was not until he had gained a position for himself that any of them called him into consultation.

The early part of Sir Benjamin Brodie's life was spent at home, where his education was acquired under the tuition of his parents. He never was sent to any school or college. It might be a subject of speculation, what effect this had on his character. In our opinion, independently of the sound moral element which was doubtless inculcated by his parents, his subsequent career points to the possession of high intellectual qualities and of a desire for their cultivation, which in him must have been innate, and would have produced their fruits under any circumstances. It may be, that his home-training gave order and regularity to his intellect; scholastic discipline might have done so still more, and perhaps might have effected too much. However we may regard home-tuition—and we do not approve it in general—it must be said that in Sir Benjamin Brodie's case the experiment proved a happy one.

In 1801, Mr. Brodie, having decided on entering the profession of surgery, came to London, where he studied anatomy during the winter. He was at first under the tuition of Mr. Honoratus Leigh Thomas (afterwards President of the Royal College of Surgeons), and Mr. James Wilson, who were then engaged in teaching anatomy at the Windmill Street theatre. Mr. Wilson was one of those great teachers of the early part of this century, who, before the rise of the public medical schools and the development of histology and chemistry into their present application to practice, and the extension of the curriculum of education by examining boards, trained the rising generation of practitioners in the knowledge of anatomy and surgery. Leaving London after the winter session of 1801, Mr. Brodie returned to the country, and did not again come to London until 1803, when he entered as a pupil of St. George's Hospital, under Sir Everard Home, where he proved himself a diligent and industrious student. He also attended a course of Mr. Abernethy's surgical lectures at St. Bartholomew's Hospital. On October 18th, 1805, he passed his examination at the Royal College of Surgeons, and at once began to assist Mr. Wilson in teaching at the Windmill Street establishment. In his office of Demonstrator of Anatomy at this institution, he continued till 1809, after which he lectured conjointly with Mr. Wilson till 1812.

In 1808, Mr. Brodie was appointed Assistant-Surgeon to St. George's Hospital, under Sir Everard Home. The occupations of Sir Everard prevented his regular attention to hospital duties; and consequently these were performed by Mr. Brodie, who also had charge of the patients of another of the surgeons of the hospital, Mr. Gunning, Inspector-General of Hospitals, who was absent with the army in Spain.

Of Mr. Gunning, it is interesting to know that he still lives, and is probably the only surviving pupil of John Hunter. He was in St. George's Hospital at the time of Hunter's death, and walked at the side of the sedan-



air in which Hunter was conveyed to Leicester square. Mr. Gunning became a member of the College of Surgeons in 1793, and was appointed Surgeon to St. George's Hospital in 1800. He resigned his office in 1823.

In after life, Sir Benjamin Brodie used to regard the conduct of Sir Everard Home in appointing him his assistant, and entrusting his patients to him, as the only manifestation of individual interest that had been of real use to him. It certainly afforded him a field for work, where he laid the foundation of his surgical reputation. We see the feeling of gratitude towards his early friend and benefactor brought into collision with his sense of justice, in the remarks which in subsequent years he found himself called on to make on the conduct and character of Sir Everard Home. Thus, in his *Hunterian oration* for 1837, he says:

"I feel myself the more called upon to mention him, as I was indebted to him for many acts of kindness in the early part of my professional career, and as I cannot doubt that some circumstances, to which it is painful for me even to allude, and into the consideration of which I certainly do not feel myself called upon to enter, have tended to cast a shade over the merits which he really possessed. I shall endeavour to describe Sir Everard Home, such as he appears to me to have been when I first became acquainted with him. He was a great practical surgeon. . . . He possessed the art of employing every instant of his time; and could, with perfect ease, transfer his attention at once from one subject to another quite different from it. Hence it was that he was enabled, although engaged in a large private practice, to pursue the study of comparative anatomy to a great extent. His earlier papers on the subject, communicated to the Royal Society, are of great and acknowledged value. But, unfortunately for his reputation, his ambition rather increased than diminished, while his mental powers were gradually declining under the influence of an indifferent state of health and increasing years. In his latter days he had a overwhelming anxiety to appear before the world as a discoverer; and his friends in the Council of the Royal Society too readily inserted whatever he offered to them in the Society's *Transactions*; and the result has been, that many of his later communications are of such a nature that his best friends must now regret that they were ever published."

Years afterwards, in addressing the *Lancet* on the subject of the alleged delinquencies of Sir Everard Home in respect to Hunter's labours, Sir Benjamin Brodie again refers to the "much kindness" he had received from him; is "afraid that he certainly did commit the very great error of publishing some of Mr. Hunter's observations as if they had been his own"; and can only explain the circumstance "by supposing that his judgment had become impaired as he advanced in life". He (Sir Benjamin Brodie) regarded the destruction of the Hunterian manuscripts as "certainly a most calamitous circumstance for the Hunterian collection, and not less so for Sir Everard Home himself"; but, he adds, "they contained very little that could have been available for the original researches in which he" (Home) "was himself engaged".

Not only was the friendship of Sir Everard Home profitable to Mr. Brodie in affording him a field for the study of surgery, but also in obtaining for him the acquaintance of Sir Joseph Banks, Sir Humphry Davy, and other luminaries of the Royal Society. He early obtained an honourable position in that Society, being selected to deliver the Croonian Lecture for 1810. The subject was, *Physiological Researches respecting the influence of the Brain upon the Action of the Heart, and on the Generation of Animal Heat*. For this lecture, the Copley medal—the highest honour which the Royal Society can bestow—was awarded to him;

and a few years ago the same honour was bestowed on his son for researches in chemistry. This, we believe, is the only instance on record in which father and son have both received a medal from the Royal Society.

In the prosecution of his scientific experiments, Mr. Brodie received much assistance from Sir Joseph Banks, who treated him with a degree of kindness and attention very early manifested by him towards young men. It was through Sir Joseph that he obtained from Dr. Bancroft the woorara poison which he used in his experiments; and, in various parts of his papers, he acknowledges the aid he received in the course of his investigations from Sir Humphry Davy and Professor Brande.

The publication of the Croonian Lecture was followed in 1812 by another paper on the same subject, and by two papers on the Action of Poisons. Of the contents of these four essays, which were republished in 1851 by Sir B. Brodie with notes, we shall have to speak at more length presently. Besides these, he published a paper in 1814, in the *Philosophical Transactions*, on the Influence of Division of the Par Vagum on the Gastric Secretions; and in 1823, one in the *Quarterly Journal of Science*, on the Effects of Ligaturing the Ductus Choledochus. Certain references also, in the second volume of Todd and Bowman's *Physiological Anatomy and Physiology of Man*, shew that he engaged in other researches, the results of which seem not to have been recorded in print, and probably would not have appeared had not the author placed his manuscripts at the disposal of the authors of the work referred to. Thus, at p. 281, we are told that

"Sir Benjamin Brodie, in 1816, fed a cat on jelly, and a dog on isinglass jelly; the animals were killed after two hours. The stomachs were found nearly empty, the duodena filled with a mixture apparently of chyle and jelly; the lacteals and thoracic ducts contained *transparent chyle*, which coagulated spontaneously. He likewise fed a dog on lard, after a fast of thirty-six hours, and in three hours killed the animal. Some lard was found in the stomach, some fluid of albuminous character in the duodenum, the same tinged with bile in the ileum, and in the thoracic duct perfectly *milky chyle*."

The physiological labours of Mr. Brodie were brought to an end in 1822, by the increase of his surgical practice. From the time of his appointment as assistant-surgeon in 1808, his progress in this direction had been at first slow, but afterwards became more rapid. It was not till 1809—nearly two years after he had received his appointment at St. George's—that he put his name on his door. Little came to him at first beyond his fees for lecturing at the Windmill Street School; but practice soon came and increased, and in 1820 he was in the receipt of a good professional income. In the year previous to this—1819—he was appointed Professor of Anatomy and Surgery to the Royal College of Surgeons, and held the appointment until 1823.

In the meantime also—during the time when he was engaged in physiological researches—he began to lay the foundations of his reputation as a surgical writer. As early as 1813 he began to communicate to the Medico-Chirurgical Society papers on Diseases of the Joints. A few years later, his well-known work on that subject appeared.

In May 1816, he married Ann, the third daughter of Mr. Serjeant Sellon. Lady Brodie died in July 1861. The issue of the marriage was two sons and a daughter. The eldest son, Benjamin Collins Brodie, who has succeeded to the baronetcy, is a distinguished experimental chemist, and Professor of Chemistry in the University of Oxford. The second son, William, is a clergyman.

In 1822, Mr. Brodie became full Surgeon to St. George's Hospital. This post he held till 1840, when he retired, after having been connected with the hos-



pital during thirty-two years. On his retirement from the office of surgeon, a memorial was presented by his former pupils and medical friends, in the shape of a beautiful medal executed by the late Mr. William Wyon of the Royal Mint. The likeness is excellent. On the reverse is a female figure, representing Science feeding the lamp of life, with the following inscription:

"E TENEBRIS TANTIS TAM CLARUM EXTOLLERE LUMEN QUI POTUISTI—

"CONSOCI ET DISCIPULI GRATULANTES."

Some months after his appointment as assistant-surgeon, he became lecturer on surgery, and gave regular courses to large classes until 1830, when he was compelled by the increase of his practice to relinquish all except clinical lectures.

At an early period, Mr. Brodie came under the favour of royalty—doubtless in consequence of the professional position which he had already acquired. He was a close attendant on King George IV during his last illness, and was promoted by King William IV to the office of serjeant-surgeon on the death of Sir Everard Home in 1832. He was also made a baronet, the patent bearing date August 21st, 1834. He was retained in his office of serjeant-surgeon by Her present Majesty.

The retirement of Sir Astley Cooper in 1828 was the event which gave Sir Benjamin Brodie the first rank in the surgical profession. This position, however, he held less as a brilliant operator than as a surgeon of sound judgment; and although during the later years of his life he relinquished operations, the number of his patients and the effectiveness of his advice and treatment of them continued to increase. It was on no sudden grand display of skill, on no peculiarity of treatment, on no extraordinary event or great patronage, that his success was based; it was the result in part of his own labours, and in great measure also depended, as he used to observe to his pupils at St. George's, on the good-will of his professional brethren.

As to his professional gains, no man spoke so little on the subject as Sir Benjamin Brodie. A great deal of absurdity has been talked and written about the incomes of the leading members of our profession; and, as in the case in which Sir Astley Cooper is said to have made £23,000 in one year, extraordinary statements are made which those who are in a position to know most of the matter receive doubtfully. Sir Benjamin Brodie is supposed to have made about £10,000 a year for many years; and, as he very early in life began to make a large income and continued in extensive practice for many years, he perhaps made more by his profession than any who preceded him.

Of public offices of honour in connexion with his profession, Sir Benjamin Brodie filled a large number. For many years he was a member of the Council of the Royal College of Surgeons, and one of the Examiners; and, in 1844, he occupied the chair of President. It was at his instance, on his retirement from the examiner-ship, that the privilege of the serjeant-surgeons to be *ex officio* members of the Examining Board of the College was abolished. In May last he resigned his seat in the Council. On his retirement, the Council of the College passed the following resolution:

"The Council, in accepting the resignation of Sir Benjamin Collins Brodie, express their unfeigned regret at the loss of his services in maintaining at all times the dignity and efficiency of the College. At the same time, they have to record their estimation of his high professional character, evinced by researches which have contributed to enlarge the boundaries of science, and enhanced by offering, in the course of a long and successful career, an example of conduct calculated by its adoption to elevate the surgical profession in the respect and esteem of society. The Council fervently trust that Sir Benjamin Brodie may long enjoy the well-

earned fruits of his unblemished reputation, and a priceless satisfaction of having conscientiously discharged his duties."

In 1837, Sir Benjamin Brodie delivered the Hunterian Oration.

He was president of the Royal Medical and Chirurgical Society in 1839 and 1840; and of the Western Medical Society in 1849. During his presidency at the formation of these societies, he did all in his power to encourage free discussion, often leading the way himself in a manner which proved his extensive and profound acquaintance with professional subjects. During the period of his connection with the Royal Medical and Chirurgical Society, he contributed several valuable papers to its literature. At some period, also, he filled the offices of secretary and of president to the Westminster Medical Society.

In the Royal Society, where we have already seen him at an early period gaining distinction, he was a member of the Council, and formerly of the Physiological Committee. In 1858, he was elected president of the society in the room of Lord Wrottesley, and continued in office until his retirement in November 1861 on account of his increasing age and bodily infirmities. Sir Benjamin Brodie was the first surgeon, though not the first member of the medical profession, on whom the presidency of the Royal Society has been conferred.

Sir Benjamin Brodie took an active part in the inauguration in 1857 of the National Association for the Promotion of Social Science; and officiated at the first meeting as president of the Section of Social Economy. We also find his name in the lists of office-bearers of the Ethnological, Zoological, and Epidemiological Societies. He was also a D.C.L. of the University of Oxford and a corresponding member of the Academy of Sciences in Paris.

When the Council appointed to carry out the provisions of the Medical Act of 1858 came into office, the first proceeding was to elect Sir Benjamin Brodie as the president. He held the post until the session of the Council in June 1860, when he resigned.

During the greater part of Sir Benjamin Brodie's professional life he resided in the same neighbourhood. He commenced practice at 18, Sackville Street, Piccadilly, nearly opposite to Sir Everard Home, who lived at No. 32. In a year or two, he removed to No. 22, afterwards to No. 16, Savile Row; and thence to No. 14, Savile Row, where he lived till after his retirement from practice. Broome Park, near Betchworth, in Surrey, whither, before leaving practice, he was accustomed to resort each week from Saturday to Monday, and where he generally spent his autumnal holiday, ultimately became his residence; and in it he died.

The health of Sir Benjamin Brodie, up to a late period of his life, had been extremely good. He once suffered severely from an overdose of quinine; and in 1834, while in the Isle of Wight, fell from a pony and dislocated his right shoulder—in which joint, long afterwards, disease, believed to be malignant, showed itself. In July, 1860, his vision being enfeebled, he found it necessary to seek advice. He submitted to iridectomy on both eyes under the influence of chloroform; then to extraction of a cataract; and finally to the operation for artificial pupil. Any hopes that may have been entertained as to the success of these operations were not to be realised. His general health, however, continued in a fair state; and in the winter of 1861-62, he was in London. While there, he attended the meeting of the Royal Medical and Chirurgical Society held on the first day of this year, for the purpose of voting an address of condolence to the Queen on the death of the lamented Prince Consort. Sir Benjamin, who had been a member of the society since 1813, was led in by Mr. Charles Hawkins and Dr. C. J. B. Williams; and, after the proposed address had been read by one of the secre-



ies, proposed its adoption in a speech in which he read a high eulogy on the acquirements and character of the Prince. This was, we believe, his last appearance on a public occasion. At the end of April he returned to Broome Park; and in a few days was seized with severe lumbago, followed by a protracted attack of fever. About July he began to complain of pain in the right shoulder, with much prostration; and went to the sea-side for a week. The pain in the shoulder increased, being attended with a quick pulse and feverish symptoms. In the early part of September, a swelling, which was feared of malignant character, appeared in the shoulder, and gradually increased; and, on October 21, he departed this life. During his illness, he was attended by Mr. Peter Martin of Reigate, and by his former assistant and close friend Mr. Charles Hawkins; who had the advantage of the advice in consultation of Mr. Watson, Mr. Hodgson, Mr. Cæsar Hawkins, and Mr. Butler. On October 28th, he was buried at Betchworth.

Thus died Sir Benjamin Brodie, full of years and honours, and rich in the esteem of the public as well as of his professional brethren. We may now, having given a sketch of the principal circumstances of his life, apply ourselves to inquire into the grounds on which his high reputation, both intellectual and moral, rested.

The intellectual life of Sir Benjamin Brodie, as we have elsewhere hinted, is capable of being considered under a threefold aspect. In his younger days, he gains distinction as an able experimental physiologist; in middle life we find him reaching and holding the highest place as a surgeon of judgment and skill; and in his old age he displays an acquaintance with mental philosophy, such as is rarely manifested by those who have spent the greater part of their lives in such practical pursuits as that of the surgeon. Yet, though his life presents this triple aspect of the man of science, the practical surgeon, and the philosopher, there is throughout all these apparently separate phases something in common—there is in all the same spirit of observation and inquiry, and the same desire to impart a practical value to the work done.

The physiological labours of Sir Benjamin Brodie extended, as we have already seen, over but a brief period; and the records of them are neither numerous nor voluminous. But they comprised the investigation of some most important problems in physiology, and were conducted on the sound basis of original experimental observation. The four papers especially, to which we have referred as having been published in the *Philosophical Transactions*, and afterwards republished and annotated by their author, specially demand notice here, as proving how sound were his claims to the position of a man of science.

Taking first the two papers on the Action of the Brain on the Heart and on the Generation of Animal Heat, we find that, at the time when Mr. Brodie undertook his researches, it had been surmised by Cruikshank and Bichat that the brain is not directly necessary to the action of the heart. As yet, however, this was only an hypothesis; and it was to determine on a firm basis the correctness of the surmise of these physiologists that Mr. Brodie undertook the experimental researches detailed in his Croonian lecture. He there relates how, having in several rabbits removed the head after securing the blood-vessels in the neck, he found, on practising artificial respiration, that the heart continued to act for a considerable time, its action dying out gradually, and not until the end of at least an hour and forty minutes. Hence he concluded that:

“The influence of the brain is not directly necessary to the action of the heart.

“When the brain is injured or removed, the action of the heart ceases, only because respiration is under its influence; and if under these circumstances respira-

tion be artificially produced, the circulation will still continue.”

In making these experiments, the attention of Mr. Brodie was extended to the action of the brain on the secretions, and especially on the production of animal heat. Finding in his first two experiments that the animals cooled very rapidly, he was led to consider how far the general opinion was correct, that animal heat depends on the chemical changes produced in the blood by respiration. “If,” he argued, “animal heat depends on the changes produced in the blood by respiration, its being kept up to the natural standard must depend on there being a certain quantity of air inspired, and a certain quantity of blood propelled through the lungs in a given space of time.” In his second paper, he narrates how he endeavoured to determine the amount of chemical change by ascertaining whether there was any difference in the amount of carbonic acid evolved under the several conditions of ordinary breathing and of arrest of the action of the brain; and how he found, on poisoning animals with woorara or essential oil of almonds—a process which he adopted as arresting the function of the brain and at the same time not entailing loss of blood—that the quantity of carbonic acid was not diminished. Hence he concluded that,

“In an animal in which the brain has ceased to exercise its functions, although respiration continues to be performed and the circulation of the blood is kept up to the natural standard; although the usual changes in the sensible qualities of the blood take place in the two capillary systems, and the same quantity of carbonic acid is formed as under ordinary circumstances, no heat is generated; and that (in consequence of the cold air thrown into the lungs) the animal cools more rapidly than one which is actually dead.”

He further inferred “that the influence of the nervous system does not appear to be necessary to the production of the chemical changes which the blood undergoes in consequence of exposure to the air in the lungs.” But, inasmuch as the temperature diminished in spite of the maintenance of chemical action, he was led to believe that the arrest of the function of the brain caused the power of generating heat to be lost, although the heart and lungs continued to act. At the same time, he would not assert that the chemical changes of the blood were in no way necessary to the production of heat.

In his notes on these papers, made forty years after their publication, Sir Benjamin Brodie observes, that the general results as to the loss of heat arrived at by him have been confirmed by other experimentalists, especially M. Le Gallois, Dr. Wilson Philip, and M. Chossat. M. Le Gallois, however, found that the process of cooling was sometimes slower instead of quicker in the animal under artificial respiration than in the dead animal; and Dr. Wilson Philip attributed this to the quantity of air thrown into the lungs. On this, Sir B. Brodie observes, that it is difficult to estimate the quantity of air entering the lungs in artificial respiration; and therefore he allows that his conclusion, “that where the influence of the brain is withdrawn, no heat whatever is generated”, may not be strictly correct.

The note to which we have here referred, is an interesting proof of the lively interest which, in his old age, Sir Benjamin Brodie retained in the investigations which had occupied his younger days. He there goes at length into a comparison of his own experience with those of the physiologists above-mentioned; refers to and explains the differences in their results, and criticises generally where criticism appears called for; and he brings forward further evidence which seems to him to shew that respiration is not sufficient to account for animal heat. Finally, he makes a most ingenious application of the theory of Mr. Grove as to the mutual



relation of physical forces, both in the organic and in the inorganic world.

"Supposing this view to be correct, may it not be that the union of carbon with oxygen gas, which, under ordinary circumstances, is immediately followed by the evolution of heat, is in the living body productive of a different result (such as the maintenance of the nervous power or the irritability of the muscles), and that it may thus be only indirectly concerned in the calorific function." And further: "The generation of the nervous power as a consequence of the circulation of arterial blood in the grey matters of the brain and spinal cord; the instantaneous transmission of it through the nerves; sometimes affecting the secretions, and causing the blood to undergo changes in its chemical composition in the various glands; at other times, exciting violent contractions of the muscles—these things are very analogous to the effects produced by a voltaic battery; and there seems to be no reason, *à priori*, why the resemblance should not extend still further, nor why the evolution of heat should not be one of the results of the operation of the nervous power as it is of electricity."

The next two physiological papers published by Sir Benjamin Brodie consisted of the history of a series of researches into the Action of Poisons—a subject in which, at his time, very little was known. Vegetable poisons are treated of in the first paper; mineral poisons for the most part occupy the second. The vegetable poisons examined were alcohol, essential oil of bitter almonds, expressed juice of leaves of aconite, infusion of tobacco, and empyreumatic oil of tobacco, which were applied to the mucous membrane of the mouth or intestinal canal; and oil of bitter almonds, aconite juice, woorara, and upas antiar, which were applied to wounded surfaces. As to the mode of action of these poisons, Sir B. Brodie was led to believe that alcohol, oil of almonds, aconite juice, oil of tobacco, and woorara, simply destroyed the functions of the brain; that infusion of tobacco (injected into the rectum) and upas antiar (applied to a wound) acted on the heart and produced death by syncope; that the poisons which were applied internally produced their effects through the nerves independently of being received into the circulation; and that woorara, and probably other poisons, were received into the circulation when applied to wounded surfaces.

The mineral poisons of which the actions were examined were arsenic, muriate of barytes (chloride of barium), tartar emetic, and corrosive sublimate. Regarding these he concluded that: "Arsenic, the emetic tartar, and the muriate of barytes, do not produce their deleterious effects until they have passed into the circulation. All these poisons occasion disorder of the functions of the heart, brain, and alimentary canal; but they do not affect these organs in the same relative degree."

In the notes which he appended to these papers on Poisons on their republication, Sir Benjamin Brodie candidly reexamined the debated question whether poisons ever act without being taken into circulation. He so far modified his views regarding vegetable poisons, as to admit that some of them affect the vital organs by entering the vascular system; and that, as was shown by Mr. Blake, "poisons applied to the tongue may enter into the blood in a very short space of time, and that this must at any rate be one mode in which they act." He then goes on to adduce some facts which appear to him to sustain the theory of the actions of poisons through the nerves; but, far from dogmatizing and assuming absolutely that his opinion *must* be correct, he adds:—

"I would not, however, be understood as affirming that the facts which I have now stated, or the suggestions which I have offered, are to be regarded as conclusive. Further observations may be required before the

question is finally determined. In the meanwhile, this as in numerous other instances (which occur much less frequently in the strict pursuits of science than in the common affairs of life), some individuals will be inclined to one opinion, and others to another accordingly as one or another order of facts may more especially have engaged their attention."

The physiological labours of Sir Benjamin Brodie were, as we have seen, arrested about the year 1822, the demands made on his time by the increasing pressure of his surgical duties. But even here we find him merely transferring the perception and energy which had characterised his scientific researches to the elucidation of matters of direct practical moment—that is, say, "practical" in a very limited acceptance of the word, for all his inquiries had an object beyond the mere ascertaining of facts. His surgery, too, was not that of the mere man of the knife. It is very questionable whether he would ever have acquired fame as an operating surgeon. As an operator, he was steady and successful, light of hand, cautious but not timid, and fertile in resources; but he never regarded operations as the highest branch of surgery. It was rather in infusing a strong medical element into surgery, and thus counterbalancing the tendency to operative procedure that he excelled. He regarded it as the vocation of the surgeon to heal limbs rather than to remove them. Of this no stronger proof can be given than in his demonstration of the nature of local nervous and hysterical affections, for which amputation had, up to his time, been the ordinary treatment.

One of the earliest subjects which attracted Sir Benjamin Brodie's attention was Diseases of the Joints; and as has already been mentioned, we find him contributing papers on this subject to the *Medico-Chirurgical Transactions* as far back as 1813, and in a few years publishing his well-known work on the subject. This book went through five editions, the last of which appeared in 1851.

Previously to the appearance of this work, confusion reigned supreme in the names given to diseases of joints and in the remedies used. "The terms white swelling, scrofulous joints, etc., had been used without any well-defined meaning, and almost indiscriminately; so that the same name has been frequently applied to different diseases, and the same disease has been distinguished by different appellations." To remove this confusion Sir Benjamin Brodie investigated the diseases of the joints on anatomical principles, examining into the changes produced by disease on each of the tissues composing the articulation. Thus, in the work, the subjects came to be arranged under the following heads:—Inflammation of the Synovial Membrane of Joints; Ulceration of the Synovial Membrane; Cases in which the Synovial Membrane has undergone a Morbid Change of Structure; Ulceration of the Articular Cartilages; A Scrofulous Disease of the Joints having its Origin in the Cancellous Structure of the Bones; Caries of the Spine; Tumours and Loose Cartilages in the Cavities of the Joints; Malignant Disease of the Joints; Some other Diseases of the Joints; Inflammation of the Bursæ Mucosæ. The remarks on each of these are amply illustrated by the records of cases, principally occurring in St. George's Hospital; in fact, the author's conclusions are founded entirely on clinical and pathological observations. No surgeon who, during the last forty years, has studied the diseases of the joints can have failed to feel his indebtedness to Sir Benjamin Brodie for thus lightening his labours, and showing him a clear path where otherwise he had probably wandered in perplexity. In his preface to the fourth edition of this work, there occurs an expression which shows strongly the bias of Sir Benjamin Brodie's mind towards the medical element in surgery:—

"As I have become more versed in the practical duties of my profession, so I have become more convinced that



local diseases, in the strict sense of the term, are of comparatively rare occurrence; and that those, which are usually regarded as being of this description, may for the most part be traced to a morbid condition of the general system. The local treatment of the diseases of the joints, which I now recommend, is even more simple than that which I recommended formerly; but it is quite otherwise with respect to those remedies which operate through the medium of the constitution. Experience has not only confirmed me in the opinion that remedies of this class may often be employed with great advantage to the patient, but has also taught me that there are few cases in which a cure can be easily obtained without them."

Another standard work of Sir Benjamin Brodie is his volume of *Lectures on Diseases of the Urinary Organs*; the first edition of which appeared in 1832, and the last—the fourth—in 1849. These lectures are, as one of our contemporaries has justly observed, a "model of lucid, clear, practical teaching". While the work was in progress through its several editions, the operation of lithotomy was being gradually introduced into practice by Civiale in France and Heurteloup in England. At first, Sir B. Brodie merely noticed the circumstance; but in his later editions we find him giving practical instructions for the performance of the operation, and expressing an increasing conviction of its applicability; until, in a paper read before the Royal Medical and Chirurgical Society on March 13th, 1855, we find him stating that "his experience had led him to the conclusion that lithotomy, if prudently and carefully performed, with a due attention to minute circumstances, is liable to smaller objections than almost any other of the capital operations of surgery; the cases to which it is not applicable being very few indeed, and chiefly those in which, from the calculus having attained an unusual size, the danger and difficulty of lithotomy are so great that no surgeon would willingly, nor otherwise than as a matter of duty, undertake it."

Besides these works, Sir Benjamin Brodie published in 1846 a volume of *Lectures on various Subjects in Pathology and Surgery*; and in the same year, his Clinical Lectures on Surgery, delivered at St. George's Hospital, and published at various times in the medical periodicals, were collected into a volume in America. The estimation in which he was then held by our transatlantic brethren is shown in the following words from the editor's preface:

"Sir Benjamin Brodie stands confessedly, at the present time, at the head of the surgical profession of Great Britain. . . . He has enjoyed for a long period an extensive practice; and his vast experience, with his sound judgment and highly cultivated mind, renders his opinions of the highest authority. His clinical lectures have always been exceedingly popular, and deservedly so, from their eminently practical character, the clearness of the author's language, and the plain common sense which they display."

This collection consists of thirty-nine lectures on the following subjects: Introductory; Some important Circumstances connected with Operative Surgery (two lectures); Mortification (six lectures); Inflammation of the Veins (two lectures); Varicose Veins and Ulcers of the Legs (two lectures); Corns and Bunions; Polypi of the Nose; Diseases sometimes mistaken for Polypi of the Nose; Non-malignant Diseases of the Tongue; Paralysis (two lectures); Extraction of Foreign Bodies (two lectures); Fistula in Ano (two lectures); Fatty or Steatomatous Tumours; Sero-cystic Tumours of the Breast; Administration of Mercury in Syphilis; Local Nervous Affections; Various Forms of Local Hysterical Affections; Pathology of Hysteria, and Treatment of Local Hysterical Affections; Disease of the Hip-joint (three lectures); Tic Douloureux or Facial Neuralgia; Hæmorrhoids and various Diseases of the Rectum (four

lectures); Diseases of the Maxillary Antrum; and Encysted Tumours.

The greater part of the volume of *Lectures on various Subjects in Pathology and Surgery* consists of some of the same topics as are treated of in the American collection; but in addition there are two introductory lectures, lectures on death from Strangulation, from Drowning, and from Lightning; on Cases of Cysts containing Watery Fluid apparently connected with the Liver; on Ununited Fractures; and on Chronic Abscess of the Tibia. The last named lecture contains a remarkable instance of the value of accurate diagnosis in enabling the surgeon to relieve the patient's ills without permanently maiming him. In 1824, a young man came under Sir Benjamin Brodie's care, with enlargement and constant (but occasionally exacerbated) pain of the lower end of the tibia. No relief was afforded by remedies; and Sir Benjamin amputated the limb. On examining it, he found increased vascularity of the lower end of the bone, and a cavity containing pus. This led him to reflect that, if the real nature of the case had been known, and the abscess opened by a trephine, the limb might have been saved. Accordingly, when cases presenting similar symptoms again came under his care, he applied the trephine, and with the greatest success. To him, then, is due the merit of suggesting for chronic abscess of bone a simple plan of treatment, which has become a recognised operation in surgery.

The lectures of Sir Benjamin Brodie on *Local Nervous Affections* were first published in 1837. In them he shewed that pain in a part does not absolutely denote disease of the part, and he explained the nature of many cases in which amputation had been the recognised treatment, but which depended merely on hysteria or some nervous irritation; and the occasional cure of which, under the influence of means acting on the imagination or of agencies not readily appreciated by the unscientific mind, has formed a rich stock in trade for wonder-mongers and charlatans.

Sir Benjamin Brodie was also a large contributor to the pages of the *Medico-Chirurgical Transactions*. In addition to the papers on Diseases of the Joints, he furnishes the history of a Case of Ununited Fracture successfully treated by the Introduction of a Seton; Observations on the Treatment of Varicose Veins of the Leg; Pathological and Surgical Observations relating to Injuries of the Brain; a Case of Aneurism by Anastomosis of the Forehead treated by the Application of Ligatures; Cases of Chronic Abscess of the Tibia; Pathological and Surgical Observations relating to Injuries of the Spinal Cord; an Account of a case in which a Foreign Body was lodged in the Right Bronchus; and Notes on Lithotomy, with an Account of the Results of the Operation in the Author's Practice.

The last of the strictly professional works of Sir Benjamin Brodie which we have to notice are his Introductory Addresses. We have before us a collection, consisting of the Hunterian Oration for 1837; Introductory Discourses, delivered at St. George's Hospital on October 1st, 1838, October 2nd, 1843, and October 1st, 1846; and an Introductory Lecture delivered in the Theatre of the Royal College of Surgeons on the 8th of May, 1820: as well as an address delivered by him as President of the Western Medical Society, on April 12th, 1850. In his addresses to the students is a mass of sound advice as to the study and pursuit of the medical profession which it is scarcely possible to find equalled, certainly not surpassed, anywhere else. If there is any part which is especially deserving of attention, it is the sound remarks on the duty of the surgeon—and of the physician too—in respect to the dependence to be placed on the powers of nature in the cure of disease, contained in the Introductory Discourse for 1838. "When I tell you", says Sir Benjamin, "that we are to trust to Nature, I do not mean to say that we are to confide in



her implicitly; but that our rule should be not to disturb her operations without an adequate reason for so doing; at the same time holding ourselves ready, when a just occasion presents itself, to step in to her assistance, and then act with promptness and decision." In another place in the same address, he says that the difficulty of determining the real value of remedies "is the most abundant source of the errors which infest our art; from which even the most experienced and discerning practitioners are not altogether exempt, but which especially prevail among those who are deficient in experience or good sense. It is to the almost entire ignorance of the public, and especially of the aristocratic classes, as to the evidence which is necessary to establish the efficacy or inefficacy of a peculiar mode of treatment, that we are to attribute the reputation which is frequently obtained by empirics and other adventurers, who pretend to practise the art without having learned the science of medicine." A little further on, he shows that the discovery of the emetic property of ipecacuanha, of the power of opium to produce sleep, of the efficacy of quinine or arsenic in ague, of mercury in iritis, of colchicum in gout, and of numerous other remedies, has been of accidental origin; and that the office of men of science is little more than to study their effects minutely, and to learn the right application of them. But even here, caution—even scepticism—is necessary to prevent us from assuming too close a causal relation between the remedy and the cure of the disease. "The fact of a patient having recovered under a particular mode of treatment goes but a little way towards establishing its value; nor is anything sufficient for this purpose, short of the same result being obtained in many similar cases, in which there was otherwise little prospect of recovery. It is the disposition of every one of us to admit the efficacy of the remedies which we employ on insufficient evidence; and unless we, whose duty it is to understand these subjects, are on our guard against this not unnatural prejudice, we have little right to blame the credulity of those whose minds are not turned to these inquiries, when a corresponding error of judgment leads them to believe in the absurdities of metallic tractors, animal magnetism, and homœopathy."

The address to the Western Medical Society contains ample manifestations of the generosity of the mind of Sir Benjamin Brodie towards the failings of others, and affords us the key to much of the influence which he possessed.

"In human nature," he says, "there is much weakness; there are many faults and failings; but mixed up with what we would wish to be otherwise there is much that is kind and noble; and, after a long experience of the world, I have come to the conclusion that the true way of dealing with mankind is, as a general rule, to trust to their good qualities rather than to the controlling of their bad ones. If you would make a man a gentleman, you must treat him as a gentleman."

Here we have, in few words, a truly philosophical precept—one which, if carried out more extensively than it is, would make many men better than they are.

Carrying out his ideas as to the indulgence to be shewn to other men's failings, Sir Benjamin Brodie insists on full allowance being made for the imperfections and caprices of patients, considering the limitations which exist to the power of medicine. "Taking all things into consideration, it appears to me a question whether there is not, on the whole, more cause for wonder in the patience of the many than in the impatience of the few; and whether the gratitude of those who overestimate our services does not even more than compensate for the neglect of those who withhold from us the credit which we really deserve." But it is not so much on extraneous circumstances as on the practitioner himself that the value of his profession to him must depend; and nowhere have we seen the true

position of the profession of medicine more exactly stated than in the following pithy words of Sir Benjamin:—"Medicine is an indifferent and irksome trade; but it is a noble and interesting science."

Having for many years held the highest position as a surgeon and an author on surgical matters, Sir Benjamin Brodie, in his later years, gave evidence that subjects requiring the deepest thought must have occupied his mind even during his active professional life. His two volumes of *Psychological Inquiries* contain dissertations, the germs of which must have been long accumulating in his mind—perhaps from the time when he was first engaged in physiological research. The objects of the books, as stated by the author in his preface to the second edition, are

"To shew that the solution of the complicated problem relating to the condition, character, and capabilities of man, is not to be attained by a reference to only one department of knowledge; that for this purpose the observations of the physiologist must be combined with those of the moral philosopher, mutually helping and correcting each other, and that either of these alone would be insufficient. The other object is, that I would claim for researches of this kind that they should be regarded not as merely curious speculations, but as being more or less of practical importance to every individual among us, enabling us to understand to how great an extent we may contribute to the improvement of the faculties with which we are endowed, and to our own well-being in general."

Here we have one great point of connexion between these *Psychological Inquiries* and the previous labours of Sir Benjamin Brodie. His aim throughout was not to indulge in science as a mere amusement or as a matter of curiosity, but to render it available for the good of mankind.

In these works, the arguments are expressed in the form of dialogue, in order to give an opportunity of bringing out the views on both sides of the questions raised. Among the subjects which are in this way discussed are, the limits of mental exertion, the phenomena of sleep and dreams, the objects of education, the relations of mind and matter, moral insanity, the functions of the brain, intelligence and instinct, the causes influencing men's characters, the place of the physical and moral sciences in education, memory, the connexion between bodily and mental health, the Darwinian theory of the origin of species, the qualities of different races of mankind, etc. We cannot here give that attention to these works which they deserve; but that is perhaps the less necessary, as it is not long since we had the opportunity of reviewing the second volume. We must therefore be content with observing that the author has evidently looked at each question in every aspect which it could present, and has expressed the arguments occurring to him in language so classical, and at the same time so lucid and simple, that the reader is carried along easily in the current, and can scarcely arrive at the end of the discussion without a clear and useful comprehension of what he has been reading.

We may just refer, as an example of the style of the author, to the argument used by one of the speakers in the dialogue in reference to instinct in man. In one of the early chapters of the first volume, he expresses his conviction of the independence of mind on matter. He believes, "even independently of the evidence afforded by revelation", that there is nothing unreasonable in the universal expectation of mankind as to the non-mortality of the immaterial part—an expectation "so universal, indeed, that it may well be regarded as an instinct". Further on, in a dialogue specially on instincts, the same speaker observes:

"While the study of instincts in other animals is interesting to the naturalist and physiologist, that of the instincts of the human race is not less interesting to the



moral and, I may add, to the political philosopher. The majority of instincts belonging to man resemble those of the inferior animals, inasmuch as they relate to the preservation of the animal, and the continuation of the species. To these the social instinct is superadded; not, indeed, peculiar to man, but in him attaining a greater degree of development than in other creatures. This may be regarded as being in many respects antagonistic to the other instincts; and, in order that society should exist, it is necessary that the latter should be in a great degree subjected to the former. . . . . The social instinct is intended not to extinguish, but to modify and correct man's other instincts. But for the attainment of this object it is not in itself sufficient. It requires the aid of experience, education, example, and reason. In proportion as the intellectual faculties are more perfect, so is the social instinct more efficient. The gregarious elephant is more intelligent than the solitary tiger. As the dog is more intelligent than the cat, so he has social and moral qualities which the latter does not possess; and in like manner human society is a more perfect institution than that of any other animals which live in association. Nor must we omit the operation of another cause which mainly contributes to the attainment of that higher degree of civilisation in which the sentiment of duty prevails over the more selfish appetites. The disposition of man, even in his most degraded state, to believe in supernatural agencies is so universal, and so manifestly the result of his peculiar constitution, that we must regard it as having very much of the character of an instinct. As he advances in knowledge and has leisure for observation and reflection, the perception of the beauty, grandeur, and harmony of the universe, of the evidence of intention and design, and of the adaptation of means to ends in everything around him, and of the large amount of good with the small proportion of evil which is manifested in the condition of all living natures, leads him to the knowledge of an intelligent and beneficent Creator, to whom he *may* at any rate be responsible for the right use of the faculties with which he is endowed; and thus the religious sentiment becomes engrafted on the rude instinct of the savage."

From his position in the College of Surgeons, Sir Benjamin Brodie was necessarily thrown into the arena of medical politics, although he never took a very open or conspicuous part in them. It was through his influence with Sir James Graham that the charter of the Royal College of Surgeons was obtained; and he is also said to have aided in the improvements which it was found to require.

In regard to general medical politics, his opinions were very liberal. The first Bill of Sir James Graham, which embodied Sir Benjamin Brodie's opinions, provided for the admission of general practitioners to the Supreme Council, and avoided all restrictions on illegal practice. Sir Benjamin Brodie maintained his opposition to direct legal repression of charlatany up to the last. It comes out in the able letter on homœopathy which he published last year; and is even more strongly expressed in a letter which he addressed to Dr. Radclyffe Hall in 1856, in reference to an allegation made by the homœopaths of the support given to their system by Sir Benjamin Brodie. He says (see ASSOCIATION MEDICAL JOURNAL, May 31, 1856):—

"As to any penal enactments to prevent homœopaths, or any other irregular practitioners, from interfering with the medical profession in their private practice, the thing is altogether out of the question; and indeed, I can conceive nothing that could be more detrimental to the profession itself, than to be bolstered up by an Act of Parliament, instead of having to depend solely on the skill, character, and conduct of its members."

We see here the great faith which Sir Benjamin Brodie had—and which every right-minded medical man must have—in the essentially noble character of its pro-

fession; and throughout the whole of his life, in his professional acts and in the advice given to his pupils, we find a constant manifestation of the desire to render that profession more efficient, more noble, and more worthy of confidence.

It would be impossible, while here referring to the opinions of Sir Benjamin Brodie in reference to the suppression of quackery, to omit reference to the admirable and well-timed Letter on Homœopathy, which he published last year in *Fraser's Magazine*, and which was republished in our pages and also separately. If any proof were wanted that the author of this letter had lost none of the desire for the moral and scientific good of his profession which characterised his example and his precepts through life, it would be found in the publication of this letter at a time when old age, and, still more, bodily affliction and domestic bereavement, might have served him as an excuse for not again venturing beyond his own immediate circle. But he felt that a duty required to be done; and he did it.

So far as one man may be taken as the type of a profession, Sir Benjamin Brodie was in his own person an example of the station to which the medical profession might be brought through the intelligence and industry and integrity of its members. On all public questions where a medical opinion was required, Sir Benjamin Brodie was sure to be consulted; and his advice always carried weight. Among the latest instances of this was the Smethurst case, where he procured a reversal of the sentence of death.

Notwithstanding the high and universal confidence in which he was held, ambition for places of public distinction was foreign to his character; and in regard to the offices which he held, he presented an example of conscientiousness which is too rarely followed. At the passing of the Medical Act, a rumour was current that he was to be raised to the peerage. No man in the medical profession would have been more worthy of it; but he himself expressed most strongly his objection to such a step, as quite unsuited to the simplicity of his tastes and habits. He was more than once asked to stand as a representative in the House of Commons; but always declined any such offer, feeling that it was impossible to perform the duties of a member of Parliament and at the same time to continue to perform his duties to his patients. Throughout his life he acted on the principle of never holding an office when he could not give the time and power necessary to the due performance of the duties. He resigned his hospital appointment at the early age of fifty-six, having been full surgeon only eighteen years, because he could no longer attend to the duties. He resigned on the same principle his examinership in the College of Surgeons—an example that has never been followed: and the Council of the College, to mark their opinion of such an act of liberality, passed him over when his turn came to be elected President a second time! When, too, he found that his failing eyesight rendered him incapable of performing the duties of President of the Medical Council, he resigned that office; and eventually, for the same reason, retired from the Presidency of the Royal Society. This latter office he considered the greatest honour that had been conferred upon him; and, as he himself observed when a peerage was spoken of, he prized it above any peerage.

In giving this sketch of the life and character of Sir Benjamin Brodie, we have not felt it our business to search out his failings. Faults he doubtless had, as all men, however excellent, must have. Our object has been to hold him up as an example of a man devoted to his profession, and throughout life endeavouring, by his intellect, by his industry, and by his moral character, to elevate his profession in public esteem, while he rendered it more efficient in the relief of the corporeal ills of mankind.



## PROPOSED INQUIRY INTO THE ACTION AND USE OF CHLOROFORM.

OUR readers will be glad to learn that the Council of the Medico-Chirurgical Society have determined to appoint a Committee to investigate the actions, uses, and applications of chloroform. We may, therefore, presume that the whole subject will now undergo a thorough sifting; and that we shall be told how best to use the anæsthetic agent, and how best to ward off or counteract its toxic effects.

Since the introduction of chloroform into practice as an anæsthetic, many hundred fatal accidents, as we too well know, have resulted from its administration. It is probable, indeed, that a certain number of such accidents must inevitably attend its administration. But it is, nevertheless, a duty manifestly incumbent on the profession to reduce the probabilities of the occurrence of these fatal results to the lowest minimum, by applying all the scientific knowledge it possesses to a consideration of the right and proper administration of chloroform for the purposes of producing anæsthesia during operations.

The necessary results of an inquiry into this subject by competent authority would be the publication of certain distinct rules to be followed in the administration of the chloroform. The proper quality of the chloroform itself would be indicated; the conditions of the individual, if any, which contraindicate its use; the mode of administration of the anæsthetic; the progressive effects, whether normal or abnormal (*i. e.*, ordinary or extraordinary), which attend its administration; the signs indicative of approaching danger in its administration; the extent, as indicated by physiological states, to which the chloroformisation should be carried, and the state of anæsthesia which should be maintained; and finally, the best and most effectual method of restoration which should be instantly resorted to in cases where the chloroform acts destructively upon life.

Such are the points upon which the profession does not possess, and therefore positively requires authoritative information. And it is a fact that upon every one of them there exists a variety of opinion and difference in practice. There are those who do not hesitate to administer chloroform (when required), whatever be the condition of the body; and there are those again who never use it in certain diseased states of the body. Again, the modes of its administration are various; but it is evident that one must be preferable to all others. Numerous are the methods of restoration of those poisoned under the chloroform; but here also some particular method must be preferable to all others; *i. e.*, one which can be the most rapidly and effectually resorted to.

Authoritative information given to the profession on these points would, we believe, be the means of saving many lives; and it would, moreover, be of

this great advantage to the profession, that when a fatal case of this kind occurs, it will enable the professional man to tell the world he had done all he could, both to anticipate and prevent the sad event by faithfully following the rules laid down for his guidance in the matter by the highest medical authority.

Incidental to this main object of the inquiry will no doubt, also be added numerous very important investigations respecting the advantages of chloroform as an adjunct in operations; what effects, for instance, has it had in reference to the mortality attending operations?

The cooperation of the profession at large may be fairly asked for in this inquiry; for clearly the larger the mass of good facts obtained on the subject, the more likely are the results to be satisfactory.

## ST. THOMAS'S HOSPITAL.

THE medical officers of St. Thomas's Hospital have issued a statement respecting the reconstruction of the Hospital, believing, reasonably enough, that although the Governors' Committee have not thought it necessary to consult them on the subject, many individual governors would wish to know their sentiments on the matter. The conclusion at which the medical officers arrive is this: That, if the Hospital be built in the country, "its usefulness would, comparatively speaking, be at an end." They argue, that its degree of usefulness must diminish in proportion with the increase of its distance from the densely-populated districts of London. Acute cases and accidents require that the Hospital should be close at hand in the quarter where they occur most frequently. Whereas, "if it stood in the rural outskirts of London, the cases of recent injury and acute disease received within its walls could only be such few as the thinly-peopled adjoining district might supply." Moreover, statistics show that the Hospital has hitherto, in the main, been a local charity for the district in which it stood. Again, in the rural suburbs, they say, the Hospital would no doubt be filled, but it would be principally with patients "whose claims are of very small urgency." As regards medical assistance, it is evident that high medical and surgical skill can no longer be, as it has heretofore been, at the instant and constant service of the sick, if the Hospital be removed far into the suburbs. In such case, metropolitan practitioners might, indeed, visit the Hospital at fixed periods; but the ultimate responsibility would rest on the resident medical officers. The Hospital, suburbanised, would also, they add, cease to be an important medical school. But

"Passing without a word the many other causes for regret which there would be in this extinction of a great school of medical science, we insist only on the fatal influence which would be exerted against the efficiency of



Thomas's Hospital itself. At present, in this hospital, as in all similar establishments, innumerable useful services to the sick are rendered by a large staff of inferior officers, resident and non-resident, who (as house surgeons, dressers, clinical clerks, assistant accoucheurs, &c. so forth) are selected, every year or half-year, from among the most deserving students of the school. Except for the existence of well-frequented medical school part of the establishment of the hospital, this system of appointment could not prevail. And we are absolutely without precedent to enable us to say how, under these circumstances, the work of the charity could be carried

The medical officers of St. Thomas's Hospital then went on to review the arguments used in favour of the removal of the Hospital into the semi-country. They utterly refuse to admit that thirty or fifty acres are required for its site. The last Hospital occupied less than four acres; and they "hesitate to assume" that more than six or seven are "unconditionally necessary". But, under any circumstances, the charity is rich enough to purchase any amount of land required, however high may be its cost. Neither do they admit (though on this point there appears to be a difference in opinion) that the fresh air, etc., of the country district is worthy of being taken into consideration in the argument.

Supposing two otherwise thoroughly well-conditioned hospitals—one in London, the other in the country—we are of two different opinions. Some of us believe, while others of us do not believe, that, in the results of medical and surgical treatment, the country hospital would have an appreciable superiority of success."

Nevertheless,

Unanimously we should be of opinion that the advantages of the country hospital would be purchased at too dear a price, when, in obtaining them, the hospital must be made inaccessible to the sufferers who most urgently require it, and when the present system of professional attendance must be changed in essential particulars."

To provide for convalescents and chronic cases, they advise that the Hospital should subscribe to convalescent Hospitals, so as to obtain all the accommodation they need in that way. Finally, they fore-  
that

With the always advancing growth of the resources of St. Thomas's Hospital, not many years can elapse before it will be possible for the governors of the charity, if they be so inclined, to enter upon new spheres of efficiency. Objects to which we have in this statement adverted as objects not to be pursued at the expense of the primary functions of the charity, will then be fairly within reach. Without ceasing to maintain the hospital for relief of sickness in the metropolis, the governors can then, if they be so minded, establish such hospitals in suitable special climates, have tripartite dispensaries in various parts of town or country, and provide, in such ways as they deem best, for the particular benefit of chronic invalids and convalescents. In the present, before all such objects, there presses, in our opinion, the one imperative need, that St. Thomas's Hospital be restored according to the pattern of its former usefulness—not misplanted in some country district, where it would scarcely at all fulfil the objects of its existence—but reconstructed, as nearly as may be, to the very heart of London; where, according to the intentions of its founder, it may still efficiently minister,

as for three centuries it has ministered, to those innumerable emergencies of disease and accident which belong to so vast a city."

## OVARIOTOMY IN THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON Tuesday last, the rooms of the Medico-Chirurgical Society were unequal to the accommodation of the numerous Fellows and their friends, who flocked there in the anticipation of witnessing a lively passage of arms between the strenuous and unremitting opponent of ovariectomy and the numerous warm supporters and practisers of the operation.

The proceedings were opened by the reading of Dr. Lee's paper, which consisted of a very few lines. It contained, indeed, little more than a reiteration of the writer's well known sentiments on the subject; the addition of some further statistics to his former statistics respecting ovariectomy; and the expression of an opinion that the statistics were really not as favourable as they seemed, because he was satisfied that many unsuccessful cases never came to light. These views, in this crowded assembly, appeared to be held by Dr. Lee alone.

The *per contra* speakers were all deeply in favour of the operation. Dr. Tyler Smith had for twenty years shunned ovariectomy; but, at last, his eyes were opened to its uses, and three years ago he first performed it; and now rejoices that he has resorted to it. Fourteen times has he performed it, and eleven of his operations have been successful—the patients being now alive and well; of the fourteen, three died. Mr. Spencer Wells, we need hardly add, followed in the same idea. He had, we understood him to say, performed the operation more frequently than any living surgeon of home or foreign extraction. He had operated successfully in some cases which might have been well considered as desperate. He asserted that the operation was more successful than any other great surgical operation. He had performed it in forty-six cases, and had had twenty-eight recoveries, and twenty-six of the number were at this moment in perfect health. He also compared the dangers of the operation with the miseries and dangers attending ovarian disease when left to run its own course; he pointed out the almost certain and inevitable fate awaiting the subjects of the disease; and concluded, that in every way the operation was preferable. He also strongly repudiated Dr. Lee's assertion that fatal cases of operation were not published. He believed that, on the contrary, and by reason of the great attention of late given to the operation, there was none in which the cases were more faithfully and truly given. One argument, perhaps the strongest, in favour of the operation, was forgotten in the heat of the debate, and it is this, that a woman suffering under what must be called, if left to run its unnatural course, a fatal dis-



ease, is (if the operation succeed) not only rescued from that inevitable death; but is restored to life and society, without loss of limb, un mutilated, and in perfect health, and free from any chance of return of the disease.

It is not, however, for us to offer any definite opinion respecting the value of this operation. Certainly, as far as argument went at the meeting, it was all in favour of the operation. We may, however, express a doubt as to how far ovariectomy can yet be said to be a permanently established surgical operation. We say this, because we were surprised and sorry that not any of our great surgeons who were present at the discussion opened their lips on the subject. They sat there and listened; but would not venture to tell the profession whether they approved of, or condemned, or suspended their judgment concerning it. We should suppose, that great surgical minds, even if they have never performed the operation, are yet capable of drawing some useful conclusions for the benefit of the profession at large, from the facts already laid before them. What is the use of our societies, and what do the younger members of the profession who resort there gain, if they never catch the pearls of experience dropping from the lips of our surgical Gamaliels? Surely, if ever there was an occasion and a subject upon which authority should have spoken, it was this.

In conclusion, we would remark, that in our opinion, Dr. Lee would do well to moderate his tone and his language at such discussions. Discussions of this nature should be carried on solemnly, and banterings and inuendos, and all personal allusions should be carefully avoided. We need hardly say that it is not by recriminations and mere assertions that any disputed fact in surgery can be settled.

### THE WEEK.

Two cases illustrating the most unfair position in which members of our profession are constantly placed (and chiefly, as we believe, through the fact of the gratuitous advice system), in reference to the remuneration of their services, occur in the daily papers of the 6th inst. Dr. Williamson is called to attend a young woman who had taken laudanum with a suicidal intent. "Had not the surgeon promptly attended," the report runs, "and applied restoratives, she would have lost her life." At the conclusion of the police investigation,

"Dr. Williamson applied to Mr. Barker for his expenses. He stated that, in addition to attending upon the young woman at her residence, he had been twice at this court. Mr. Barker said he had no fund at his disposal for the payment of medical or other witnesses. It sometimes happened that in very distressing cases he paid a witness out of the funds that were placed at his disposal to give to the poor. Dr. Williamson remarked that it was very hard on medical men that they should

give their time and trouble without any remuneration. If, when they were called to such cases as the present, they refused to attend, they were denounced as brutal. Mr. Barker said that Dr. Williamson could write to the Secretary of State and represent that he (Mr. Barker) had refused the application for expenses on the ground that he had no funds at his disposal for that purpose. Dr. Williamson said that he should do so, for the sake of the profession."

Curiously enough, in the very same day's paper Dr. Williamson's last remark was exemplified. In the report of an inquest, we read:

"On Friday morning, at half-past three o'clock, she noticed the child getting stiff, and her husband ran for the doctor, who did not come until after some delay. The child was dead when he came. The surgeon said that at the time in question Mr. Clarke called him up and told him he was wanted to see the child, but did not say it was dying. Witness said, 'Are you prepared to pay? Have you got 5s.?' The father said he had not, and witness asked him for some security. Witness wrote out the following: 'I promise to pay Dr. Buss 5s. for visiting the child.' When the father affixed his mark to the promise, witness went to see the child, whom he found dead. Witness was paid the money on Saturday night. A juror: Your conduct was very mercenary. Witness: Yes, but I am obliged to act thus to guard against imposition. I have to live by my profession. I have often been called up at night, and have been defrauded of all payment. Those who cannot pay ought to apply to the parish doctor. If a person asked me to go purely as an act of charity, I would attend. The deceased died from effusion on the brain. The coroner, in summing up, remarked that the course pursued by Dr. Buss was not peculiar to that gentleman. The jury returned the following special verdict: 'That deceased died from effusion of serum on to the brain; and the jury desire to express their regret that medical men should refuse to attend the poor without guaranteed payment; and the jury consider that, as such refusals are frequent, the parish authorities should take it upon themselves to pay the fees for first visits of medical men to poor persons in urgent cases; and the jury are of opinion that such a provision would be the means of saving life.'

Now, in our opinion, the surgeon acted perfectly right. What right has any man to call upon his fellow-men for his services, if he is unable to pay him for them? If he be unable to pay, let him apply to the Poor Law people. It is all very well for a jurymen to preach about "mercenary conduct"; but we should like to know whether he, as a butcher, would turn out of bed at night if an afflicted parent called upon him to say that his child was dying for want of nourishment, and hand over without payment a pound of prime beef to the applicant. Medical men might rightly refuse to attend such calls, because there is no provision made for their proper remuneration. Let the aforesaid jurymen, who prate about self-interest, assist in the establishing of a fund to remunerate medical men in cases of the above description; and do his share in the transaction, instead of throwing the whole burthen of it on that inevitable scapegoat, "the doctor". As we have already often said, we have only ourselves to thank for this kind of treatment. We sow our gratuitous services broadcast, and *this* is the fruit we reap. A medical



espondent of a morning paper suggests the following as a practical remedy for the above evil; and is well worth consideration. The police have, it appears, the power to call in medical aid in urgent cases; and for such aid rendered the medical man claims 3s. 6d. for a visit in the day, and 7s. in the night. Such being the case, it is clear that the responsibility may be fairly thrown upon the police and their servants of the public. Let the police back up an urgent claim, and then the medical man secures due reward for services. But this responsibility on the police, we are told, shirk. The writer above alluded to says:

"I live in a densely crowded neighbourhood; and numerous heads, arms, etc., have I dressed from omnibus and horse injuries; but not more than once have I been authorised by the constable on duty, and so been paid by the police treasurer. Some years since, I was called one night, and by the police, to attend two persons who had been suffocated by smoke. I immediately attended, and was prepared to employ the usual means in such cases; but was prevented by a police officer—either a sergeant or sub-inspector, who said, 'We have orders to send these cases direct to the hospital;' and they did. But as the stretcher had to be fetched, and then the journey made to the hospital, I need scarcely add that both cases ended in coroners' inquests. This is the way that the police evade a plain straightforward course."

The following is the recent report of Messrs. Parry and Pirogoff on Garibaldi's wound, dated Nov. 23, Oct. 31:—

1. The articulation of the foot is opened by the ball of the foot on the internal side. 2. The two malleoles, together with the internal portion of the articulation, are tumefied. 3. As far as we can judge by external exploration, the ball will be found towards the external part of the articulation, fixed in the bone. 4. The suppuration is sufficiently good, and not abundant. 5. The foot is slightly turned inwards. 6. The distance between the malleoli is greater on the wounded side by an inch and a quarter to an inch and a half than on the uninjured side. 7. The exploration of the wound, either with the finger or with instruments, is only indispensable in the certainty is reached that the ball has become mobile, and has neared the surface; such exploration should be followed immediately by the extraction of the ball. 8. The general health of the patient is excellent. The expectative method—i.e., patience—is the one and the best method to be followed in the present moment. It must be changed when the quality of the pus, the development of splinters, or the formation of an abscess give the evident necessity of the extraction of the ball. The method of dressing the wound by the acting surgeon leaves nothing to be desired. 11. It is indispensable that the patient be kept in a spacious and well-ventilated chamber, and that he pass the winter in a warm and dry climate."

The notorious Smethurst again figures as best man in a court of law. Sir C. Cresswell has, as we read, asked him what he asked for.

In the case of *Smethurst v. Tomlin* and others, which was heard before a special jury on the 26th of October last, a verdict was found for the plaintiff, Dr. Smethurst, who propounded the will of Miss Isabella Tomlin of Richmond, on all the issues raised. The Queen's Advocate now moved the court to decree probate

of the will, to which his lordship acceded, there being no opposition on the part of the defendants to the motion."

MR. EVAN JONES, purveyor of London milk, boldly admits in open court that he adulterates his milk; and he gives the most curious of reasons for so doing. He does so because his customers don't like it *au naturel*, as served up from the cow. Just as people do not approve of their cheese unless coloured yellow, so they like to have their white milk made yellow with cheese colouring. He also admits that he puts water into his milk, but only two quarts of water in eighty of milk.

Two deaths are recorded in the journals of last week—one at Cardiff, in consequence of the druggist having used aconite instead of a preparation of wormwood in making up some pills; and another in which a woman rapidly died after taking a draught containing strychnia, which had been accidentally supplied by the medical man.

THE College of Physicians this day meet for the purpose (amongst other things) of appointing an Examiner in Surgery. We know not on whom the honour of the appointment may fall; but we are satisfied that the College will appoint no one who has not the esteem of the profession, and who, moreover, is not of high standing among his surgical contemporaries.

AN INCIDENT OF GLORIOUS WAR. Seldom, since the world first witnessed the ravages of war, has such a scene of appalling carnage and suffering mutely appealed to heaven. It is probable that within an area of five square miles at least thirty thousand dead and wounded men, the victims of the politicians of the United States, lay in every conceivable attitude of agony and pain. Every bush, every crevice of rock, every furrow of every field had its pale and bleeding tenant, while the mangled but still living sufferer, with faint and piteous wailing, demanded water to supply his exhausted life-blood, and harrowed up the soul of the anguished observer. After seeing the hospitals at Washington and taking stock of some twenty thousand sufferers in that devoted city—after recognising the many shortcomings and deficiencies of the provision for the sick in every hospital I have seen, the thought that at least twelve thousand additional Federal sufferers, and many hundreds of Confederate wounded, thrown into Federal hands, are added to the bloody record of Washington, Baltimore, and Philadelphia, might well freeze the heart with horror and dismay. It is to the honour of American womanhood that Miss Dix and some companions have not been deaf to the appalling cry of agony going up from Antietam Creek, but have repaired to the scene of action to do what they can. But if every surgeon in America had been on the spot last Thursday there would have been work for them all. In the immediate vicinity of Gettysville an immense hole was rapidly filled with amputated limbs. Incidents of horror enough to fill a volume, much as their insertion is discouraged in all Northern journals, meet the eye at every turn. I could quote from the papers before me, column after column descriptive of such scenes as would be heart-rending even if they related to transactions enacted a thousand years ago. (*Times*.)



# ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM: LAYING THE FIRST STONE OF "THE ALBERT WING."

ON Thursday, November 6th, Mr. Propert, the Founder, and Honorary Treasurer of this College, performed the interesting ceremony of laying the foundation stone of the four new residences for pensioners, which by the gracious permission of Her Majesty, bear the name of "The Albert Wing." When it is remembered, that ever since the Royal Medical Benevolent College was first projected, the universally lamented Prince Consort at all times evinced the deepest and kindest anxiety in its prosperity; that the first stone of the College was laid in his name on the 6th of July, 1853; and that His Royal Highness and the Prince of Wales honoured the establishment with their presence at the opening, we think that no one can, for a single moment, doubt the wisdom of the Council of the College in asking permission of the Queen to dedicate the new wing by the above title, in the grateful and sincerest wish to perpetuate on that spot, the memory of a prince, whose name is so justly revered by all classes throughout this country.

The new wing is situate at the west-end of the College, and will be connected with the present houses by an arch. The Gothic style of architecture will, of course, be preserved throughout, but the new residences being at one end, will form an angle, and be carried a story higher than some of the other houses. A glance at the various plans, shews that the same care paid towards the comforts of the aged inmates in the other residences, will not be neglected in those now in course of erection. The new building will be erected by public subscription, and in the list of donors, we are informed that the ladies, who so munificently provided for the chapel some years ago, again come forward with great liberality.

Owing to such generosity, the Council have the satisfaction of knowing that all the money required for the new wing has been received. This additional building will make the residences at the College twenty-four in number, there being twenty at present.

The architect of the new buildings is Mr. George Elkington, of 19, Cannon Street, West, and the contractor is Mr. Conder, of Kingland Road, London; the contract price being £1,976.

It was anticipated that the new wing will be finished in March next, and be in a fit state for habitation by the time of the annual meeting in May 1863.

Shortly before three o'clock, the Founder and the following members of the Council assembled in the hall of the College:—Messrs. Lord, Hancock, Jonson, Sterry, Blenkarne, Carr, Ward, and the Rev. G. Pocock. Several ladies were present, including Mrs. Thornton (the wife of the Head Master), Miss Payne, and the resident pensioners.

A procession to the spot fixed for the day's ceremonial, was formed in the order given below:—

The Founder (John Propert, Esq.)

The Head Master (the Rev. Dr. Thornton.)

The Council, two abreast.

Mr. R. Freeman (Secretary), and Mr. G. Elkington (architect.)

The College Band (playing various popular airs.)

The Masters.

The Scholars, two abreast.

Mr. JONSON, addressing the company, said: "Ladies and gentlemen, and my young friends; at a meeting of the Council of the Royal Medical Benevolent College, held on Wednesday last, at the offices, Soho Square, it was unanimously resolved that the Founder of this institution should be requested to lay the first stone of the Albert Wing. I need hardly remind you that the task devolves upon a gentleman, who will not less gracefully

fulfil the duty than he will, I am sure, feel grateful to all, for having placed him in a position in which he necessarily feel very proud. The distinction which fallen to him upon this occasion, however, arises, as you must be aware, from the very large and the very intense interest he has taken in this noble institution from the earliest period of its existence, and I am quite sure shall all hail, with the utmost satisfaction and happiness to see him in the enjoyment of such excellent health, commence a work from which we all hope to see some good arise." [Applause.]

Mr. PROPERT: "Ladies and Gentlemen, having been placed in this enviable position, I now call upon my reverend friend, the Head Master of this College, to offer up a prayer to Almighty God, and to ask his blessing upon the work."

The Rev. Dr. THORNTON, then read the 134th Psalm, followed by the prayer "Prevent us, O Lord," and then offered up the succeeding prayers, which he had prepared as suitable for the occasion.

"O Lord, Maker and Preserver of all, without which nothing can prosper, we beseech Thee to grant Thy blessing on this building, the first stone of which we lay in Thy name. Comfort and help all who shall dwell therein, and grant us and all Thy Church such a measure of Thy grace, that we may be joined together and made an holy temple acceptable unto thee, through Jesus Christ, Our Lord."

"O Lord, we pray Thee to help and defend all who are occupied in the erection of this building. Preserve them from all evil, accidents, and misfortunes; grant Thy aid to their skill; and give them the thankfulness for Thy mercies vouchsafed unto them, through Jesus Christ, Our Lord."

Then followed the Benediction.

Mr. PROPERT then advanced to the place where the masons had the stone ready to be deposited, and having taken a trowel and spread the mortar in a scientific manner, the massive block of granite was lowered to position, amidst the applause of the bystanders; the Founder saying: "I declare this to be the first stone of the new wing, which I earnestly trust may be a blessing to those who seek an asylum therein." [Loud cheers and one for the Founder.]

Mr. PROPERT, addressing those present, said: "Ladies and gentlemen, you are aware that some trouble has been taken to establish this institution, and I trust that what we are now about to do, will almost be the completing link in what is so desirable a work. I have been extremely anxious to add a trifle to that love and respect due to one of the best of princes and of men. A better man never lived than the late lamented Prince Consort. [Heard with applause.] We have experienced his kindness and his urbanity in every possible way that a prince could bestow upon an institution, and when he was removed from us, I thought that we could not put a finishing stroke to the Royal Medical Benevolent College, better than by erecting these four additional residences for pensioners, in memory of the best and kindest of men. [Hear, hear.] Well do I remember, that when he honoured this place with a visit, I accompanied His late Royal Highness over one of the pensioners' residences, and his words as nearly as possible were these, 'Mr Treasurer, I candidly tell you that these residences are the most perfect little things I ever saw in my life, and I regret that there are not more of them.' After thinking of such words, I could not help doing all in my power, in order to perpetuate the memory of such an excellent and gracious prince. [Applause.] I hope the building will be completed before long, and that those who take up their residences in them will, as they are intended for a place of rest, have time to prepare themselves for a better and another world. May God bless the undertaking. I have now great pleasure in stating that I am not without strong hope that Her Most Gracious Majesty may, at some future time, honour this College by her presence, as she is the patron of



id applause.] I can never forget that His Royal Highness the Prince of Wales has already condescended to come here; he was present at the opening of the College in company with his much lamented father; and before, I hope Her Majesty will honour us with her presence." [Applause, and the National Anthem by the Band.]

Dr. PROPERT, addressing the scholars, told them he was glad that, in return for the privileges placed within their reach, they would turn out good, learned, and gentlemanly men. [Hear.] He called upon them to give a loud and hearty cheers for the ladies, through whose benevolence the Council were enabled to raise the wing.

His appeal was responded to by the lads in a very able manner, and like compliments having been paid to Dr. Propert and the Rev. Dr. Thornton, the company turned to the front of the College in the same order they had proceeded from it.

### THE M'WILLIAM FUND.

MEETING of the Committee who undertook, in July 1861, to promote this most praiseworthy object, was held on the 3rd instant, at the College of Physicians. Drs. Hingston, Copland, Farr, Lewis, Guy, Milroy, and Mr. Propert, were present. Letters from Dr. Cooke and Mr. Probert expressed regret at their inability to attend. The total amount of subscriptions received was announced to be £272:12; being made up of sums varying from 10 to £1 and less, and including two donations of £50 from a friend of the family and of £30 from a wealthy private gentleman. Hitherto, the appeal has been addressed almost exclusively to the immediate friends and acquaintances of the late Dr. M'William; and the Committee, believing that very many of his professional brethren, not only in the metropolis, but in different parts of the kingdom, would be glad to have an opportunity of testifying their respect for the memory of so eminent and upright a man, resolved that it should be more widely and extensively circulated. They propose that the fund should take the form of a testimonial to commemorate the important public services of the deceased; and they consider that the best and most useful mode of carrying this into effect will be by investing the whole of the money subscribed for the benefit of his family, with the exception of only a small sum to be reserved for the procuring of a medallion portrait, to be placed in some suitable public building or buildings, as an enduring record of his worth and their esteem.

**MORTALITY OF MEDICAL MEN.** During the year 1860, 36 medical men died in England and Wales. Of these, 10 reached 90 years of age (the longest life), whilst one died at 22 years of age (the shortest life). The average age at death of the whole was 55 years and 7 months. Of the whole number, 36 died from affections of the heart, and 30 from pulmonary consumption. In three instances, death resulted from the taking of poison. In 1, the cause of death was stated to be "old age". The greatest number took place in Middlesex; next in Lancashire; and next in Devonshire.—In 1861, 315 of the profession died. Of these, one reached 95 years (the longest life), and four died at 23 years (the shortest life). The average at death was 55 years and 9 months. Of the whole number, 22 died from disease of the heart, and 34 from pulmonary consumption. In two instances, self-destruction was committed; and in five, death resulted from accidents—two of the latter being connected with railway trains. "Old age" was stated to be the cause of death in 22 instances.

## Association Intelligence.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, on Nov. 4th.*

**PRESENT:**—Sir C. Hastings (in the Chair); Mr. Bartleet; Mr. Cartwright; Mr. Griffith; Mr. Southam; Dr. Stewart; Dr. Waters; Dr. M. A. E. Wilkinson; Mr. Watkin Williams; and Dr. P. H. Williams.

The following resolutions were unanimously passed:—

1. "That the preliminary Programme of the Annual Meeting in 1863, suggested by the Bristol Council, be adopted."

2. "That the Council of the British Medical Association is willing to cooperate with the Social Science Association in the presentation of a Memorial to Parliament, for the purpose of obtaining a Bill for the Registration of Births and Deaths in Ireland."

3. "That on the 1st day of January in each year, the General Secretary send a notice to every member of the Association, informing him that his subscription is due; and requesting him to pay the same, as early as possible, either to Sir C. Hastings (Worcester), or to the Secretary of the Branch, or at the JOURNAL office (37, Great Queen Street, London), or to Dr. P. H. Williams, the General Secretary (Worcester); and that on the previous 20th of December, the General Secretary send to each of the Branch Secretaries a copy of this resolution."

4. "That on the 15th of April, the General Secretary send a circular to each of the Branch Secretaries, reminding him that his Statement of Accounts should be sent to Worcester by the 1st of May; and that on the 15th of May, the General Secretary apply to every member of the Association whose subscription is unpaid."

5. "That a List of the Associates, specially stating the names of those who are in arrear, be laid before the Council at the Annual Meeting; and that immediately after the Annual Meeting, a complete list of all the members of the Association be published in the JOURNAL."

CHARLES HASTINGS,

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, November 1862.

### THE ANNUAL MEETING IN 1863.

The following is the programme suggested by the Bristol Council for the Annual Meeting of the British Medical Association, to be held in Bristol in August 1863.

#### FIRST DAY.—TUESDAY.

*Morning.* Meeting of the General Council.

*Afternoon.* Address by the President (J. A. Symonds, M.D.). General business.

#### SECOND DAY.—WEDNESDAY.

*Morning.* Address in Medicine. By W. Budd, M.D. Papers and Cases.

*Afternoon.* Address in Surgery. By A. Prichard, Esq. Papers and Cases.

*Evening.* Conversazione at the President's House.

#### THIRD DAY.—THURSDAY.

*Morning.* Address in Chemistry in its Relations to Medicine. By W. B. Herapath, M.D. Papers and Cases.

*Afternoon.* Address in Midwifery. By J. G. Swayne, M.D. Papers and Cases.

*Evening.* Annual Dinner.



## NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

## LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows:—

On Thursday, the 18th December next, at Chester.

On Thursday, the 12th March next, at Manchester.

Gentlemen desirous of communicating papers or cases to either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*

Liverpool, October 29th, 1862.

## Correspondence.

## A NEW IDEA ON THE RIGHTS OF AUTHORS.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—In the preface to the second edition of his *Medical Vocabulary*, Dr. R. G. Mayne accuses me of “investing myself with the externals of lexicographical authorship at his cost of time, labour, money, and health”; and of imitating the general arrangement of the first edition of his *Vocabulary*, which appeared in 1836. He also expresses his unfeigned regret that “as in the preface to his *Expository Lexicon* he (Dr. Mayne) had thanked me for my friendly supervision of most of the sheets of that work in their final transit through the press,” I should have exhibited an “absence of candour and courtesy in a proceeding under any circumstances unbecoming, but, in my relative position, most ungracious”; viz., the publication of my *Glossary of Scientific Terms*.

I have endeavoured, by correspondence with Dr. Mayne, to obtain from him a withdrawal of the charge which he makes; but, although he concedes that I may have made no use of his *Vocabulary*, and is “willing to admit” that I acted from an error of judgment, and not from deliberate intention of wrong, in bringing out my *Glossary*, he persists in asserting that the *Glossary of Scientific Terms* would never have appeared in its present form and manner but for my connection with his *Lexicon*. I must, therefore, in as few words as possible, put myself right publicly.

As to the first edition of Dr. Mayne's *Medical Vocabulary*, I never possessed the book, and do not remember that I ever saw it; nor have I an idea of any peculiarities of arrangement which it may possess.

The greater part of the proof sheets of Dr. Mayne's *Expository Lexicon* were revised by me, at his request. While the work was in progress, I was, in 1859, applied to by Mr. Walton (of the firm of Walton and Maberly) to write a small work of about 200 pages, to be sold for 3s. 6d., containing an explanation of such scientific terms as are likely to be met with in ordinary reading. Mr. Walton was not at the time aware of my connection with any other work of the kind; and, as it did not appear to me that the small and cheap work which was contemplated could in any way come into collision with the elaborate and expensive volume of Dr. Mayne, I undertook the *Glossary of Scientific Terms*. In writing it, I used Dr. Mayne's *Lexicon* as a work of reference, in

common with several other books. This I have acknowledged in my preface. But I deny most distinctly that Dr. Mayne's *Lexicon* had any more influence than any other dictionary on the existence of my *Glossary*, or its form and manner and arrangement. Any one who will take the trouble of comparing the two books will see in them as many points of difference as of resemblance, so far as difference is admissible in works having to certain extent the same object.

It seems to me most unreasonable that, because several years I freely gave my time and labour to the revision of Dr. Mayne's proof sheets, receiving in return his thanks and a copy of the *Lexicon*, any objection should be made to my preparing a small work, similar in its general purpose, but intended for a different class of readers from those who are likely to buy his *Lexicon* of 1500 pages. I cannot even admit having committed an error of judgment; and feel perfectly guiltless of any kind of plagiarism from Dr. Mayne, or of having done anything which can be considered ungracious towards him.

I am, etc.,

ALEXANDER HENRY.

15, George Street, Portman Square, W., Nov. 11, 1862.

## Medical News.

APOTHECARIES' HALL. On November 6th, the following Licentiates were admitted:—

Medwin, Aaron George, Greenwich  
Rawlins, William Peter, Francis Terrace, Kentish Town  
Roper, Arthur, Shoreditch  
Rowland, John, Strata Florida, Cardiganshire  
Yates, James, Oldham

## APPOINTMENTS.

\*ACLAND, Henry W., M.D., F.R.S., appointed Consulting Physician to the Abingdon Dispensary.  
ANDREW, James, M.B., elected Physician to the Royal General Dispensary, Bartholomew Close.  
\*BAKER, Alfred, Esq., appointed Surgeon to the Institution for Deaf and Dumb Children, Birmingham.  
BALL, Alfred, Esq., appointed Surgeon to the York Dispensary and to the York Institution for Diseases of the Eye.  
BLACKETT, E. R., M.D., appointed a Magistrate for the Borough of Southwold.  
BOX, John, Esq., appointed Surgeon to the Abingdon Dispensary.  
CAYLEY, William, M.D., elected Physician to the Islington Dispensary, in the room of \*J. H. Jackson, M.D.  
COOK, James John, Esq., appointed Resident Medical Officer to the Royal Isle of Wight Infirmary.  
COOPER, William, M.D., appointed Surgeon to the Infant Orphan Asylum, Wanstead.  
FAIRBAIRN, Peter, M.D., appointed Surgeon to the House of Refuge, Edinburgh, in the room of the late P. Fairbairn, M.D.  
JACKSON, Henry W., Esq., elected Assistant Medical Officer to the Surrey County Lunatic Asylum.  
LEISHMAN, Wm., M.D., appointed one of the Dispensary Physicians of the Glasgow Royal Infirmary, in the room of J. B. Cowan, M.D.  
\*MARTIN, John F., Esq., appointed Surgeon to the Abingdon Dispensary.  
PALMER, Francis P., Esq., appointed Surgeon to the Police Force for the Borough of Walsall.  
SMITH, C., Esq., appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital.  
STONE, D., Esq., appointed Surgeon to the Abingdon Dispensary.  
\*WADE, Willoughby F., M.B., appointed Physician to the Institution for Deaf and Dumb Children, Birmingham.

## MILITIA.

TONSON, H. J. H., Esq., to be Assistant-Surgeon East York Regiment of Militia.

NEW MAYORS. The following members of the medical profession have been elected Mayors for the ensuing year:—

ANDERS, J., Esq., Surgeon	Newark-on-Trent.
BARTER, Thomas, Esq., Surgeon	Bath.
FEARNLEY, George, M.D.	Dewsbury.
JONES, H. P., Esq.	Pembroke.
JONES, Thomas, Esq., Surgeon	Chesterfield.
LAITY, R., Esq., Surgeon	Devonport.
WEBB, Charles, Esq., Surgeon	Basingstoke.



## BIRTHS.

On November 11th, at Crowle, Lincolnshire, the wife of Henry W. T. Ellis, L.R.C.P.Ed., of a son.  
 EDSON. On November 6th, at 12, Hinde Street, the wife of Benjamin W. Richardson, M.D., of a son.

## DEATHS.

William, M.D., Inspector-General of Hospitals, at Jedburgh, November 4.  
 ES. On November 2nd, at Paris, aged 42, Maria, widow of the James Forbes, M.D., H.B.M.'s Consul at Santiago de Cuba.  
 BLOW. At Leamington, aged 33, lately, Fanny Maria, wife of George Horniblow, M.D.  
 ENCE, John, Esq., Surgeon, of Brighton, at Islington, aged 73, November 4.

CHOLERA IN INDIA. We learn that cholera has again spread Peshawur in an aggravated form.

ARMY HOSPITAL CORPS. The General Commanding-in-chief has desired that when regiments are divided, and regimental hospitals necessarily opened, a due proportion of the permanent hospital staff be attached. The permanent hospital staff is to be liberally maintained.

MEETING OF PROFESSOR T. BELL. On Thursday week, at the first meeting for the season of the Linnæan Society, Bowerbanks, on behalf of the Linnæan Club, presented the marble bust of Professor Thomas Bell to the Society.

ARRIVAL. One of the students under M. Nélaton returned from Paris for La Spezzia, taking out an apparatus for M. Nélaton. On his reappearance in the amphitheatre of the *clinique*, Nélaton received a rapturous ovation from his pupils.

SEVERE SICKNESS IN THE 91ST REGIMENT. We understand that 300 men of the 91st regiment, now quartered at Amptee, (Madras), are sick in hospital with fever, the band-room has been turned into an hospital, the medical officers having joined their respective companies. (*United Service Gazette*.)

THE UNIVERSITY OF DUBLIN. The Earl of Rosse is now the Chancellor of the University of Dublin, in the place of the late Lord Primate. The Lord Justice of Appeal has gracefully retired, that one of the greatest ornaments of the age, one of the greatest living ornaments of science, may be elected without opposition. It is true this university is not his *Alma Mater*, and that is an objection; but if that was a fault, it was his father's, not his. He is, however, himself among the few noble men who allow their sons to be educated in the Dublin University.

AMERICAN WAR ITEMS. A commission has been appointed by the Surgeon-General to devise a method of spending the fund appropriated by Congress for the purchase of wooden limbs for soldiers. It consists of the following eminent surgeons:—Drs. Van Buren, J. M. Warren, and Satterlee. After examining the subject, they resolved to allow the patient fifty dollars for a lower, and twenty-five dollars for an upper extremity. The patient is at liberty to apply to four manufacturers; but if the price which they demand for a given limb exceed the amount allowed, the patient, his friends, must make up the deficiency. Every wounded soldier will thus be able to obtain an artificial extremity of such quality as he chooses.—By a circular recently issued, it appears that the Sanitary Commission has undertaken a special inspection of all the general hospitals of the army. It is estimated that there are not less than one hundred of these hospitals, with an aggregate of fifty thousand patients."

SANITARY GENERAL. The value of a rigid Sanitary Police in the preservation of the health of a city peculiarly exposed to contagious and infectious diseases, is strikingly illustrated at New Orleans. Under the inflexible sanitary rule of General Butler, the streets are thoroughly

cleansed, all nuisances are removed, and quarantine is made effectual upon every vessel from infected ports. As a consequence, that city, though in intimate commercial relations with ports where yellow fever is now prevailing in the most fatal form, is unusually healthy. In what disparaging contrast does New York appear under the sanitary supervision of a self-vaunting Board of Health Commissioners! Streets reeking with filth in an August sun, nuisances of every description around the tenements of the poor, and a quarantine managed for the personal gain of a few, are the legitimate fruit of our health regulations. General Butler replied to the Spanish Consul, who asked that a vessel from an infected port might pass quarantine and receive a cargo of tobacco; that the health of New Orleans could not be offset by any amount of tobacco! We sadly need such energy and devotion to the public weal in the regulation of our quarantine. (*American Medical Times*.)

DR. WAKLEY AND THE LATE MR. BRENT. At Bow Street Police Court, a few days ago, Dr. Wakley informed the magistrate that the late Mr. Brent was deputy to his father, the late coroner. At the time of Mr. Brent's death, the applicant, with the aid of some professional friends, made up a subscription to provide for Mr. Brent's family. At present some persons, whom he was compelled to designate as swindlers, were going about levying contributions to a pretended subscription for a similar purpose, and making use of his (Dr. Wakley's) name. This was calculated to deceive many professional gentlemen. Mr. Laurence of Devonshire Street had been deceived in this manner, and had actually given a sum of three guineas in consequence of a representation that he (Dr. Wakley) and Lord Ashburnham had promised £50 each when the subscription amounted to £100. Mr. Laurence had communicated with him on the subject, being prepared to give a larger sum if he (Dr. Wakley) approved. He had never promised £50, nor any other sum, to any such subscription; and he had little doubt that Lord Ashburnham's name was as improperly used as his own. Mr. Corrie said that, if such a contribution was obtained by false representations, the impostor was liable to fourteen years transportation. Dr. Wakley hoped the announcement through the press that he had made such an application would suffice to put the profession on their guard. In consequence of Dr. Wakley's denunciation, however, on Wednesday last, Mr. Richings, from the office of Mr. Bowen May, waited upon Mr. Corrie, and said that he was prepared to deny Dr. Wakley's statements. If necessary, the gentlemen who had been so very hastily stigmatised as swindlers were ready to refute them by statements on oath. The subscription was perfectly *bonâ fide*, and the whole of the contributions had been handed over to Mrs. Brent day by day. It was a great injury to her that the publication of such statements had put a stop to the subscription, as gentlemen, distrusting whether she would really receive the benefit, naturally declined to give their money. The gentlemen who had been making the collection had done so from purely philanthropic motives, Mr. Brent having been a most deserving public servant. Mr. Corrie said this only showed the advisability of magistrates refraining from giving advice in such cases. He would not have done so but that Dr. Wakley pressed the matter so strongly. He (Mr. Corrie) certainly understood that the money was being collected without the authority of Mrs. Brent, and by a fraudulent use of Dr. Wakley's name. He stated that, if money was obtained by such fraud, the parties were liable to transportation, or, the equivalent, penal servitude. That observation did not, of course, apply to the state of facts laid before him by Mr. Richings; and it was much to be regretted that Dr. Wakley should make such a statement without just grounds.



OFFICE—10, WHITEFRIARS STREET, FLEET STREET



# CHERAPEUTIC E W O R M.

This Sheet to 20, TEMPLE ROW, BIRMINGHAM, before the 1st of July, 1863.

O.	NAME, or INITIALS.	Dose, time, any	<p style="text-align: center;">RESULT.</p> <p>Mention physiological effects, if any, of the Fern Oil; the interval between its exhibition and the expulsion of the worm, when that happens. Whether the expelled worm be dead or alive? entire or broken? and, as far as possible, the duration of the cure.</p>

62.

*Signed*

Address



This Sheet to be detached from the JOURNAL, and with the Cases recorded on it, to be sent to DR. ALEXANDER FLEMING, 20, TEMPLE ROW, BIRMINGHAM, before the 1st of July, 1863.

See Number of the "British Medical Journal" for November 22, 1862.

Address \_\_\_\_\_







THERAPEUTIC WORM.

This Sheet 20, TEMPLE ROW, BIRMINGHAM, before the 1st of July, 1863.

NO.	NAME, or INITIALS.	dose, time, by any	RESULT.  Mention physiological effects, if any, of the Fern Oil; the interval between its exhibition and the expulsion of the worm, when that happens. Whether the expelled worm be dead or alive? entire or broken? and, as far as possible, the duration of the cure.

Signed \_\_\_\_\_

Address \_\_\_\_\_



# Therapeutical Inquiries.

## —OIL OF MALE-FERN IN TAPE-WORM.

Reporter, ALEXANDER FLEMING, M.D.,  
F.R.C.P.Lond., Birmingham.

FREE with many in believing that the oil of male-fern is a cure for tapeworm; but I often meet with medical men who deny its efficacy. Now, an appeal to the wide field of observation which our Association will surely decide this question. I have found, moreover, that the oil sometimes fails; and I trust inquiry will disclose the causes of failure, and enable us to avoid them.

care should be taken that the drug employed be pure and of good quality. It is sometimes not so. It is a thick dark olive-green coloured oil, having a characteristic odour and taste of the male-fern. The taste is cooling and persistent. I have perceived the acridity that is commonly ascribed to it. In default of better tests, we judge of the purity by the colour, taste, and smell. The inferior qualities may be due to the roots of other ferns being gathered in place of that of the male-fern; or, more probably, to unskilful preparation and preservation. The best quality, if kept for some time, throws down a grey sediment. The virtue of the oil does not appear, so far as I can learn, to be very injured; but, when a deposit has formed, the bottle should be well shaken, before pouring out the dose.

The mode of exhibition is important. I usually give it thus:—Mix well oil of male-fern one drachm, mucilage half an ounce. This draught is mixed with one ounce and a half of sweet milk, and given at bedtime; the patient having omitted the dinner and evening meal of that day. Taken thus, on an empty stomach, the mixture is carried speedily to the intestines, to feed, and at the same time to destroy the hungry parasite which nestles there. Sugar is the favourite food of the worm. If the bowels incline to constipation, I give next morning a dose of castor oil; otherwise not. If necessary, repeat this medication daily, one, two, and three times, or until the worm is discharged. A large experience has satisfied me of the decided efficacy of this mode of exhibition; but the remedy may be successful in other ways, and each observer will naturally incline to adopt that mode, the value of which has been confirmed by his own trials.

The schedule explains itself, and in using it there is no occasion to refer to directions elsewhere.

I have selected this question, partly because of its practical interest, and partly because of its simplicity. The diagnosis of tapeworm is easy; the disease is chronic, with no natural tendency to cure; and there is consequently little difficulty in distinguishing between a recovery and a cure. In an extended inquiry of the kind we are now instituting, it appears to me essential to success that the question should be very simple. When, on the contrary, the question proposed involves some difficulty of diagnosis, many and not easily defined degrees of

severity of the disease, numerous modifying conditions in the constitution and surroundings of the patient, and the comparison, not of one, but of a number of modes of treatment, each of which again admits of a multitude of modifications as to dose, time, and mode of exhibition of the drug,—I fear that, under these circumstances, in an appeal to a wide field of empirical observation, we are more likely to thicken than to thin the veil which hides the truth.

Our question relates to one point only—the usefulness or otherwise of the oil of male-fern in tapeworm; and the schedules have no columns for the causes and symptoms of the disease. More information on those heads would be most interesting; but they are outside the scope of this, which is a therapeutical inquiry; and my experience tells me that in schedules of this kind, if we attempt too much, they are apt to be left empty.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### LONDON HOSPITAL.

FRACTURE OF THE SPINE IN THE DORSAL REGION.

Under the care of JONATHAN HUTCHINSON, Esq.

**SYNOPSIS.** *Fracture of the Spine in the Dorsal Region, from violent bending of the Body backwards. Complete Paralysis of Motion in the lower Extremities. Hyperæsthesia, with increased Heat of Skin, in the paralysed Limbs. Ordinary Sensation in lower Limbs diminished, but not lost. Death from Pneumonia, etc., thirty-six Hours after the Accident. No Autopsy.*

A TALL, rather thin man, aged 40, was admitted during the evening of Tuesday, May 28th. He had just before received a severe injury in striking against the top of an arch under which he was driving. It appeared that he was on the driver's seat of a van which was new to him, and the exact height of which he had miscalculated. He caught his forehead against the arch, and fell, not backwards as might have been expected, but forwards between the horses. He had a thin cap on at the time. He was taken up stunned, but not insensible, and was carried to the hospital. When admitted, there was no sign of contusion on his forehead or nose; but both eyes and their lids were swollen and ecchymosed. He said that he was sure his breast-bone was broken, and that he could feel it move. He pointed to an elevated transverse ridge crossing the sternum just below the second ribs as the site of the fracture.

Wednesday morning (eighteen hours after the accident). No crepitus or abnormal mobility could be detected either in the sternum or any of the ribs. His respiration was regular; but he still complained of pain in the breast-bone, and was sure from his feelings that it was broken. He had not passed urine. Both legs were quite powerless, and, when lifted, fell by their own weight. The skin of both was hot and somewhat tender. He complained that during the night he had had much stabbing pain, like a dagger through his thighs; also "pins and needles" in all parts of the feet. He could tell which toe was touched, but not with normal rapidity. The skin of his abdomen also was hot and very sensitive. Although the skin was so sensitive, he yet complained that his legs felt numb. His arms he could use freely, and there was no facial distortion. He said that



his legs were equally affected; but once this morning he fancied he could move his right great toe. He could not do so now in the least. Nothing definite was discovered yesterday as to fracture of the vertebræ; but there was believed to be one in the mid-dorsal region. Yesterday, after the accident, he was in much collapse, and stimulants were given. He was now well rallied. He had spat a thick viscid mucus, stained with blood. There was much large crepitation in the right lung in front. It was, of course, not practicable to examine posteriorly.

The subject of the above notes died on the day following the last—*i. e.*, about thirty-six hours after the accident. An autopsy could not be obtained.

## Original Communications.

### CASE OF STRANGULATED INGUINAL HERNIA: DIAGNOSIS OBSCURE: OPERATION: ENLARGED GLAND: RECOVERY.

By E. GARRAWAY, Esq., Faversham.

[Read before the East Kent and Canterbury Medical Society.]

THE subject of this case, a pale man of about 60 years of age, after taking an unusually long walk, was seized with colicky pains in the abdomen. He had an uncomfortable night, and the next morning there was some tendency to sickness, together with an absence of the usual action of the bowels. The pains continuing, accompanied by vomiting, medical advice was sought; and my partner, Mr. Giraud, saw the patient in the middle of the day. The only complaint made was of pain about the umbilicus, some tenderness in the epigastrium, and occasional sickness.

An inguinal hernia had existed on the left side for two or three years; the ring was very large, permitting the bowel to slip in and out with the greatest freedom; it was not now down, but coughing readily occasioned its descent, and the slightest pressure sufficed for its return. It was, therefore, tolerably clear that the present symptoms were in no way connected with this old rupture. A little calomel and opium was ordered, to be followed by some colocynth pills, until the bowels acted, and a warm fomentation to be applied to the abdomen.

In the evening, the symptoms continuing unabated, a more minute examination of the inguinal regions was made, and a very small tumour was discovered in the *right* groin, possessing all the characteristics of an enlarged gland. An injection was now administered, which brought away a tolerable amount of feculent material, and the colocynth pills were directed to be continued. The next morning, the patient came under my own observation. He was then vomiting freely, looking a little pinched, and complaining of much pain and tenderness, mainly referable to the epigastric region. The bowels had not acted. The tumour in the right groin was again subjected to careful manipulation; it was of about the size of a nut, very moveable, glided freely under the fingers, and could almost be detached and isolated; it was not in the least degree tender; it received no impulse from coughing, and, under continued pressure, it gradually disappeared, only, however, to return as soon as the pressure was removed.

The case was anything but clear. Here was a man, evidently suffering from stricture of some part of the intestinal canal; but what part? He himself pointed to the transverse colon as the seat of mischief, and assured us that the little swelling in the groin had nothing whatever to do with the complaint. Such assurance, of course, carried no weight, but our diagnosis was not what diagnosis ought to be. A croton oil injection was now given, and

a grain of opium directed to be taken every hour. I hadonna was freely applied over the tumour and surrounding parts, at the suggestion of our colleague J. Hoare; and in consultation with him, it was resolved that, should the symptoms continue for six hours, the good old rule, "where in doubt, operate," should be forthwith acted upon. At the end of this period, no improvement had taken place; the contents of the small intestines were being thrown up; the patient was looking anxious, there was occasional hiccough; the pain and tenderness were still referred to a point above the umbilicus; the inguinal swelling remained the same; it could be freely handled without pain, and, under sustained pressure, appeared to become imbedded in the fat and cellular tissue by which it was surrounded, always, however, reassuming its original position when the pressure was removed. I proceeded to the operation, not without misgiving as to its utility.

On making the usual incisions, the tumour was soon reached, and, its envelopes being carefully divided, an irregularly enlarged gland was revealed. This was unsatisfactory enough. It was thought well to explore more deeply in the direction of the external ring; and, on penetrating a quantity of fat and loose cellular tissue, the finger at length rested upon a small, tense, and elastic swelling not larger or more prominent than a common nut, at which there could be no hesitation in declaring the existence of a hernia. A small opening was made in it and a director inserted; there was some difficulty in passing the finger through the ring, the stricture was so firm. The stricture was divided, and the gut readily returned. The constricted intestine was so deeply situated, and the surrounding structures so loaded with fat, that it was impossible to see its condition without enlarging the external incisions. This was not considered expedient, since, from the short time the bowel had been down, its integrity could not, in any degree, have been compromised. Within three hours after the operation, two free evacuations occurred, and the patient went on afterwards uninterruptedly well.

The peculiarly interesting features of this case, and which remove it somewhat out of the category of everyday operations, consisted:—

1. In the total absence of pain or tenderness at the seat of the hernial protrusion. We know very well that in strangulated hernia, pain is largely referred to the vicinity of the umbilicus, but then it is conjoined with a certain amount of discomfort—at least, in the groin; but here there was nothing of the sort, the pain and tenderness, causing the patient to shrink under slight pressure, were wholly in the upper part of the abdomen, and marked in the epigastric region.

2. In the existence of the enlarged gland, in some so providential interposition; for certainly without its presence, I believe few surgeons would have possessed the *tactus eruditus* in so eminent a degree as to have detected a hernia so small and so deeply seated. One can conceive, moreover, the possibility of a surgeon satisfying himself with the discovery that the suspicious tumour was a gland, closing the wound, and leaving the patient to his inevitable fate.

3. In the existence of rupture on the opposite side, which, although so readily reducible, just involved the possibility of strangulation by the neck of its own sac, and so tended to add to the doubts and difficulties in which the surgeon was beset.

In conclusion, I may say that my own diagnosis, partly right and partly wrong, was, that the symptoms were in a way dependent upon the tumour which I was about to cut down upon, and which I considered, as the event proved, an enlarged gland; but that my patient was suffering either from intussusception, or constriction, probably of the transverse colon, and that this stricture was occasioned by fibrinous bands, the result of a chronic inflammatory action, which we not unfrequently



tying together convolutions, and diminishing here and there the calibre of the bowel to a considerable and sometimes fatal extent. Happy was it that an operation with so distrustful a beginning should have so successful and so satisfactory an ending.

## CASE OF FRACTURE OF THE SPINE: DEATH ON FIFTEENTH DAY.

By PAUL BELCHER, Esq., Burton-on-Trent.

September 4th, I was sent for in a hurry to see W., who had fallen from a cart, and was said to be dying. A powerful, muscular man was lying upon a couch. His skin was cold and clammy; his heart's action very irregular and weak. He was very pale. He was intoxicated, and talked in the "slipshod" speech of the drunken. He was quite sensible, and complained of intense pain from the occiput down between the shoulders about the fourth dorsal vertebra. There was swelling about the same extent, and it was impossible to trace the spine clearly. Upon carefully raising him to examine him, he screamed out, and begged us to support his chin; for, if that dropped, he could not breathe. He had had an involuntary action of the bowels. There was priapism. There was a slight and unimportant cut and bruise at the vertex, over the left parietal bone. The legs were completely paralysed as to motion; nor could reflex action be excited by tickling the soles or by such means. The abdomen moved to a small extent during respiration, but it seemed a *passive* movement; the abdominal walls were distended by the down-pressed viscera, and, when this tension was taken off, they merely collapsed again. The lower ribs, corresponding to the insertion of the diaphragm, moved somewhat in asthmatic breathing. Above this point, the chest-walls were completely motionless. The arms retained the power of motion freely; but the fingers were paralysed and flexed, and the movements of the wrist were extremely weak. The head and neck moved freely when supported by the pillow; but he said he could not *lift* the head. Sensation in the trunk and upper and lower extremities was greatly and evenly reduced, though not quite lost. He could just feel a sharp pinch, but could not distinguish *two* points of the compasses, however sensibly applied, and however wide apart. He was a strong man, aged 37, a sawyer; he was married, and had a family.

It appeared from the story of the man who was with him in the cart (and who said he was sober, though they had both drunk freely of ale), that W. W. was preparing to get out of the cart, and had a child in his arms. He stood for a few seconds on the front board of the cart, and suddenly fell forwards, heels over head, and struck the ground first with the vertex. He was stunned and quite insensible, lying on his back. His friends got assistance, and lifted him "like a corpse" into the cart. He did not regain consciousness until he reached home—a distance of about a mile. The cart was standing still at the time of the accident. The child was not hurt.

He was carefully placed in bed, supported by pillows and sandbags, and ordered perfect rest on his back. A mixture of forty grains of carbonate of ammonia, a drachm and a half of chloric ether, and camphor mixture, was prescribed; and he was ordered to take a sixth part every two hours.

Sept. 5th, 9 A.M. The symptoms of collapse and drunkenness were gone. Pulse 70, weak, jerking, regular. The heart's action was weak, the impulse abrupt. Respiration appeared to be carried on easily; but there was no improvement in the muscular power, nor in sensation. He had passed no urine. Upon passing the hand gently up and down the spine, a crepitus was felt, rather fused, over the first and second dorsal vertebræ.

4 P.M. He had had a severe struggle for breath, caused by a little accumulation of mucus. The heart's action was irregular; the tongue furred and dry. He complained of intense aching in both arms, and of numbness and tingling all over. He was ordered to take a grain of calomel and a quarter of a grain of opium every six hours; and to take a dose of saline mixture every four hours. About a pint and a half of strong high coloured acid urine was drawn off by catheter.

Sept. 6th. He was as yesterday. The bowels had not acted. Catheterism was employed twice. The urine was very strong, acid. He was ordered to omit the calomel and opium, and to take a purgative mixture. He had had no sleep. There was flatulence.

Sept. 7th. Pulse 70; respiration easy. He had had a few hours sleep. Fæces came freely from the bowels this morning. There was great flatulent distension. The urine dribbled slightly; it was very faintly acid. Catheterism was performed daily every eight or ten hours. He was ordered to take nitric acid and bark mixture. Priapism continued.

Sept. 8th. He slept a little, and felt better. There was no improvement in motion nor in sensation. The urine was acid, very bloody, and strong. The bladder was washed out with tepid water. The priapism disappeared.

Sept. 12th. Sensation in the legs was about the same. Over the chest he could distinguish two points three inches apart. There was no motion from the bowels, except an occasional button, since the 7th. He was ordered to take an ounce of castor oil.

Sept. 13th. Abundant excretion from the bowels took place last night. He slept well. The pulse was very jerking and irregular. He had occasional fits of difficult breathing. He was losing flesh rapidly, though his appetite was good, and he was allowed good meat diet with arrowroot. He was ordered to take castor oil every morning.

Sept. 14th. There was great flatulence. The urine was alkaline and bloody. The bladder was washed out with acidulated tepid water.

Sept. 15th. He said he felt better; but there was no real improvement.

Sept. 16th. He had had a very comfortable night. The bowels acted freely. He was very tympanitic. Pulse very weak and thready.

*Evening.* I was sent for in a hurry, and found W. W. bathed in a cold sweat, struggling for breath, and in imminent danger of suffocation. Moist *râles* were heard in the throat, and here and there over both lungs. He was ordered to take a glass of hot brandy and water immediately, to have sinapism applied to the chest, and to take a tablespoonful of brandy in water every hour.

Sept. 17th. He had had a most distressing night; he had "hawked up" a little mucus. Respiration was rather easier. Moist *râles* were more general over the chest. He raved a good deal at times, but his intellect was quite clear when his attention was arrested. He was ordered to continue the brandy. At midday, the respiration and pulse were worse. He was ordered to take, every four hours, a draught containing ten minims of ipecacuanha wine, fifteen minims of chloric ether, and fifteen minims of tincture of squills, with water.

Sept. 18th. He had had a wretched night; his respiration was easier than on the previous day; pulse exceedingly irregular and weak. There was still a good deal of rattling in the chest; and he was occasionally troubled with most distressing efforts to cough, which were quite abortive.

*Evening.* He was worse in every respect. The pulse was so jerking and irregular, that it was impossible to count it.

Sept. 19th. He was evidently sinking. He died easily, after several exhausting paroxysms of attempted cough, at 4 P.M.



EXAMINATION OF THE SPINE, twenty hours after death. The vertebral column was exposed from the third cervical to the fifth dorsal vertebra. There was considerable ecchymosis and staining of the muscles and tendinous structures in the cervico-dorsal region. The spinous process of the first dorsal vertebra was splintered, and a small portion detached. The ligaments were ruptured. The articular processes of the first and second dorsal vertebrae were fractured, and their capsular ligaments torn. The arches of these vertebrae were separated to some extent. The ligamenta subflava, torn and ragged, were adherent to the superior vertebra; and the spinal canal was opened from behind. There was no dislocation nor fracture of the bodies of the vertebrae. There was a small fibrinous clot in the intravertebral canal—probably the remains of extravasation. The theca was torn almost completely across, as to its posterior surface, a very small portion remaining entire. It was collapsed, and at first sight entirely empty; but, upon carefully slitting up the theca, it was seen to contain a thin layer of a whitish-brown matter, of the consistence of thick cream. This diffused state of the cord was continued upwards from the rent about a quarter of an inch, and downwards about an inch; the rent being about opposite the broken articular processes. Above and below this space, the cord appeared of healthy consistence, but somewhat red and hyperæmic. The theca itself, above and below the rent, was somewhat vascular, but otherwise appeared healthy.

No further examination of the body was permitted.

REMARKS. In many respects this case may be taken as a type of its class. A few things strike us as very remarkable: for instance, the comparatively slight nature of the accident which caused such grave mischief; the great injury to the cord, as compared with the injury of the bones; and the persistence of some degree of sensation, in spite of the great disorganisation of the spinal marrow. With regard to the second of these points, no doubt the cord was more extensively bruised by the careless handling of his companions after the accident, and by the relaxed state of the muscles of the neck consequent upon his having had too much drink. His respiration, as a rule, till the last thirty-six hours of his life, was easy, though carried on entirely by the diaphragm and the serrati magni antici.

I think this case is, so far as it goes, an argument against trephining. The crepitus and the easy localisation of the lesion, as well as the maintenance of some degree of sensation, were all points favourable for this operation. Had I trephined in this case, I should only have anticipated the information which I derived from *post mortem* inspection. There can be no doubt that the main lesion of the cord took place at the time of the accident, and not as the result of any causes removable by operation.

NOXIOUS VAPOURS. Dr. Playfair divides noxious vapours into three classes. The first includes hydrochloric acid gas from alkali works, nitrous acid from vitriol manufactories, and sulphuretted hydrogen from alum works. All these, he says, are injurious, and their escape could be easily prevented. The next class includes sulphurous acid from copper and lead smelting. This was injurious, but at present no efficient means of condensing it was known. The third class was the organic effluvia from knackers' yards and prussiate works. These also, no doubt, are injurious to health, but no perfectly effectual means of preventing their escape has been devised. There are other vapours which are offensive to the senses, but may not be injurious, such as the stench from bone and soap-boiling, and from starch-making, and creasote-distilling. But the alkali-works constitute the monster nuisance, and that could well be made the subject of legislative interference. (*Chemical News.*)

## Transactions of Branches.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

#### NINE CASES OF PLACENTA PRÆVIA.

By GEORGE RIGDEN, Esq., Canterbury.

[Read September 11th, 1862.]

CASES of placental presentation are fortunately not often met with, and therefore it falls to the lot of a single practitioner to see but a very few of them; but when they do occur, the danger with which they are almost invariably attended, makes a deep impression upon the mind of the medical attendant.

In 75,596 cases of midwifery recorded by nineteen observers, there occurred 182 cases of placenta prævia, giving a proportion of about one in 420 cases. That the placenta is, however, implanted over the os uteri in a greater number of cases than the above figures would seem to indicate, is evident from the observations of Naegle, who, by means of the stethoscope, ascertained that of 600 cases of impregnation, the placenta was attached to the left side of the uterus in 238 cases, to the right side in 141 cases; in 20 cases no sound was perceptible; in 160 cases the sound was weak or diffused so as to be uncertain; in 7 it was attached to the fundus; in 13, to the anterior wall; and in 11 cases, or about one in 55, to the os uteri. These observations therefore, in addition to our own experience, render it more than probable that many of the miscarriages that happen at about the fifth or sixth month, which would seem otherwise obscure, are due to this unfortunate position of the placental mass.

That placenta prævia is attended with extreme danger both to the mother and to the child, is evident from the result of cases collected and tabulated by Dr. Churchill. From these it appears, that of 182 cases, the result to the mother was fatal in 51, or about one in three, and it is very rare indeed that the child can be saved, and the very few who are saved are generally premature, and often live but a short period after birth.

It may naturally be supposed that I have but few cases to bring before the meeting; but the subject seems on well worthy the consideration and accumulated experience of the members of this Society, and more particularly since different modes of treatment have been of late years strongly recommended by our best obstetric authorities.

It has been my misfortune to meet with nine cases. The first case occurred in January 1842, in Winchester Street, Canterbury; the patient was aged about 40 years, the mother of several children. She was nearly at the full time of utero-gestation, and was reported to have been flooding considerably at short intervals for more than a month past. The placenta was found attached completely over the os uteri; but it was so thin, particularly at the most prominent part, that the head could be distinctly felt in the natural position through its substance; it was therefore punctured with the end of the finger, and the head immediately descended through the aperture. A hæmorrhage was suspended, and the child was quickly delivered by the natural efforts. Upon the expulsion of the placenta, the aperture through which the child had passed was found close to the insertion of the umbilical cord, and as nearly as possible in the centre of the mass. The child was still-born, and the mother made a good recovery.

The second case was in November 1844, in the Military Road, Canterbury. The mother was rather more than 20 years of age. It was her first labour. She was about eight months advanced in pregnancy. Flooding had occurred at intervals for several weeks past. The placenta



attached completely over the os uteri. As soon as os uteri could be dilated sufficiently, the child was delivered by turning. Hæmorrhage ceased; the placenta soon expelled by the natural efforts. The child was still-born. The mother did well for three days, when sub-peritonitis came on, which terminated fatally on the fifth day after delivery.

The third case was in March 1846, in the Military Hospital, Canterbury. The patient was the mother of several children, and aged nearly 40. She had been subject to intermittent floodings for several weeks. The placenta did not quite cover the mouth of the uterus. She was delivered by turning. The child was still-born; and the mother, with the exception of some paralysis of one leg several months afterwards, made a good recovery.

The fourth case was in Dec. 1855, in St. Dunstan's, Canterbury. The mother of three or four children, and about 30 years, had flooded for only a few days. The placenta was found implanted over the os uteri, and partially protruded through it; it was therefore entirely separated and removed before the child, which was afterwards ascertained to present by the shoulder. It was delivered, and delivery quickly completed. The child was still-born, but the mother made a good recovery.

The fifth case was in September 1858, near the Dane Church, Canterbury. It was a case of partial placenta prævia. The patient was aged about 20 years, and in her first labour. The placenta was partially obtruded through the os uteri; so that the first intention was to have entirely separated and removed it; but one of the feet came down with a pain while the hand was in the vagina, and was seized and delivery effected by the foot. The child was living, but, being premature and weakly, it was soon dead; the mother made a good recovery.

The sixth case was in November 1858, in Ruttington Church, Canterbury. The patient was aged nearly 40; the mother of several children, and at about the seventh month of utero-gestation. She had been an out-patient at the hospital for intermittent floodings, but was recommended to put herself under the care of the practitioner who usually attended her in her labours. Upon the occurrence of uterine pains I was, therefore, sent for, and found the placenta entirely over the os uteri. It was partially separated from the side, and the child delivered by turning. It was still-born, and the mother made a good recovery.

The seventh case was in July 1859, at St. Laurence, Canterbury. The woman was aged about 30, and the mother of several children. She was at the full term of pregnancy. Flooding had occurred at intervals for several weeks. The placenta was entirely over the os uteri. It was detached and removed, and the flooding ceased or lessened; but, as the pains were not sufficient to expel the child, it was removed by turning. It was still-born, and the mother made a good recovery.

The eighth case was in January 1861, in the Friars, Canterbury. The patient was the mother of several children, about 40 years of age; in the seventh month of pregnancy. There was complete placental presentation. The child was delivered by turning, and lived several weeks; the mother made a good recovery.

The ninth case was in May 1862, in St. Peter's Lane, Canterbury. The woman was aged about 35, the mother of three or four children. The placenta was entirely over the os uteri. Delivery was effected by turning. The child was still-born, and the mother had a good recovery. Hæmorrhage ceased upon the delivery of the child.

An analysis of these cases gives as a result the recovery of eight mothers, and the death of one, which occurred through a form of disease of which all lying-in women are liable, but to which patients with placenta prævia, and particularly after considerable hæmorrhage, are more than ordinarily susceptible.

Of the children seven were still-born; one lived but a

short time after birth; and the remaining one was alive for several weeks after birth.

Delivery was effected in all except one case by turning; in two of these by the delivery of the placenta first; and in these turning was subsequently rendered necessary in the fourth case, in consequence of the child presenting by the shoulder; and in the seventh case, in consequence of inertia of the uterus. It appears to me that, in those cases in which the placenta is partially protruded through the os uteri, and, consequently, offering but little difficulty in its entire separation, we are justified in removing it before the child; but since in all cases it is of the greatest importance to effect delivery as soon as the os uteri will permit, and before the power of the mother become exhausted, the delivery of the child is of greater importance than the delivery of the placenta, and therefore should in the greater number of cases be effected.

### SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETING.

CHANGE OF AIR CONSIDERED AS A CURATIVE AGENT IN DISEASE.

By FREDERICK J. BROWN, M.D., Rochester.

[Read September 26th, 1862.]

CHANGE of air has been noted from ancient times for its restorative powers in convalescence, and it is commonly prescribed in the present day for this purpose; but it is for the cure of disease at its onset that I recommend its use.

The term "change of air" is understood to include change of soil, change of scene, and repose from business.

Change of air enables the organism to appropriate the supply of vital stimuli, and it places the individual in a new position as regards the disease under which he is suffering.

There are degrees of change of air. We can remove a patient into a room at a higher level in the same house, and much benefit is derived from this simple measure; it will stay the course of erysipelas, also that of sloughing. As a matter of hygiene, the difference of one story in a house is of great moment in some countries; namely, the West Indies and the plains of Italy.

There are other degrees of change of air; namely, change of aspect, so as to obtain shelter from north and east winds; and change from one soil to another in the same locality, as from clay to chalk.

But change of air, in its full and complete sense, comprehends removal from the locality, and repose from business. The nearer that therapeutics is approaching to the nature of an exact science, the more evident does it become that remedies act upon the organism by physical and chemical properties, and that they have no direct power of communicating nerve-force or any other vital force. The only agents that act in a direct manner on the vital forces of nutrition and of nerve-energy are the vital stimuli; namely, air, water, food, heat, light, electricity, and exercise alternated with repose.

Change of air places the organism in an altered condition respecting the vital stimuli, and good use is made of the same vital agents that previously were inefficient. Change of air is more necessary now than it was thirty years ago, because of the great increase in the number and the variety of the neuroses that has been observed since the appearance of Asiatic cholera in Europe. Doubtless, sthenic and asthenic disease are always present; but we may believe that there are cycles in which one form of disease may prevail over the other. Sthenic disease held the sway in the first third of the present century, but asthenic disease has prevailed everywhere since 1831. The neuroses are peculiarly unmanageable under drug-medication. For this reason, change of air be-



comes necessary for the cure of nervous complaints, and it is beneficial in all other asthenic conditions of the system.

It would require a treatise, instead of a paper suited to our social meetings, to set forth the benefits of change of air in nervous and other asthenic complaints. My object is to urge upon your attention the value of immediate change of air as the correct treatment for asthenic disease, instead of drug-medication. I advocate an interchange of patients amongst surgeons in different localities. There would be no loss in a pecuniary point of view, if the interchange were fairly carried out. It may become necessary to erect buildings, furnished simply, resembling caravansaries for eastern pilgrims, so as to accommodate poor strangers in search of health; but, in the meantime, the people must go to their friends, or to lodgings. My observations lead me to the conclusion that the poor are able to follow out the prescription of change of air in more instances than would readily be believed. The poor live one by the other, and assist one another to a much greater degree than do the middle classes. The poor have friends residing in neighbouring and even distant localities, and rarely refuse to receive their friends when sick.

Respecting choice of locality much might be said, more especially as respects geological formations and soil; but we are thankful to accept what we can get, and the poor are limited to the localities in which their friends reside. For my part, as my patients reside in a chalky district, I advise them to remove to Cox's Heath, where there is ragstone cropping out of the ground; also to Tunbridge Wells, where there is, in addition to wealden formation and iron-stone, a fine chalybeate spring. When it is impossible to obtain removal from one locality to another, I advise change from one house to another; and if this be impracticable, then change from one apartment to another.

## Reviews and Notices.

THE SPAS OF EUROPE. By JULIUS ALTHAUS, M.D., Member of the Royal College of Physicians, London, etc. Pp. 494. London: 1862.

THIS is decidedly the most elaborate and complete book on mineral waters which has hitherto appeared in the English language. It contains six chapters.

In the first chapter, Dr. ALTHAUS discourses of the principal theories which have been held as to the origin of springs. He gives his full adhesion to the theory advanced by Mariotte and Halley—that the ultimate origin of springs is the atmospheric vapour, which is condensed into water—"meteoric water", as he calls it.

Springs produced directly by meteoric water are either descending or mountain springs, furnishing ordinary drinking water; or ascending springs, which contain many of the mineral waters. Ascending springs are produced when water courses along a penetrable layer enclosed by impenetrable strata. In these circumstances, the water is under considerable pressure; and, as soon as it encounters a rent, escapes to a height proportionate to the pressure. The place of escape may be very remote from the place of origin of the spring; it may be near the summit of a mountain, or on a plain, or even at the bottom of the sea. The ascending springs of direct meteoric origin are not subject to variations in quantity with the amount of atmospheric vapour precipitated; and this Dr. Althaus accounts for by sup-

posing the existence of subterranean caverns filled with water. Their saline constituents are derived from the rocks through which the waters are filtered.

Springs indirectly formed by meteoric water have their origin from sunken rivers, or those which pursue a subterranean course; from lakes on high elevations, which receive more meteoric water in precipitation than they give off by evaporation, through the fissured bottom of which the water escapes; from the melting of the ice of glaciers, and the sinking of the water through permeable rocks; and a few springs are due to the condensation of steam arising from a volcanic soil.

The phenomenon of intermittence observed in some springs is then explained; and Dr. Althaus notices the Icelandic Geysers as displaying especially the phenomena of intermittence, of which he gives Professor Bunsen's explanation.

In the second chapter, Dr. Althaus discusses the Physical Properties of Mineral Waters; viz., the temperature, electrical properties, colour, and relation to the ray of light. The range of temperature of springs varies greatly. The Styx in Arcadia has a temperature barely above freezing-point—33°; while the Urijino in Japan, and the Geyser at Strochr in Iceland, reach 212°.

The various causes which have been assigned to account for the temperature of the thermal springs are discussed by Dr. Althaus, who regards most of them as failing to give a satisfactory reason for the heat. He goes on then to observe that the first expression of a correct idea as to the cause of the high temperature of many springs was made by Patricius Bishop of Pertusa, in the third century; who

"When questioned by the Roman proconsul Julius to the origin of the heat of the springs of Carthage ('quo auctore fervens hæc aqua tantum ebulliat'), answered that it was the same heat which caused the eruption of Vesuvius and Etna, and which imparted warmth to the springs in proportion to the depth of their origin."

In ascribing the merit of this idea to Bishop Patricius, however, Dr. Althaus seems to have overlooked the fact that, as he has himself mentioned on a previous page, the theory of a subterranean fire was laid down by Empedocles; and that Vitruvius had attempted to explain *how* it was kept burning viz., by alumina, bitumen, and sulphur.

The theory that the warmth of the water of the springs is dependent on the depth from which it comes—i. e., on subterranean heat—is shewn by Dr. Althaus to be explanatory of certain otherwise anomalous phenomena, such as the rising of hot springs in close proximity to others which are cold.

The temperature of springs is also influenced more or less by that of the meteoric water at the time of its precipitation; by the elevation of the source of the springs; by the quantity of water discharged, volcanic action, by earthquakes, etc. The operation of these agencies is discussed by Dr. Althaus, who also devotes several pages to a refutation of the improbable theory held by some, that the heat of thermal waters is of a different nature from ordinary heat.

The third chapter is on the Chemical Composition of Mineral Waters. Dr. Althaus explains when the mineral ingredients are derived, viz., as was supposed by Aristotle and Pliny, and proved by Berz-



s, Struve, and Bischof, from the soil through which the waters flow; explains how far the quantity of salines is influenced by temperature, hydrostatic pressure, and the presence of carbonic acid in the water; notices the variations sometimes observed in the composition of mineral waters; and traces the effects of the waters in producing deposits at their point of emergence, and in breaking up and decomposing rocks in the interior of the earth by removing from them their more soluble constituents.

For the qualitative analysis of mineral waters, Dr. Althaus speaks of the spectral method of Bunsen and Kirchhoff (which he describes) as admirably adapted.

The gaseous and solid ingredients of mineral waters are considered in detail under the heads of carbonic acid; sulphuretted hydrogen, sulphurous acid, sulphuric acid, and sulphurets; oxygen; nitrogen; ammonia; carburetted and subcarburetted hydrogen; carbonates and bicarbonates; chlorides; iodides; bromides; sulphates; silicates; phosphates; boracic acid; fluorides; nitric acid; arsenic, antimony, and other metals; petroleum and naphtha; organic acids; urea; and plants and infusoria. For an account of the springs in which the several substances are found, and how they happen to be there (when this can be explained), we must refer our readers to the book itself.

The name *baregine* has been given to gelatinous deposits often met with in the neighbourhood of thermal springs; they were first discovered in large quantities at Barèges.

They are mostly amorphous, uncoloured, and translucent; but sometimes they appear yellow, green, brown, or even black, and contain cells and tubes. The most remarkable deposits of this kind are found in Luccombe, where thermal waters containing nitrogenous substances run down steep rocks, and organic membranes are formed which have a thickness of several inches." (P. 125.)

Science has not yet decided what is the real nature of this substance. At present, the matter stands as follows:—

M. Fontan discovered a delicate conferva in the deposits of sulphurous springs, which he called *sulphure*; and Alibert believed baregine to be due to a decomposition of this plant. M. Lambron declared for Alibert's view, and stated that in the process of decomposition two different substances were formed; the coat of the *sulphuraire* was changed into a sort of mucus, and its internal substance into a heavy soapy mass, which assumed different colours according to the nature of the substances with which it came in contact. M. Cheveau, who has more recently investigated the subject, distinguishes two substances, which he calls glairine and glairidine. Glairine is, according to him, deposited wherever sulphurous thermal waters come in contact with the atmosphere; it contains little nitrogen and no lime, is scarcely soluble in water and insoluble in alcohol; after having been exposed to the atmosphere for some time it turns grey, and when dried looks like horn. Glairidine, on the other hand, is deposited when rain-water mixes with sulphurous springs; it is dark grey, but turns green on the addition of alkalis; it contains traces of iodine; and is quite insoluble in water and alcohol." (Pp. 125-6).

Dr. Althaus, at the end of the chapter, gives a classification of mineral waters according to their chemical composition; premising, however, that, like all other classifications of the kind, "it must be con-

sidered as devoid of philosophical exactness, and as a mere matter of convenience and aid to the memory." We give the classification in a tabular form:—

Class.	Division.	Chief contents.	Example.
1. ALKALINE.	a. Alkaline acidulous.	Carbonic acid and bicarbonate of soda.	Vichy.
	b. Alkaline muriated acidulous.	Carbonic acid, chloride of sodium, and bicarbonate of soda.	Ems.
	c. Alkaline saline.	Bicarbonate and sulphate of soda.	Carlsbad.
2. BITTER.	.....	Sulphates of soda and magnesia.	Friedrichshall.
3. MURIATED WATERS.	a. Simple muriated.	Moderate amt. of chloride of sodium.	Wiesbaden.
	b. Muriated lithia.	Chlorides of sodium and lithium.	Baden-Baden (Murquelle).
	c. Brines.	Large amount of chloride of sodium.	Rehme.
	d. Iodated muriated.	Iodide of sodium.	Castrocarro.
	e. Bromated muriated.	Bromide of magnesia.	Kreuznach (Oranienquelle).
4. EARTHY SPRINGS.	.....	Carbonate and sulphate of lime.	Leuk.
5. INDIFFERENT THERMAL SPRINGS.	.....	A very small amount of salines.	Gastein.
6. CHALYBEATES.	a. Acidulous chalybeates.	Carbonic acid and bicarbonate of protoxide of iron.	Schwalbach.
	b. Saline acidulous chalybeates.	Sulphate of soda, and bicarbonate of protoxide of iron.	Franzensbad.
7. SULPHUROUS SPRINGS.	a. Springs containing sulphuretted hydrogen.		Eilsen.
	b. Springs containing sulphurets of metals.		Bagnères de Luchon.

The fourth chapter is on the Geographical Distribution of Mineral Waters. It is so exhaustive of the subject, and so concise at the same time, that an analysis of it is impossible.

The fifth and sixth chapters are devoted respectively to descriptions of the Physiological Action of Mineral Waters and of their Therapeutical Action. For the reason assigned in reference to the fourth chapter, and because we have already occupied so much space, we cannot give them the notice which their value, and the learning displayed in them, deserve. In the chapter on Physiological Action, Dr. Althaus takes up the whole subject of the action of water, ordinary as well as mineral, on the human body; and gives an epitome of all that is known and of all the researches that have been made on the subject. In the chapter on the Therapeutical Use of Mineral Waters, he first gives a very interesting notice of their employment in antiquity, and traces the history of the investigations which have been made regarding their composition and therapeutic action down to the present time. He then gives general rules as to the use of mineral waters, noticing in his way the "grape-cure" and "pine-leaf-cure"; and concludes his chapter by pointing out the composition of one or more mineral springs of each of the classes referred to in the preceding table, and the constitutional states in which the use of each is indicated.



Every one who wishes to become thoroughly acquainted with all that is yet known regarding the nature and use of mineral waters, cannot do better than study this book of Dr. Althaus.

## British Medical Journal.

SATURDAY, NOVEMBER 22ND, 1862.

### CAPITAL PUNISHMENT.

THE late frequent commutation of the capital sentences passed upon individuals convicted of murder indicates, we venture to think, pretty clearly, that the time is not far off when capital punishments will be abolished from the criminal code of this country. No one likes to take upon himself, or rather, every one tries to shirk, the responsibility of the final decision which consigns the guilty to the halter; and the consequence is, that most strange, and we may truly say unconstitutional proceedings, are resorted to in order to save the individual from strangulation. On the face of it, nothing can seem more absurd, or contrary to our English idea of managing justice, than that a man or a woman who has been tried for a crime by an English judge and jury, and convicted and sentenced, should be tried over again in his studio by some unknown official or man of science, and the sentence upset or confirmed at their discretion; yet this proceeding, as all the world knows, is becoming one of not unfrequent occurrence. The case of Smethurst, it will be remembered, was thus reconsidered; and, if we mistake not, the final disposal of his person, whether he should be hanged or let loose again on society, was virtually placed in the hands of Sir Benjamin Brodie, who thus, in fact, revised and actually reversed the judgment of a learned baron and his twelve jurors! The case, again, of Mrs. McLachlan has been similarly disposed of.

It is impossible that facts like these should not go far to decide the question of capital punishment. There is no concealing the fact that, with every late year of modern progress and advancing humanity, the feeling against this taking of human life is becoming stronger and stronger; and certain is it that nothing but the most convincing evidence of a man's guilt will now bring judge and jury and Home Secretary to give an unwilling sanction to his execution. Even the ferocious eloquence of the *Times* fails in waking up the mind of society to a full and fervent belief in the advantages and necessity for the taking of human life in the way of punishment. The grand excuse, and the most prominent, we might say the only justification offered for its maintenance, is, that it acts as a warning to evil-doers, and therefore as a safeguard to society; but then, unfortunately, the proof that it does so operate is hard to give. Indeed,

the fact is very extensively denied, and certainly not justified by what usually appears in the proceedings of the murderer; for, as far as can be judged, the last thing which he has in his thoughts when engaged in the foul business is the dread of a halt suspended over his head.

The plea of insanity, again, has gone far to shake the minds of the enlightened members of society; the virtue and propriety of capital punishment, Judges, and the *Times*, and the lawyers, have had their fling at the doctors on this score; but experience daily more and more certainly proves that the doctors have hitherto been really the men of science and humanity in the matter, and judges mere lawyers who would cut a Gordian knot by a turn of the halter. Until the law itself can give a definition of the term insanity, it is evident that no legal phraseology can be made to embrace the character of the criminal acts of all persons who are tainted with insanity. Where sanity ends and where insanity commences is as imperceptible as the line of demarcation between the animal and the vegetable worlds; but assuredly the feelings of modern humanity harmonise rather with the merciful idea which (whenever fair grounds offer for the conclusion) would ascribe the criminal act to the impulse of a perverted judgment, than with the brutal selfishness which ignores the finer distinctions of medical experience, and would settle a doubtful question of sanity or insanity by hanging the criminal and ridiculing the doctors. A most strong argument against capital punishment, it has always struck us, is this fact of possible insanity, of a perverted intelligence possessed by the criminal.

It is not, however, our intention here to do more than generally allude to the subject; and we will only add another, as we think, unanswerable objection to capital punishment; and it is to be found in the ignorance, the misery, the brutal nature, the vice, and the physical sufferings of the class who, for the most part, commit capital crimes. We cannot deny that the accidental conditions of society in which the class referred to is placed, into which it is often born, too frequently (and of necessity, as we were) brutalise their minds. Neither can we deny that much of the blame in this wise lies at the door of society; from which consideration it flows, necessarily, that wisdom and absolute justice should temper punishment with mercy. It is one thing to treat these people as if they were brute beasts, to muzzle them, and prevent them from again injuring society; but it is, we must think, an act of fearful selfishness to destroy their lives as a punishment for their crimes, or rather as a protection to society in general.

Another striking example of the unwillingness of the part of individuals to take human life in this way, is again given us in the instance of the man Gardner, who has this week been saved from the



allows solely (as it would appear) in consequence of the letters of members of our profession, addressed to the Home Secretary; which letters examined critically the medical evidence given at the trial, and showed its defective points!

### ARTIFICIAL DELIVERY IN EXTREMIS.

DETAILS of an interesting case of extraction of the fetus from the womb of a dying woman, by Dr. Belluzzi, are given in *L'Union Médicale*. In 1861, the doctor relates that he was called to a woman far advanced in pregnancy, and in the last stage of puerperal fever. He considered it a favourable case for the *post mortem* extraction of the fetus, as recommended by Professor Rizzoli, *per vaginam*, in preference to the Caesarean section.

On July 11th, the woman's death seemed rapidly approaching, and the foetal heart was distinctly heard. A few hours later, the foetal sounds became sensibly diminished in force; and thereupon it was resolved, instead of waiting for the woman's death, to attempt to extract the child, while both it and the mother were still alive. The woman was drawn to the edge of the bed, and her legs supported on chairs. Whilst Professor Rizzoli kept the uterus", writes Dr. Belluzzi, "in a suitable position, I introduced my right hand, in the form of a cone, into the vagina, gently dilated the neck of the womb, and at last felt the knee of the fetus, ruptured the membranes, and brought the knee down into the vagina. At the same time, Professor Rizzoli pressed with his hands upon the fetus (through the walls of the abdomen), as to aid in imparting to it the movements which occur in the version. This first stage of the operation completed, I baptized the fetus through the left foot, which protruded. Then, on drawing upon this limb, a spiral movement was given to the fetus, whereby the nates were turned forwards as they reached the vulva. Immediately afterwards, the other limb was protruded, then the trunk, the shoulders, and the head. The child was alive. The uterus contracted sufficiently to detach the placenta. The mother (who, apparently, was insensible to the operation) was replaced in bed. The child was vigorous, though evidently not at full time. It was taken to the Enfants-Trouvés; and two months later, at the time I write, is still there. The operation did not seem to have in any way injuriously affected the mother. She survived it twenty hours. A *post mortem* examination was made twenty-two hours after her death. The uterus was regularly contracted; and no injury was noted, except a slight scratch on the mouth of the womb. This fact demonstrates the ease with which a living fetus may be extracted from a dead woman, when no signs of labour have appeared. And it will be readily admitted that in the dying woman the operation is as

easily performed as in the dead. The case shows that we may, under certain circumstances, rationally resort to the forcible extraction of the fetus *before* the death of the mother, as thereby we give the child a much greater chance of life. In every case we should follow the rule of Professor Rizzoli, which is, that the operation should be practised whenever the sounds of the foetal heart become enfeebled. I strongly recommend this operation to the profession; for until now I could not have believed that it was of such easy execution."

### THE WEEK.

MR. ERICHSEN was, on the 15th instant, elected Examiner in Surgery of Candidates for the Licence of the Royal College of Physicians of London.

DR. GARROD has been appointed by the Council of King's College, Professor of Materia Medica at King's College, and Physician to King's College Hospital. In consequence of this appointment, there is a vacancy in the Chair of Materia Medica, and in the Hospital of London University College.

MR. PRESCOTT HEWETT has been nominated by the Council to be President of the Pathological Society for the ensuing year.

MR. MITCHELL HENRY has resigned the surgeoncy of the Middlesex Hospital; and, more than this, has (as we understand) withdrawn from the profession. Accession to a brighter worldly fortune than usually smiles on members of the medical profession has, we must suppose, been the cause of his retiring from the practice of surgery.

THE female doctor question has received a blow, instead of a lift, at St. Andrew's University. It is, indeed, high time that this unnatural and preposterous attempt on the part of one or two highly strongly minded women to establish a race of feminine doctors should be exploded. How is it possible, in accordance with any of the notions of propriety and of sentiment which we feel towards the female sex in this country, for any man of proper feeling to sit by the side of a lady at a dissecting-table or in an anatomical lecture-room? If there is really a need or a demand for doctors of the female gender, let the needers or demanders show they are in earnest by establishing schools for their especial instruction. One thing is perfectly certain—common decency demands that the sexes shall not be mixed together in this studential life. At all events, there appears no hope for the sex at St. Andrew's.

"The Senatus of the University of St. Andrews having decided adversely to Miss Garrett's claim for admission to that university, and directed the fees paid by her to



be returned, she has laid a memorial, stating the facts of her application, before the Lord Advocate, whose opinion in reply is as follows:—'Edinburgh, Nov. 15th, 1862. If the only question involved in the memorial had related to the power of the Senatus Academicus to permit the attendance of female students on the lectures in the university on payment of the matriculation and class fees, I should have hesitated to say that such a course was not within the power of the Senatus Academicus had they thought fit to consent to it. The attendance of females on university lectures is by no means without precedent; and I find nothing in the charters or foundations of the University of St. Andrews which can be construed to deprive the Senatus of the power to sanction such arrangements, under such conditions and regulations as they might think reasonable. But the admission of female students with a view, and with the right of graduation, and the other privileges of the students in the university, is an innovation which the Senatus Academicus, in my opinion, have no power to permit. I do not think that in the present case the memorialist can maintain her right on the ground of special contract. The Senatus Academicus never officially gave consent to her admission; and it was not within the power of any individual professor to innovate on the established practice of the university without the authority of the governing body.' Miss Garrett may appeal to the University Court against the decision of the Senatus Academicus; and if that decision is confirmed she will be excluded from the college classes."

WE have to record another death—making three deaths within a week—from poisoning through the careless making up of drugs. This time it is the death of an infant from laudanum supplied by the druggist instead of paregoric.

THE Council of the Social Science Association has determined to hold its next Annual Meeting in Edinburgh; having received an invitation from the Lord Provost, and three hundred of the leading inhabitants of the city.

M. BOECK of Christiana writes that he, some years ago, inoculated infants affected with hereditary syphilis with vaccine matter mixed with syphilitic virus; and that these inoculations were followed by syphilitic pustules. M. Sperino has done the same; but his inoculations produced vaccine pustules. He has lately repeated his experiment. On the 2nd of July last, he inoculated on the left arm a syphilitic infant, which had been treated by syphilisation, with matter containing equal parts of vaccine and syphilitic matter (from an indurated chancre). On July 6th appeared a characteristic syphilitic pustule. Some days later, there appeared on the left arm, at one of the punctures, a characteristic vaccinal pustule. Hence, therefore, the inoculation of the syphilitico-vaccine matter produced both a syphilitic and a vaccine pustule, each developed at its proper term. On July 10th, the matter taken from the vaccine pustule was inoculated on the arm of another child, two months old, under treatment for hereditary syphilis; and on the 17th well developed vaccine pustules were formed.

*L'Union Médicale* praises M. Nélaton's moderation, in that he did not attempt to extract the ball from Garibaldi's foot. "Doubtless a bolder operator would have attempted the immediate extraction of the projectile; and, if he had been lucky enough to seize it, would have performed a brilliant act, which would have been glorious not only to the surgeon but to French surgery. M. Nélaton was not seduced by such brilliant perspectives, personal and national. He listened only to the inspirations of his conscience, and to the divine precept, which all surgeons should constantly repeat, not to do unto others what you would not they should do unto you." *L'Union* forgets to draw the reverse of the picture (which may have occurred to M. Nélaton's mind), had he attempted and failed.

A good lady of Montpellier, la Veuve Mourgues, who had acquired a large fortune as the purveyor of asses' milk to the community, lately died, leaving legacies to five different charitable institutions of her town, and the rest of her money to the general hospital.

Dr. Esterle, the well-known accoucheur whose death was lately announced, was formerly a deputy for Trient at the Parliament at Frankfort, and there protested against the ultra-German tendencies of that celebrated assembly, and upheld the rights of the Italian Tyrol. The triumph of the Austrian reactionary party caused his expatriation. He died at Novara.

A new medical journal, *L'Igea*, has appeared at Milan; and at Madrid another, entitled *Repertoire de Médecine*.

A pleasant mode of administering castor oil is recommended by M. Martin. The quantity of oil required is put in an earthen pan; an egg is broken on it; the pan is then heated, and the oil and egg shaken up together, so as to produce an *œuf brouillé*. A little salt is then added. "I have given", he says, "to a man an omelette made of three eggs and forty-five *grammes* of oil, and he has eaten it without finding out the oil." In China, we are told, castor oil is daily used in common cookery.

M. Nélaton says, speaking of Garibaldi's wound: "It is evident that the articulation has been opened, that it has inflamed, and that the ball is not in the joint, but in its neighbourhood; and that the body felt with the probe is the projectile lodged in the depression situated anterior to the pulley of the astragalus, in the neck of that bone. We find a demonstration of this fact in the circumstances attending the injury: the direction of the bullet; its conical form; the perforation of the boot, in which the ball was not found; the issue of fragments of leather from the wound; and the tumefaction observed immediately after the wound, at a point diametrically opposite to the opening."



## THE EFFECTS OF HASCHISCH.

DE LUCA, of the College of France, lately for amusement or instruction, took a dose of haschisch, and thus describes its effects:—

"Feeling anxious to ascertain from my own experience the effects of haschisch, I eagerly availed myself of a favourable opportunity afforded me by one of my friends bringing from the East a supply of this article in the form of a sweetmeat. I took from forty to fifty grains of this sweet paste, with a feeling of great incredulity regarding the marvellous effects it is said to produce.

"This was in the spring of 1854, about nine o'clock in the morning, and soon afterwards I went to work as usual at the chemical laboratory of the College of France. In about a quarter of an hour, I began to experience a singular sensation on the surface of the extremities, which seemed to proceed from without inwards. I felt as if something entered at the points of my fingers, and penetrated gradually and continuously towards my brain, without, however, confusing in the smallest degree my intellect, or giving me the slightest feeling of pain.

"I know not how to explain this sensation, except by comparing it either to that caused by the sting of a nettle, or the creeping of a great multitude of ants over one's body, or to the feeling experienced when the sole of the foot or any other delicate and sensitive part of the body is gently rubbed; but all these comparisons give a very faint idea of the actual sensations produced during the early stage of the effects of haschisch on the organisation.

"During this first period I was conscious of my unnatural state, and the consciousness was mingled with a feeling of satisfaction; but I soon found that I was utterly incapable of continuing, as I desired to do, the work I had begun the day before, my hands being under the influence of a strange nervous action, which prevented their being of any use in an occupation requiring perfect steadiness or great nicety. I determined, therefore, to return home. The moment I opened the door which leads into the great court of the College of France, I saw the houses recede from me, and the voices of those around me appeared to come from a long way off. The distance seemed very great, and I fancied myself lifted up from the earth and walking on air, but I remarked that the people in the streets and shops touched the ground with their feet, as if they were my inferiors, and were quite incapable of raising themselves from the soil. Whilst I hastened to gain my house, the distances seemed to grow longer and longer. However, I reasoned with, and assured myself, that all the above named sensations were caused by the haschisch. When I reached my dwelling I found two letters addressed to me, of which I took possession. The voice of the porter's wife appeared to me quite changed, but I again reminded myself that I was under the influence of haschisch. I then entered my apartment, leaving the key outside the door, and intended to read my two letters, but the old nervous feeling in my fingers prevented me opening them; and when, after several ineffectual attempts, I could get no farther than passing them from one hand to another, I was seized with a supreme contempt for the affairs of everyday life and threw the letters disdainfully on the floor. Ideas crowded into my brain, and became clear and defined; the nervous movement was more sensible; I was conscious of an agreeable sensation throughout my frame; and when, after taking off my apparel, I got into bed, it seemed to me that the bed-clothes held off from me in token of respect, and that, without coming at all into contact with them, I found myself in an atmosphere of peculiar contentment and pleasure.

"To my great satisfaction, all my former life passed before me; but my ideas flowed so rapidly that I could

not fix or meditate on any isolated fact. I thought, 'If this state could only last, the dreams of some of our poets would be realised. We should all be contented, wishing for nothing and contemplating our own actions with joy.' The clearness of my intellect was not in the smallest degree clouded during this time; my mind was even struggling to recover its true appreciative power. I said to myself, 'You think you are in bed, but perhaps you are really working as usual in the laboratory;' but this doubt passed like a flash of lightning, because a thousand facts presented themselves to convince me that I was actually in my house. I could get out of bed and walk, which I did, and then got in again, after having examined my clothes, seen the two letters on the floor, and observed that my door was shut and the key left outside.

"The moment I returned to bed I found myself in the same agreeable atmosphere as before, the coverings again holding themselves aloof. This state lasted for about four hours, and towards its close my ideas came less rapidly, the distances diminished, and the bed-clothes began respectfully to approach me. The nervous movement also disappeared, and, in fact, I returned to my normal state, the only remaining peculiarity being that my lips were unusually dry."

## MEDICAL HISTORY OF THE WAR IN CHINA.

THE War-office has been furnished with a medical history of the war in the north of China in 1860, from the pen of Dr. Muir, the principal medical officer of the expeditionary army. It was a motley host that went thither, he writes; haughty regiments of highborn Patans and Sikh Irregular Horse were there; Punjab Infantry containing mutinous Hindoos in their ranks; a regiment from the ancient and faithful army of Madras; 3,000 Canton and Hong-kong coolies, drilled to carry the baggage and the wounded, and known as the "Bamboo Rifles," from the bamboo they carried for bearing their burdens; European regiments, the bone and muscle of the army, drawn from various countries; camp followers—half-castes, Gentoos, Mahrattas, Arabs, Negroes, Japanese, Seedes, Bengalese, Cingalese—diverse in religion, language, and customs, but all united in worshipping the lucre. 100,000 tons of transport shipping and fourteen large merchant vessels floated in the picturesque harbour of Honkong for the conveyance of this force at a cost to England of £165,000 a month. A new feature was inaugurated in this expedition, the fitting out with every medical and surgical appliance the finest London hospitals possess, of two noble hospital ships, the *Mauritius* and *Melbourne*, followed afterwards by others. Field panniers, "medical companions" and "medical comforts" were provided in abundance, and were found invaluable. The first offensive operation was the temporary occupation of Chusan, and, noted as it has been for its unhealthiness, the force on this occasion had seldom more than two per cent. in hospital. It was remarked that, although it was not twenty years since the English occupied this island, the position of many of the graves of our dead could with difficulty be traced. The voyage to the Gulf of Pecheli follows, the junction with the French force, the landing near Pehtang, of filthy towns the filthiest, and then the capture of the Taku forts. In all these forts unslaked lime was found in large quantities, collected to be used against the assaulting party, but fortunately not in fact employed. One man was slain by an arrow penetrating his chest, and several were wounded by arrows, projected by that ancient weapon of warfare, the bow. The arrows were from four to five feet long, feathered and pointed with iron, but none of them were poisoned or barbed. Smaller arrows were discharged from a cross-bow which was self-loading and fashioned not unlike a revolver pistol, some of which had a slow match with explosive powder and bullets fixed near the point. It was



curious to find in one of the earliest civilised countries in the world these antique weapons arrayed against the new and scientific Minié rifle and Armstrong gun. Every medical officer noticed that the wounds made by the latter were positively frightful. The army then advanced to Tientsin and suffered from the sudden vicissitudes of temperature, the most potent cause of disease in China. On the 16th of September the temperature inside a Bengal tent was 90 degrees during part of the day, and rose to 142 degrees in the sun, and in the night it fell to 49 degrees, a variation of nearly 100 degrees in the twenty-four hours. Next month men had to stand sentry at Pekin with the thermometer four degrees below freezing point. But the percentage of sick to strength was but a trifle above five, and the amount of mortality and sickness throughout the expedition was small; cholera never obtained a permanent lodgment in the camp, and, marching under a tropical sun, none died from sun-stroke. At Tientsin most of the drinking water used was obtained from blocks of ice sold at twenty-five pounds for a penny; a block of it is often suspended in a room to reduce the temperature, as we place a fire in a stove to increase it. The men of Tientsin are described as a fine race, many of them six feet high, with broad shoulders and stalwart limbs; the few women seen were of such small stature that it seemed hard to understand how they could be the mothers of such robust men. On the march from Tientsin to Pekin, at Hoose-woo, the coolies and camp followers found in an enormous pawnbroker's shop an inexhaustible supply of clothing of all conceivable descriptions; so immense a stock, even after it had undergone the ordeal of "looting," that a fatigue party in a short time secured for public use no fewer than five hundred fur and sheepskin coats from an almost undistinguishable mass of garments. Arrived before Pekin, the army constantly sent its sick to Tientsin to be taken on board the hospital ships; the transport for the first few miles was accomplished by means of six hundred light "dhoolies," each suspended from its bamboo pole—there is no kind of sick transport equal to this, but the dhoolies sent from India were too heavy, and those used were manufactured in China—but the bulk of the journey was by "chops," or small junks, drawing little water, matted inside, and provided with good bamboo awnings. But for this river communication, says Dr. Muir, and the abundant supplies brought for sale by the country people, the condition of the army would have been most critical, "as the transport service had completely broken down; the campaign reopened this great administrative question, but did not solve it." Dr. Rutherford, special sanitary officer of the force, has a few words to say of Pekin, with its wall of fifty feet in breadth, upon the top of which, after the capitulation, encampments of men, horses, and guns were formed. He witnessed the interment of the bodies of Lieutenant Anderson, Messrs. De Norman and Bowlby, and Private Phipps, in the Russian burying ground immediately outside the walls. His sanitary report and Dr. Muir's history give an account of the health and management of the troops at every stage of the expedition, and Dr. Muir concludes with stating the practical conclusions he deduces from the experience of the campaign. Chief among them are the great superiority of the general hospital system as a whole over the (pure or modified) regimental system, and the unspeakable advantage to an army on active service of being attended by hospital ships of the size and equipment of the Mauritius and Melbourne. He submits that they should form a constituent part of the hospital equipment of our army, be put upon a permanent footing, have a staff of medical officers, and be used in times of peace for the transport of invalids from foreign stations. These ships, he considers, should be under the direct control of the General in command. He inclines to the opinion that transport should be placed in the hands of an independent officer of rank, unconnected with any particular branch of the service.

## Special Correspondence.

### MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

SINCE my last letter there has been here, as elsewhere, an awakening to life of the public medical world, as represented by our Medical School and Medical and Medico-Ethical Societies. The School is this year, I am happy to say, in a most flourishing condition, if we may judge by the number of enrolments. The session was opened by a capital address from Dr. Roberts, who, leaving some of the more beaten tracks, endeavoured to place in their true light the difficulties that beset the investigation of biological phenomena, and still more when these phenomena are presented in an abnormal or diseased condition. He went lucidly over the ground of the gradually increasing complexities that arise as we ascend in the scale from pure mathematics to physics, chemistry, biology, and sociology; disposed of the senseless objections so often raised against our profession on account of its want of more certain general laws; and exposed the specious pretensions of those who, in the present state of science, pretend to have arrived at ultimate laws of life and healing.

The Medical Society, in the two meetings that have already been held, shows evidence of increasing vigour and earnestness; and several most interesting communications have been made; but, as they are now briefly reported in your columns, it will be unnecessary for me to particularise. If I might refer to anything that has been done, it would be to the interest that this Society appears to be taking in the matter of diabetes, which has been the subject of papers of both occasions, and is again to come before us next time. We have had also again from Mr. T. Windsor some valuable illustrations of the marvellous effects of inoculation in the cure of pannus.

The Medico-Ethical Society has this year done some good service to the profession and the public in its treatment of the *quæstio vexata* of coroners' inquests. A good debate on the subject followed the reading of a paper by Dr. Skinner; and, unlike the usual fate of such discussions, it was not allowed to fall idly to the ground, but resulted in a memorial to the City Council. The Society does not scruple plainly to inform the representatives of the people of the small confidence that is usually to be placed in their choice of a coroner, or in the deliberations of a popular jury on such a subject as an inquiry into a cause of death. The memorial appeared in your columns last week, but may easily have escaped the notice of many readers. It were pity if it did so; for the example of letting the voice of the profession be heard in plain terms on matters of which it is mainly competent to judge is too rare and too good a one to be lost.

I know not whether I am exactly "in order" if I refer for a moment to a subject of not strictly medical character, but which is, unfortunately, our main topic of thought and conversation here just now; I mean the terrible and increasing destitution that is overwhelming our



atives and many of a higher grade. No one who is a resident of these districts can form any idea of the appalling rate at which this is daily increasing; and though our mortality statistics as yet do not show any indication, owing to the non-prevalence of autumn diarrhoea or other epidemic disorders, there is little doubt that the seeds of phthisis and other chronic organic diseases are being scattered broadcast. Three thousand Irish paupers made every day—seven millions of yearly wages abstracted from the labouring classes,—these are terrible figures, but not so terrible to contemplate as the evils they represent. The sums that have been hitherto raised to meet this are utterly inadequate. I doubt much if ten times the amount will save us from the wolf at our door. Now, I may be an enthusiast, but I cannot help the impression that we as a profession might do a noble deed if we could combine to raise something in aid of the exertions of others. We are not often backward, individually or collectively, when the real welfare of the poor is at stake; and now there is a call, such as our generation has never been heard before, for all to do what they can. When I think of the thousands of medical practitioners scattered over the wealthy towns and counties of England and Scotland (there must be at least thirteen or fourteen thousand), with the influence they wield over the hearts of hundreds of thousands of their countrymen, I cannot help believing that we might, by something like a united effort, be the means of making a splendid addition to the offerings that are so liberally and yet inadequately being showered on our sick and suffering operatives. I cannot imagine a better opportunity for showing what our profession really can and can do. The clergy are, in many instances, at work; and we, only second in the sacredness of our calling, do possess an influence perhaps even greater over the hearts of many. One thing I can assure you, that the denunciations of some of the London papers of our apathy and hardheartedness of our manufacturers are false, utterly false, as I could easily show, if this were a fitting place. I have thrown out a suggestion which may be Utopian, and, if so, can do no harm; but it should seem to any considerable number of my brethren to contain a germ of practicability, I for one, and I am sure there are many of us here who, will spare time or labour to aid its working out.

**POISONING BY STRYCHNIA.** Mr. Reed, the coroner for South Northumberland, lately held an inquiry into the circumstances of the death of Mrs. Jane Gillespie. It appeared from the evidence that Dr. Fenwick, at whose surgery the medicine containing strychnia was obtained, in large practice in Shields and Newcastle. He makes up, according to one of his dispensers, one hundred bottles of medicine per day in Shields; according to the other, seventy. A good proportion of this medicine is prescribed to persons who attend at the surgery, and it is made up by his assistants, and sold by them over the counter to the patients at 1s. 6d. the bottle. The jury, after above an hour's absence, returned with the verdict that it was their opinion that Jane Gillespie had come to her death from taking strychnia received at the surgery of Dr. Fenwick, but that there was not sufficient evidence as to who the person was who had given it. They were of opinion that Dr. Fenwick's surgery should be managed more carefully, to prevent mistakes in future.

# Association Intelligence.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thursday, Nov. 27, 7 P.M.
METROPOL. COUNTIES. [General.]	37, Soho Square.	Tuesday, Dec. 2nd, 4 P.M.

## NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*  
Worcester, November 10th, 1862.

## LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows:—  
On Thursday, the 18th December next, at Chester.  
On Thursday, the 12th March next, at Manchester.  
Gentlemen desirous of communicating papers or cases to either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*  
Liverpool, October 29th, 1862.

# Reports of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 5TH, 1862.

W. TYLER SMITH, M.D., President, in the Chair.

NINETEEN gentlemen were elected Fellows of the Society. The names of ten candidates for admission into the Society were read. These gentlemen will be balloted for at the meeting on the 3rd of December.

**Donation.** The Honorary Secretaries announced the donation of about two hundred and eighty works on the medical sciences from Dr. Charles Clay, of Manchester. A special vote of thanks to Dr. Clay was proposed by Mr. Marshall, seconded by Dr. Drage, and carried unanimously.

**Papers.** The following papers were then read:—  
Case of Sudden and Unconscious Delivery. By John Shortt, M.D., Zillah Surgeon, Chingleput.  
Case of Obstructed Labour from the presence of the Hymen. By S. Palmer, M.D.  
Case of Acephalo-Cyclopean Monstrosity. By Robert Hardey, Esq., Hull.

**Puerperal Convulsions, Complicated with Mania; Apparent Recovery; Sudden Death.** By ARCHIBALD HALL, M.D., Montreal. The patient, in labour with her first child, had severe attacks of convulsions, when the os uteri was very rigid and scarcely dilated to the size of a shilling. She was freely bled twice, forty ounces of blood being taken away, though more was lost afterwards owing to the patient's restlessness displacing the bandage. A blister was also applied to the nape of the neck, ice was used to the head after the hair had been shaved off, and small doses of calomel were given. Chloroform was also given, and, as soon as the parts were sufficiently dilated, delivery of a dead child was effected with the forceps. After the labour there were only one or two attacks of



convulsions; but the maniacal excitement continued for some time. The calomel was persevered with, and morphia, chloric ether, etc., administered. At the end of a week the patient appeared to be doing well, when almost suddenly she sank into a state of collapse, and died.

**Nipple-Shield.** Dr. GRAILY HEWITT exhibited a nipple-shield for Mr. Francis Taylor of Romsey. Mr. Taylor had forwarded the instrument for inspection by the Fellows of the Society, having seen in the report of a recent meeting of the Society that a nipple-shield had been shown by another gentleman, with which his (Mr. Taylor's) instrument was, he believed, identical. Mr. Taylor's invention was of glass, with a caoutchouc nipple; and had, it was stated, been long sold by Messrs. Barclay and Sons.

FIVE CASES OF VAGINAL CLOSURE. BY J. BRAXTON HICKS, M.D., F.R.S.

In this paper an account was given of five cases of vaginal closure, into two of which there was complete atresia of the vagina, while in the remaining three almost complete closure was present, the result of former labours. In one of these, there was almost complete retention of menses; in the other two labour was actually present.

**CASE I.** There was congenital absence of the vagina; the external generative organs were natural; the recto-urethral membrane was very thin; the uterus was distended to the size of the fist, and felt above the pubes. Excessive pain was experienced at each monthly period. As the recto-urethral septum was so thin that little probability existed of a successful operation for an artificial vagina, it was decided to puncture the uterus per rectum, which was satisfactorily accomplished (April 21st, 1861), by a curved trocar and cannula. About four ounces of dark treacly fluid escaped, with immediate relief. The cannula was withdrawn. About the same quantity escaped next day. No bad symptom followed. For some time she had no pain, nor any menstrual evacuation; but about seven months afterwards, the pain having returned, it was found necessary to repeat the operation, which was done in the same manner, complete relief following. From that time she has continued to evacuate the menses *per rectum* without pain.

**CASE II.** A married woman had complete atresia of the vagina, the uterus and probably the Fallopian tube being distended. As the recto-urethral membrane was thick, an artificial vagina was formed close up to the uterus. When the completion of the operation was intended, the patient refused, and she left the hospital without the final step having been effected. She, however, did not suffer any bad symptom.

**CASE III.** In this case, the vagina at its middle third was so nearly occluded that it was only by great pain and effort that the menses appeared; the aperture was found at the menstrual period, and then only by a very small stream or menstrual fluid. A slight opening was made at this point by the pointed bistoury, and a catheter passed through the constriction, which allowed the flow of the pent-up secretion. A few days afterwards, the opening was enlarged so as to admit the middle finger, by dividing the cicatrices in many directions. A week after this, the advantage gained was still further increased, and the passage readily admitted two fingers together. The vagina was kept open by large bougies, and continued of the same size when last seen. Intercourse, almost impossible before, was attended with only a little inconvenience, and she had become pregnant and miscarried at the last accounts received.

**CASE IV.** This was one of complete occlusion of the middle third of the vagina from former labour; the upper third being converted into a thick-walled sac containing four ounces of puriform fluid, and the lower third funnel-shaped. Pregnancy was advanced to the seventh month; labour pains had set in, with tenderness in the lower portion of the abdomen. Only a director could be passed part of the way through the constriction, which was en-

larged by a guarded bistoury so as to admit the finger which was used as a guide. The cicatrices were divided in numerous places by lightly drawing the point of the bistoury over them, till the thick membrane of the upper part was reached. A fine aperture was found, which was enlarged also, and the cavity entered by the finger. On withdrawing the finger the pus flowed away, and afterwards the membranes descended; after a time these were ruptured, the head being found to present. The vagina was still further dilated so as to readily admit two fingers, and the case left for Nature to complete. Pains fully subsided in two days, and terminated successfully without further need of interference. The patient made a good recovery, and the vagina kept open afterwards.

**CASE V.** There was occlusion of the middle third of the vagina (admitting only the passage of a catheter) by old cicatrices from former labour. The patient had been in hard labour for many hours, and was becoming exhausted; the head was impacted at the brim. The cicatrices were divided by a bistoury, in numerous directions, till at last three fingers were admitted. The death of the child having been ascertained, the head was perforated, and, after some trouble, was drawn through the brim. The head passed easily the former constriction of the vagina. Hæmorrhage ensued a little time after the birth; but the hand had no difficulty in passing through the vagina in order to control it. She was about in six days, and has since had a dead child without trouble.

Dr. Hicks said it was a point upon which information was required, to ascertain the period during which the cannula should remain in the uterus in puncturing the rectum. In regard to the mode of incising the cicatrices, he preferred the method he had adopted; namely, making numerous rather than a few deep divisions; inasmuch as in the latter case the necessary expansion must come from the healthy tissues at their base, where by a rent into the surrounding organs is more likely than when numerous incisions are employed, not quite extending through the cicatrix.

Dr. GRAILY HEWITT called attention to an important point in the treatment of cases in which there is retention of menstrual fluid within the uterus, whether from imperforate hymen, or from congenital closure of the os uteri. In a certain proportion of the cases in which the fluid had been evacuated from the uterus by puncture or otherwise, death had occurred a short time subsequently from escape of the menstrual fluid into the peritoneal cavity, causing severe and rapidly fatal peritonitis. It was remarkable that, whereas such escape of menstrual fluid into the peritoneal cavity hardly ever occurred when these cases were left alone, yet this should happen after operation, and when an outlet by the natural way had been prepared; but the fact was undoubted. The probable explanation was, he believed, that uterine contractions are set up, consequent on the artificial opening into the uterus; that these contractions continue after the first evacuation of the fluid, and when in all probability the artificial opening had become occluded or insufficient, and that these contractions have the effect of expelling the remainder of the retained blood through the Fallopian tubes, and so into the peritoneum. In laying down rules, therefore, for the management of these cases, this source of danger should be anticipated, and if possible guarded against. Dr. Hicks had very properly guarded against the admission of air into the uterus during the operation, but the danger now alluded to was even greater. The best plan to be followed, in order to avert this danger, would, he believed, be to make a very small aperture in the obstructing tissue, whatever that might be, and to allow the retained menstrual fluid to escape very slowly and gradually, almost *guttatim*; in this way the excitation of strong and forcible contractions of the uterus would, he considered, be avoided.



## IDLAND MEDICAL SOCIETY.

TUESDAY, NOVEMBER 4TH, 1862.

J. B. MELSON, M.D., President, in the Chair.

*the Cumulative Action of Medicines.* Dr. FLEMING, in a paper on this subject, remarked that there were three modes of exhibiting medicines (as he had taught in his lectures on therapeutics)—(1) the simple; (2) the cumulative; (3) the sequel. It was commonly but erroneously supposed that several doses of medicine—such as opium and strychnia, for example—remained quiescent for a time, and then suddenly gave rise to peculiar effects. Strychnia possessed no real cumulative action. If given in the form of pills, several might remain insoluble in the intestinal canal until they were dissolved by a sudden and large flow of gastric juice. Opium had a true cumulative, but at the same time a repressive action. After speaking of the cumulative properties of other medicines, and the probable duration of the action of the more powerful ones, Dr. Fleming proceeded to draw a distinction between what he termed “sequel action” and the cumulative action of medicines.

*on the Internal Exhibition of Atropia and Strychnia.* FLEMING observed, that for many years he had preferred atropia and strychnia with safer and more efficient results than any of the preparations of belladonna and nuxvomica. Atropia should be given in water on an empty stomach. The effects of a single dose continued sixteen or seventeen hours. The cumulative mode of exhibition was necessary to its therapeutical efficiency. Strychnia, if administered for its tetanic effects, should be given with plenty of water on an empty stomach, once daily, in the morning. As a tonic, it might be given, with the same precautions, twice daily in a smaller quantity.

*Placenta Prævia.* Mr. CLAY related the following case. A woman in labour with her seventh child was seized with severe flooding. Two-thirds of the placenta came over the os uteri. Three inches of the margin were detached, and the vagina plugged. Seven hours afterwards, the plug was removed. No hæmorrhage occurred. The feet were brought down, and the child left to nature. Two hours subsequently, the child was born. Both mother and child did well. Two other cases were related. Mr. Clay concluded by expressing his disapprobation of the treatment by turning.

*Transfusion.* Mr. CLAY related a case of placenta prævia in which he resorted to the operation of transfusion. An ounce and a half of blood produced a very favourable effect: The results were still more favourable after the introduction of a similar quantity three hours subsequently. No more blood could be obtained from any source, and the woman died three hours after a second operation. Mr. Clay was convinced that a larger supply of blood would have saved the patient.

MANCHESTER ROYAL INSTITUTION:  
MEDICAL SECTION.

WEDNESDAY, NOVEMBER 5TH, 1862.

E. LUND, Esq., in the Chair.

*Paralysis.* Mr. J. WINDSOR exhibited an instance of paralysis of the first, second, third, fourth, fifth, sixth, seventh (portio mollis), and partially of the ninth, cranial nerves on the left side, the functions of each being all more or less in abeyance. The paralysis seemed to be traceable to the action of cold. The mental faculties were entire, and there was no other evidence of cerebral disease.

*Arrest of Development.* Mr. LUND exhibited a boy of 1 year old, who had congenital arrest of development

of the right lower extremity. The thigh was represented by ligament, the tibia by a small bone an inch long, and the calcaneum, with one metatarsal and digital series, was more or less complete. The appearance of the stunted limb strongly resembled that which obtains among the Balænidæ.

*Obturator Hernia.* Mr. BROADBENT exhibited the *post mortem* appearances of a case of hernia lying between the obturator fascia and muscle. The patient, an old woman, died from exhaustion, without peritonitis or sphacelus of the intestine.

*Epilepsy from Enlarged Frontal Sinus.* Dr. LORIMER exhibited the skull of an epileptic idiot, who died under his care. She was 26 years of age, and suffered from hemiplegia, with choreic rigidity of the flexors on the right side. The brain weighed one pound nine ounces; the left anterior lobe being atrophied and indurated. All the cells in the base of the anterior third of the skull were expanded, as were those of the ethmoid and frontal. He considered that the appearances were due to uterine stasis in development of the encephalon, compensating the growth of the ethmoid sinuses prior to ossification.

*Blood-Cells.* Dr. ROBERTS exhibited some preparations of mammalian blood-cells, presenting remarkable appearances under treatment, upon which he proposed to comment more fully on a future occasion.

*Diabetes Mellitus.* Dr. NOBLE read a paper, entitled “A Question as to the Pathological Distinctions in Cases of Diabetes.” The paper was purely suggestive, and was based upon the observation of certain cases where saccharine urine had been found highly and persistently developed, without leading to any of the symptoms usually entering into the definition of diabetes; and the question was raised as to how far these cases could be pathologically—as undoubtedly they were practically—divided from others which tended in the usual way to a fatal termination. An interesting debate followed, which was adjourned to the next meeting. [The paper has been received for publication.]

NORMAL AND ABNORMAL PRESENTATIONS. In an analysis of 1013 labours, Dr. Paterson records that 987 were natural presentations, and 22 abnormal. Of the latter, 15 were living children. The proportion of twins was one in 77.

FRENCH QUACKERY. The Imperial Court of Rouen has just given judgment on an appeal from a sentence of the Correctional Tribunal, condemning an old basket-maker, of Fécamp, named Duparc, to two years imprisonment and 100f. fine, for illegally obtaining money under pretence of curing diseases. In the first months of the present year a man named Adam, residing in the suburbs of Rouen, fell ill, and fancied that he was possessed by an evil spirit. Having been informed that the prisoner had cured many persons similarly affected, Adam applied to him, and sent 12f. to pay the expenses of the journey. The prisoner obeyed the summons, and, after seeing his patient, undertook to cure him for 76f., which included payment for thirty-three masses and a very considerable number of prayers besides. On leaving his patient Duparc told him to drink as much holy water as he possibly could, to wear all his clothes wrong side out for eleven days, to speak to none but the members of his own family, and that if he did all this the cure would be complete in a fortnight. It happened, however, that Adam did not find himself any better at the time mentioned, and, beginning to think he had been duped, he lodged a complaint with the Procureur Impérial, which ended in Duparc being condemned as above stated. The prisoner now declared himself very penitent; and the Court, taking his promises of amendment into consideration, reduced his punishment to fifteen months imprisonment.



## Correspondence.

### THE PHARMACOPŒIA AND THE METRICAL SYSTEM.

LETTER FROM WILLIAM AITKEN, M.D.

SIR,—The resolution of the Medical Council regarding the weights to be used in the forthcoming *British Pharmacopœia* is so important, not only in a practical, but also in a scientific point of view, that I hope you will permit me to endorse, however feebly, the statements so ably expressed by Dr. Parkes and yourself, in the last number of the JOURNAL, and by Dr. Stiff in that of the previous week, as to the imperative necessity of adopting or sanctioning the use of the metrical system of weights and measures, in addition to that decided upon by the Council.

The vital importance of this subject to the progress of knowledge has not sufficiently arrested the attention of the profession, partly because questions concerning *grammes* and *grains*, *ounces* and *pounds*, *scruples* and *drachms*, seem at first sight so trivial, and partly because such topics, in their many relations, are not inviting to most minds.

Nevertheless, the questions raised are of most vital importance to science; and it is much to be regretted, that the Medical Council have not availed themselves of the golden opportunity of making the quantitative details of compounding drugs and prescribing medicines intelligible to all the world.

The system of weights which the Council have resolved to adopt is one which will still necessitate a new study to be undertaken by those veterans in the profession, who long ago learned to prescribe and compound drugs by quantities known as "apothecaries' weight"; while the young and the old must alike give up the use of the *drachm* and the *scruple* of the apothecary, and learn to supply their place with the *ounce* and the *pound*—the *imperial* weights of this country—and which are simply the *legal* measures peculiar to this country for certain kinds of goods. On the other hand, the Council being resolved to retain the old *grain* of the apothecary, they have really ordained that a new scale shall be adopted and sanctioned by their authority; a scale which has not yet the authority of usage to recommend it, and which will not be intelligible out of this country.

Science also greatly suffers by this decision of the Council. Therapeutics, which surely rests its doctrines on the broad foundations of physiology, pathology, and chemistry, cannot be otherwise than trammelled and retarded by the deliberate resolution of the Medical Council to adopt a combination of weights unknown as a *standard scale* in any country beyond Great Britain, and which, even here, must be studied in quite a new relation; and to perpetuate by this adoption methods of estimating quantities, which, so far as science is concerned, will assuredly be obsolete in a very few years.

Besides, by this resolution of the Council, the student of medicine, and of therapeutics especially, finds an obstacle actually placed in his way, which might be removed, or, at least, made easy to be overcome; in the first instance, by such a course as that suggested by Dr. Stiff and Dr. Parkes. All medical students are now required to know the metrical system. Everything quantitative in physiology, pathology, and chemistry, is now estimated and compared according to this system in every country of Europe; and the student of these sciences learns them with a knowledge of the metrical system, so that all his ideas of quantity are in accordance with this system. But, when he comes to apply such knowledge, and with such ideas of quantity, in the study of therapeutics, he finds that he must not only learn a system which will be ob-

solete in this country, so far as science is concerned, which is quite unknown in any other country, but ideas of quantity must be entirely remodelled, before he can apply his knowledge to the study of one of the most important branches of medical science.

The proposition—so ably put forward and illustrated by Dr. Stiff, so fairly stated by Dr. Parkes, in the JOURNAL of last week (a statement so justly warranted by his extensive experience and practical knowledge of the metrical system as a teacher), and so well supported as it has been by your own able pen—demands, I think, the serious consideration of the profession. Surely, then, the Pharmacopœia Committee ought still to pause, and, perhaps the Council may yet be induced to reconsider and modify the resolution they have so exclusively arrived at. When it is remembered also, that the present period in the history of medical science is really a period of probation, of transition and of progress, it would surely be wise to adopt a proposition at once so just and reasonable as that which suggests that "the two systems should be put side by side with each other" in so important a publication as the *British Pharmacopœia*, thus "leaving it permissive for a prescriber or a chemist to use whichever plan he prefers." The members of the profession would thus soon be able to decide by experience as to the comparative merits of each system; and a very few years would eventually decide the practical usefulness of the one or the other.

That legislation is surely the most efficient, which wisely legislates for the future as well as for the present, and the advance of science will very soon render the adoption of the metrical system imperative—a system at once so beautiful, so simple, and so universally scientific.

The Committee, therefore, ought not to grudge the labour it may entail "to calculate the equipoints and equivalents in the metrical system of the weights which the Council have resolved to adopt"; and, by so placing the quantities used in the two systems side by side in the new *Pharmacopœia*, a practical effect would be given to the wise and far seeing resolution moved by Dr. Christison, which surely did not deserve so uncompromising a negative.

The subject is deserving of still more attention than it has yet received from the profession; and certainly it still demands more ample consideration than it has yet received from the Medical Council, and, especially with reference to the suggestion which has been made by Dr. Stiff and Dr. Parkes, which I am sure you will continue to advocate in the pages of the JOURNAL.

I am, etc.,

WILLIAM AITKEN.

Chatham, November 12th, 1862.

### RECOVERY FROM ARTIFICIAL ANUS.

LETTER FROM A. G. OSBORN, ESQ.

SIR,—In this week's JOURNAL I am reported to have mentioned (at the meeting of the South Midland Branch at Aylesbury) a case of operation for strangulated hernia where "artificial anus took place in three days". This is incorrectly stated. *The symptoms of strangulation subsided, and all did well for ten or eleven days after the operation*, when symptoms of intestinal irritation returned, with all the distress as of imprisoned bowel; and a very angry appearance of the wound set in. These continued with such violence as almost to make us fear that we must explore the femoral ring, till the fifteenth morning, when artificial anus occurred, and the distress gradually subsided. In three weeks the fæces began again to pass *per rectum*, and eventually the patient recovered, though the wound was most difficult to heal.

I am, etc.,

ASHBY G. OSBORN.

24, York Parade, Northampton, November 11th, 1862.



## POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Some months have elapsed since I last asked permission for space in your JOURNAL to address the Poor-law medical officers; but I have only recently been able to procure the Second Report of the Select Committee on Poor Relief for 1862. In that volume, the evidence of several gentlemen is recorded; and amongst them appears the name of Mr. Cane, one of the inspectors of the Poor-law Board, who boldly stands forward as the champion of the present system of the medical relief for the poor. This gentleman's evidence occupies nineteen pages, nine of which are devoted to observations upon the evidence laid by me before the Select Committee of 1861. He says (after 3892):—

"That statement (Mr. Griffin's) contains many allegations evidently made under most imperfect knowledge of facts. The tables also contain many serious inaccuracies, which lead to conclusions that are fallacious and deceptive, and calculated to produce highly erroneous impressions on the question which they profess to illustrate. Mr. Griffin claims to represent, if not the entire body, yet a very large proportion of the medical officers in England and Wales; and, therefore, it is of the more importance that the 'statements' and 'tables' should be explained and corrected, if, as I believe, they are open to correction."

At page 48, Mr. Cane says:—"In several cases in which it is alleged by Mr. Griffin that there has been a reduction of salary, there has been no alteration; but his misapprehension is caused by his having misquoted the returns."

At page 46, Mr. Cane says:—"The returns relating to the Retford Union have also been misquoted. Instead of there having been a decrease of £694 in the salaries of the medical officers, as appears by this table, there has been an increase of £65."

My answer to this is that Thetford should have been written for Retford, the Th for the R; had I intended naming the union mentioned by Mr. Cane, I should at least have called it by its right name, which is *East Thetford*, there being in fact no such union as Retford. In the 1843 Return, there are only four unions paying upwards of £1000 each to their medical officers, and, therefore, Mr. Cane could have had no difficulty in discovering the one to which I referred.

There are other cases of a similar kind; but this is sufficient to show the animus of Mr. Cane in his evidence before the Select Committee.

Mr. Cane, after running through many of the propositions laid by me before the Select Committee, concludes his evidence with these most extraordinary expressions:—

"The organisation of these changes, their supervision and control, can, however, in his (Mr. Griffin's) judgment, be only entrusted to a member of his profession. Accordingly, he would compel the Poor-law Board to appoint a 'medical secretary,' one of whose qualifications would be that of his having himself been a medical officer; and this functionary would be empowered to adjudicate in all matters having reference to Poor-law medical relief, subject only to the confirmation of the Poor-law Board. It will, I think, be almost unnecessary to offer any detailed comments upon such propositions as these; but if I may be permitted to express my general views, I should say that if Mr. Griffin's suggested alterations of the law, and other regulations relating to medical relief, were carried into effect, they would enormously increase the public expenditure, wholly demoralise the labouring classes, and impoverish the ratepayers of every union to which they were applied. Their effect, too, upon the medical profession would be calamitous. Numbers of persons would enter

that profession solely with the view to be elected to one or other of the 3000 or 4000 highly favoured offices which Mr. Griffin would create. A profession which, by some, is thought now to be overstocked, would become more overstocked still, and medical men would increase and multiply; and competition would be stimulated and carried to such an extent, that but a very limited amount of remunerative practice would eventually fall to any medical practitioner who did not succeed in being elected a medical officer of an union."

Mr. Cane's evidence is certainly very amusing; only fancy "medical men increasing and multiplying" upon the profits arising from an average payment of less than five shillings per patient for attendance, and finding medicines for an illness, the average duration of which is more than five weeks. My evidence was laid before the Committee in 1861; and yet the lucrative appointments it offered, according to Mr. Cane's view, are met this year by a decrease in the number of medical students entering the metropolitan schools by 183 less than in 1862. (*Lancet*, Nov. 1, 1860.)

Mr. Cane certainly forms a very low estimate of the medical profession; it is, therefore, high time that we should have a medical head at the Poor-law Board, who can appreciate our requirements. Mr. Cane says my plan would "wholly demoralise the labouring classes"; but, surely, fixing the rate of wages at ten shillings per week as the highest earnings to entitle a poor man to medical relief at the expense of the poor-rate cannot have that effect. In truth, I think the rate proposed is too low; but it was fixed at that sum so that the existing clubs might not be endangered. Does Mr. Cane fancy the poor are so fond of physic that they would sham illness for the sake of getting it? The very idea of "demoralising the labouring classes" by giving them, when ill, medical relief is preposterous.

Mr. Cane says my "propositions would impoverish the ratepayers of every union"; a statement so absurd that it scarcely needs refutation; and were it not stated by an officer of the Poor-law Board, it might be passed over without comment; but as there is a table in existence which was sent by me to the Poor-law Board, and to all the subscribing Poor-law medical officers, I will at once say that the calculation then made gave £298,984 for the payments to the officers, with half mileage only; and if the latter £64,606 be doubled it makes a total of £363,592. The present number of cases, however, will, undoubtedly, be reduced; but there are other advantages proposed by my plan, all of which, if carried, might bring our receipts up to perhaps £400,000 a year, or £100,000 less than the sum named by Sir John Trollope in the House of Commons; a sum which I think would not "impoverish the ratepayers," but the reverse; as improved sanitary arrangements and a thoroughly good system of medical relief would do much to lessen the general pauperism of the kingdom.

This letter gives but a brief sketch of Mr. Cane's evidence, the whole of which requires to be carefully gone through, the statements therein thoroughly sifted, and the truth laid before the Committee; otherwise his very erroneous evidence may be taken for sound doctrine, and, as a consequence, the present system of medical relief perpetuated.

I have about £30 of last year's subscription lying in the bank; but I shall need much more if I am to lay bare Mr. Cane's sophistry. I, therefore, trust my medical friends will not forget that I am open to receive their subscriptions, without which my pen alone will be powerless. Next year there must be a new Poor-law Bill; we must, therefore, not let the present opportunity pass, but do our best to convince the Select Committee there is need of reform, notwithstanding the opposite opinion of a Poor-law official.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Nov. 8, 1862.



## DR. HENRY'S "NEW IDEA".

LETTER FROM R. G. MAYNE, M.D.

SIR,—The subject of Dr. Henry's letter being exhausted in the correspondence to which he refers, and in the first portion of which he wrote, "I shall probably publish this letter, with your reply, in the medical journals,"—I conceive it to be irregular in him to start a second correspondence on precisely the same points which have been already fully stated and answered in the first, in order to steer clear, if possible, of the Scylla and Charybdis between which he there struggled. It is indeed a *new idea* of his, but I cannot assent to its correctness. I therefore call upon him to publish *verbatim*, in terms of his promise, and to save time and trouble, the entire correspondence, which is not long, and exhibits the whole matter at a glance, in place of making partial use of selected expressions to suit his own purpose.

I am unwilling to recommence any discussion of a personal nature in your columns, seeing how my recent reply to accusations in a similar case was mutilated, notwithstanding a special request to the contrary; and the editorial door was brusquely banged to against all further attempt at justification. Scant measure of justice to a member of the Association of twenty years standing! If, however, when the correspondence is published, Dr. Henry shall think proper to offer any further remark, and you will promise insertion uncurtailed, I will then reply.

I am, etc., R. G. MAYNE.

Leeds, November 18th, 1862.

[What Dr. Mayne calls the "mutilation" of his "recent reply to accusations" was the striking out from his letter a very gross insinuation made by him, on mere supposition, against Dr. Fowler. Dr. Fowler's point-blank denial of the charge should have rather led Dr. Mayne to thank us for the omission. Surely Dr. Mayne does not think that his being a twenty-years member of the Association gives him any title to insert what he pleases in the pages of its JOURNAL. We cannot allow him to be a judge of what is justice in a case like this, in which he is personally concerned. EDITOR.]

## THERAPEUTIC INQUIRY: NON-SYPHILITIC PSORIASIS.

LETTER FROM THOMAS SKINNER, M.D.

SIR,—May I be permitted to ask Dr. Handfield Jones if he includes under the term non-syphilitic psoriasis the various forms of lepra? I ask this question of him, as I am strongly of opinion, with Mr. Hunt and other observers, that they arise from, or are connected with, the same morbid condition or influence.

I should also wish to be informed by Dr. Jones why he has not included cod-liver oil in his otherwise unexceptionable list of antipsoraic remedies? My reason for asking this other question is, that whether cod-liver oil acts as a basis or only as an adjuvant in the treatment, I have long looked upon it as a *sine qua non* in chronic non-syphilitic psoriasis. The therapeutic value of cod-liver oil in such cases is, in my estimation, only equalled by its power over phthisis. What does Dr. Jones himself say of the nature of squamous affections? That they "seem to belong chiefly to the cutaneous tissue itself, and to result from some modification of its *vital nutritive action*. Hence the great value of cod-liver oil, in combination with specifics, in the treatment of squamous affections.

From the deep interest which Dr. Jones takes in this important inquiry, I am sure he will kindly excuse the trouble I am imposing upon him.

I am, etc., THOMAS SKINNER.

Liverpool, November 10th, 1862.

FRACTURE OF THE FACIAL BONES:  
LIGATURE OF THE CAROTID.

LETTER FROM EDWARD GARRAWAY, ESQ.

SIR,—I was not aware, when I forwarded the case of ligature of the carotid which is published in the JOURNAL of last week, that a *post mortem* examination of the structures involved in the operation took place after the removal of the body from Faversham. It appears, from a communication I have received from Mr. Solly, that the artery was sealed at the point of ligature, but had given way at the seat of a small atheromatous deposit about half an inch on the cardiac side of the ligature. It is due to the operator, as well as for the sake of perfecting the history of the case, that this fact be recorded.

I am, etc., EDWARD GARRAWAY.

Faversham, November 10th, 1862.

## Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen passed their primary examinations in Anatomy and Physiology, at a meeting of the Court of Examiners, on November 11th; and, when eligible, will be admitted to the pass examination.

## St. Thomas's Hospital.

Chaffers, Edward	Good, Joseph
Etheridge, Charles	Griffith, Thomas
Frankland, William	

## St. Bartholomew's Hospital.

Bailey, Frederic Charles	Peatfield, Thomas John
Elliott, George Hurlstone	

## Westminster Hospital.

Davis, Henry Robert	McBride, James
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## Guy's Hospital.

Daniel, William Clement	Seabrook, William Milward
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## Leeds School of Medicine.

Crosthwaite, Henry Augustus	Stamford, William Ackrill
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## London Hospital.

Flack, James	Hull School of Medicine.
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## Charing Cross Hospital.

Day, William Henry	Galway School of Medicine.
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## Vienna.

Schapira, Moriz	White, Thomas Robert
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## Birmingham School of Medicine.

Payne, David Hollis	Glasgow School of Medicine.
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The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 18th:—

Anderson, Edward Charles, Birmingham
Armstrong, James Hunter, Gravesend
Baird, John, Strabane, co. Tyrone
Baker, Thomas, Birmingham
Carter, Frederick, Billericay, Essex
Corlett, Joseph Benson, Jamaica
Cribb, William, Kentish Town
Davies, Richard William, Colnbrook, Bucks
Fairbank, Frederick Royston, Rugby
Harding, Charles Fincham, Woolwich
Hedges, John Alexander, Bedford
Jordison, Robert Lloyd, South Ockenden, Essex
Lydall, Wykeham Hawthorne, Westbourne Park Road
Mann, Allen Græme Cheek, Grenada, West Indies
Marshall, William Norris, Wingham, Kent
Moore, Thomas, Stockport
Norton, Arthur Trehern, Westbourne Grove West
Probyn, John Sutherland Howell, Newbury, Berkshire
Rushton, John Latham, Rainow, near Macclesfield
Schapira, Moriz, Vienna
Simpson, Charles Montague, Barnsbury
Slingsby, Edward Richard, Hull
Watts, Arthur John, Bayswater
White, Arthur Calcutta, Rawreth, Essex

At the same meeting of the Court—

Magill, Martin, H.M.S. *Russell*, Falmouth, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date June 6th, 1856.



UNIVERSITY OF ST. ANDREW'S. List of gentlemen on whom the degree of Doctor of Medicine was conferred, November 1862:—

Anthonsz, Peter D., F.R.C.S.Ed. & M.R.C.S., Ceylon  
 Bishop, Edward, L.R.C.P.Ed. & M.R.C.S., Leeds  
 Blumer, Luke, L.R.C.P. & L.R.C.S.Ed., Sunderland  
 Bott, Thomas B., L.A.C., Manchester  
 Chippindale, Walter, M.R.C.S. & L.A.C., Tunbridge, Kent  
 Christy, William B. C., M.R.C.S. & L.A.C., Royal Navy  
 Cookson, Samuel, M.R.C.S. & L.A.C., London  
 Cooper, Astley A. C., M.R.C.S., Southampton  
 Crosby, Thomas B., F.R.C.S. by Ex. & L.A.C., London  
 Curtis, Thomas H., M.R.C.S., Alton, Hampshire  
 Deck, John F., M.R.C.S. & L.R.C.P.Ed., Nelson, New Zealand  
 Duke, Stephen, M.R.C.S. & L.A.C., Chichester, Sussex  
 Ewart, William, L.R.C.S.Ed., Middleton, Barnard Castle  
 Falls, William S., L.K. & Q.C.P., & M.R.C.S., Bournemouth  
 Fegan, Henry, M.R.C.S., Royal Navy  
 Foster, Francis M., M.R.C.S. & L.A.C., Kingston-upon-Hull  
 Freeman, Robert G., M.R.C.S., Greenwich  
 Gardiner, Gideon G., M.R.C.S., Clapton, London  
 Giles, George F., M.R.C.S. & L.A.C., Hackney  
 Graydon, Samuel J., L.R.C.S.I., Lisnasken, Ireland  
 Hill, Samuel, L.R.C.S., L.R.C.P.Ed., & L.A.C., London  
 Horsfall, Henry, M.R.C.S. & L.A.C., Masham, Yorkshire  
 Howell, Horace S., L.R.C.P.Lond., Great Dunmow, Essex  
 Ince, John, F.R.C.S. & L.A.C., London  
 Irwin, Richard P., M.R.C.S., London  
 Miskin, George A., L.A.C., London  
 Nelson, Samuel C., M.R.C.S., Douglas, Isle of Man  
 Nicholls, John F., M.R.C.S., Surg. Rl. Wiltshire Militia, Devizes  
 Parker, Theophilus R. B., M.R.C.S. & L.A.C., Abbotsbury  
 Pocock, William, M.R.C.S. & L.A.C., Brixton  
 Powell, Josiah T., L.R.C.P., M.R.C.S., & L.A.C., London  
 Purnell, Richard, M.R.C.S., Wells, Somerset  
 Richardson, John, M.R.C.S. & L.A.C., Islington  
 Rodger, James, Lic. Fac. Phy. and Surg., Glasg., Bellingham  
 Scott, William, M.R.C.S. & L.A.C., Greenwich  
 Sharpley, Thomas, M.R.C.S. & L.A.C., Louth, Lincolnshire  
 Sillifant, Horace, M.R.C.S. & L.A.C., London  
 Stokoe, Richard, F.R.C.S. & M.R.C.S., Peckham Rye  
 Thomas, Moses, Lic. Fac. Phy. and Surg., Glasg., Glasgow  
 Tyler, John W., L.A.C., Calcutta  
 Walker, Joseph, M.R.C.S., London  
 Waterworth, Charles A., M.R.C.S. & L.A.C., Newport, I. of Wight  
 Watson, John, M.R.C.S. & L.A.C., London  
 Welsh, John T., L.R.C.S.Ed., Edinburgh  
 Whitehead, John, L.A.C., Preston, Lancashire  
 Williams, John, M.R.C.S. & L.A.C., Pontypool, Monmouth  
 Williams, Wm. Jay, F. Fac. Phy. and Surg., Glasg., & M.R.C.S., Manchester  
 Wray, David C., M.R.C.S., March Combe, England  
 Yearsley, James, L.R.C.P.E. & M.R.C.S., London

APOTHECARIES' HALL. On November 13th, the following Licentiates were admitted:—

Bridgman, John Henry, Bridport  
 Forsyth, William, Edinburgh  
 Grimby, Owen, St. Thomas's Hospital  
 May, Lewis James, West Putford, near Bideford, Devon  
 Mumford, William Lugar, Cornard Parva, Suffolk  
 Richards, Charles, St. Mary's Hospital  
 Watmough, William, Portugal Street, Lincoln's Inn Fields  
 Webb, James Stafford, South Street, Kennington Road  
 Wilson, James, Soho Park, near Birmingham

At the same Court, the following passed the first examination:—

Miles, Thomas, Guy's Hospital

#### APPOINTMENTS.

Boon, Joseph Henry, M.D., appointed a Member of the Executive Council of the Island of St. Christopher.  
 \*CHEVALLIER, Barrington, M.D., appointed Physician to the East Suffolk and Ipswich Hospital, in the room of the late E. Beck, M.D.  
 \*ERICHSEN, John E., Esq., appointed Examiner in Surgery at the Royal College of Physicians.  
 O'CONNOR, Maurice J., L.R.C.P.Ed., elected an Alderman of the Borough of Morpeth.  
 POPPLETON, Joe, Esq., elected Consulting-Surgeon to the Bradford Infirmary.

#### ARMY.

CRUMP, Assistant-Surgeon H., 20th Foot, to be Staff-Assistant-Surgeon, *vice* F. R. Wilson, M.B.  
 GOODALL, Deputy Inspector-General A., retired on full-pay from Her Majesty's Indian Army, to have the honorary rank of Inspector-General of Hospitals.  
 LORIMER, Surgeon A., M.D., retired on full-pay from Her Majesty's Indian Army, to have the honorary rank of Deputy Inspector-General of Hospitals.  
 SCOTT, Staff-Assistant-Surgeon R. R., to be Assistant-Surgeon 8th Hussars.  
 WHITTY, Staff Assistant-Surgeon T. R., to be Assistant-Surgeon 5th Foot, *vice* J. W. Gillespie, M.D.

WILSON, Staff-Assistant-Surgeon F. R., M.B., to be Assistant-Surgeon 20th Foot, *vice* H. Crump.

#### ROYAL NAVY.

BLUETT, Walter J., Esq., Assistant-Surgeon, to the *Victory*, for service at Haslar Hospital.  
 BRISBANE, Thomas, M.D.  
 DONOVAN, Daniel, M.D.  
 MORE, Robert, M.D.  
 SHAROOD, J., Esq.  
 LEONARD, Frederick L., Esq., Surgeon, to the *Lily*.  
 ROE, Thomas A., M.D., Assistant-Surg. (additional), to the *Sutlej*.  
 SIMPSON, John, M.D., Acting Assistant-Surgeon, to the *Trafalgar*.  
 SKENE, James A., Esq., Assistant-Surgeon (additional), to the *Cumberland*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

HUSBAND, William D., Esq., to be Surgeon 1st West Riding of Yorkshire R.V.

To be Honorary Assistant-Surgeons:—

BISHOP, H., Esq., 14th Kent R.V.  
 WILLIAMS, J., Esq., 1st Brecknockshire R.V.

NEW MAYORS. The following members of the medical profession have been elected Mayors for the ensuing year:—

RODEN, William, M.D. .... Kidderminster.  
 TYACKE, N., M.D. .... Chichester.  
 WILLIS, George, M.D. .... Monmouth.

#### DEATHS.

BLACK. On November 9th, at Cannes, aged 49, Louisa, wife of \*Glass Black, M.D., of Torquay.  
 BUCKLE. On November 3rd, at Malta, aged 1 year and 8 months, Alicia Mary, daughter of R. T. Buckle, M.D., 15th Regiment.  
 EVANS. On November 9th, at Woolwich, aged 50, widow of the late Oliver Evans, M.D., Inspector-General of Hospitals and Fleets.  
 HEDENUS, August, M.D., at Dresden, on November 6.  
 LYFORD. On November 11th, at Winchester, Elizabeth Anne, wife of Henry G. Lyford, M.D.  
 POLAND, James Wood, Esq., Surgeon, at Blackheath, aged 38, on November 14th.  
 RIX, William B., Esq., at Matching, Essex, aged 62, on Nov. 15.  
 STEVENS. On November 11th, at Biggleswade, aged 4 months, Wm. Foote, son of Charles P. Stevens, Esq., Surgeon.  
 TROUNCER. On November 15th, at 6, Mount Street, Grosvenor Square, aged 4, Fanny E., daughter of J. H. Trouncer, M.D.  
 TURNER. On November 9th, the wife of N. B. Turner, Esq., Surgeon, of Singleton, near Chichester.

SIR CHARLES HASTINGS'S SOIRÉES. Our President's soirées take place on the evenings of January 13th, and February the 3rd and 24th.

A CLEAN SWEEP. Hydrophobia having been prevalent in Vienna, eighteen hundred dogs were caught and destroyed in a month.

CENSUS OF THE LONDON HOSPITALS. On the night of taking the census in 1851, the number of in-patients in London hospitals was 5625.

INVALIDS IN THE NAVY. Of invaliding in the navy in 1859 the proportion was 37.7 per 1000, 30.5 per 1000 being for disease, and only 7.2 for wounds, injuries, and hernia.

MEMORIAL TO JENNER. A painted window is to be placed at the entrance of the south aisle of the nave of Gloucester Cathedral in memory of Dr. Jenner. The dean and chapter have contributed £100; the remainder will be raised by subscription.

SPLENIC TUMOURS. M. Roeser, at the Academy of Medicine, stated that in hypertrophy of the spleen he has found with tolerable constancy a bellows-sound occurring in the splenic artery, perfectly distinguishable from the aortic *bruit*, and accompanying alone this form of splenic tumour.

THE HUNTERIAN MUSEUM. The Council of the Royal College of Surgeons of England have determined to appoint an assistant conservator of the museum, at a salary, we believe, of £200 *per annum*, and have invited gentlemen desirous of the situation, to send in their applications on or before the 6th of December next.



**ELECTION OF CHANCELLOR OF THE DUBLIN TRINITY COLLEGE.** At a meeting of the Senate and fellows, held on Wednesday week, the Earl of Rosse was duly elected Chancellor of Trinity College in the room of the late Lord Primate.

**UNIVERSITY COLLEGE.** About seventy medical gentlemen, educated at this College, dined together on the 30th October, at St. James's Hall. Professor Erichsen presided; and among those present were: Dr. Lankester, Dr. Parkes, Mr. J. Marshall, Dr. Waller Lewis, Dr. Reynolds, Dr. Garrod, Dr. Quain, Dr. Hearne, of Southampton, Mr. P. Martin, of Reigate, etc.

**FOWEY COTTAGE HOSPITAL.** Mr. Rashleigh, of Menabilly, Cornwall, has marked his sense of the admirable manner in which the above institution has been managed by its founder, Dr. Arthur Davis, by placing under that gentleman's professional care six additional cottages near the celebrated Par Consols Mines and Harbour, where they will be a great acquisition to the numerous hard-working miners in that district.

**THE SILENT PRISON SYSTEM.** M. Pietra-Santa has just brought forward some further observations on the cellular system of imprisonment and its defects; in which he, as before, strongly condemns this method of punishing criminals, considering that the effect of total and uninterrupted seclusion is to destroy the intellectual faculties, and to produce, if prolonged, madness and suicide.

**INFANTS WITH TEETH AT BIRTH.** Dr. Elliot, Physician to the Bellevue Hospital, records in the *American Medical Times*, the cases of two children who were born with teeth. One, a sixth child, puny, but fully developed, and weighing at birth six and a half pounds; had the right middle incisor in the lower jaw, well formed and protruded, but placed athwart the jaw. The second case was a first child, and weighed seven pounds, fully developed; it had two middle incisors in the lower jaw, both well formed, but loose; the right incisor was set obliquely in the alveolar process.

**A NEW PROPHET.** Our readers may remember that some weeks since, M. Mathieu made a prophecy of bad weather. We now read: "M. Mathieu de la Drome has obtained a high reputation in the South of France by his late predictions with respect to the weather. He announced heavy rain and consequent floods for the beginning of the month. His prediction has been fulfilled. A letter from the neighbourhood says that the prediction of M. Mathieu de la Drome was generally known in the country, and its accomplishment at the precise moment has caused more astonishment among the ignorant peasantry than any event in modern times."

**THE LEGION OF HONOUR.** The Queen has been pleased to give and grant unto Staff Assistant Surgeon James Joseph McCarthy, M.D., her Majesty's Royal licence and permission that he may accept and wear the insignia of the Imperial Order of the Legion of Honour of the Fifth Class, which his Majesty the Emperor of the French has been pleased to confer upon him as a mark of his Imperial Majesty's approbation of his services while under fire to the French soldiers wounded during the recent operations in China, and especially to the late Admiral Protet at the moment when he was mortally wounded.

**ETHNOLOGICAL SOCIETY.** This society resumed its meetings on the 18th inst., under the presidency of Mr. J. Crawford. Mr. Thomas Wright, hon. secretary, read a report on "The Papers read in the Ethnological Section at the British Association meetings at Cambridge." The next paper read was by Captain R. Burton, her Majesty's consul at Fernando Po, and was "On the Fans," or so called cannibal tribes of the Gaboon country. Another paper was read by Mr. Wright on "Human Remains found at Uriconium."

**THE AMERICAN HOSPITALS.** Surgeon-General Moor reports the number of sick and wounded received in the Richmond hospitals since their organisation to be 99,508. Of these 9,774 have been furloughed, 2,341 have been discharged, and 7,603 have died. At the Chimborazo Hospital there were received 24,895, at which 2,033 died. At the winter hospital the number received was 22,874 of which 1,271 died. The whole number of sick and wounded received in the Petersburg hospitals was 11,176 (*American Confederate Paper*.)

**BRITISH HOME FOR INCURABLES.** On the 13th inst. the election of patients at this valuable charity took place at the London Tavern, when four in and four out were elected, from a list of fifty-nine candidates. The chairman said: I am requested to mention that we have succeeded in obtaining the premises of the British Orphan Asylum, Clapham Rise, which, after they have been furnished, will cost about £4,000. We are very anxious to raise that £4000, in order that the income of the charity may be free towards carrying on the asylum.

**TESTIMONIAL TO A MEDICAL PRACTITIONER.** A numerous meeting of the inhabitants of Anston, and several parishes near Rotherham, Yorkshire, lately took place for the purpose of presenting a testimonial to a highly-respected and benevolent practitioner. A telescope, forming part of the present, bore the following inscription:—"Presented with a service of plate, time-piece, and microscope (value together, £150), to William Latimer, Esq., Surgeon, Anston, as a token of esteem, by the inhabitants of ten parishes, being the district wherein his professional duties have been exercised during the last thirty years."

**BEQUESTS.** By will, Lieutenant-General Sir Richard Doherty, leaves a residue of his property to be equally divided between the Royal Free Hospital and King's College Hospital.—Mr. Abraham Musgrave, of Bramley, near Leeds, has made by his will the following:—The Leeds General Infirmary, £10,000; the Leeds House of Recovery or Fever Hospital, £10,000; the Leeds Public Dispensary, £10,000; the Leeds Eye and Ear Infirmary, £10,000; and the Bradford General Infirmary, £10,000.—The Rev. Edward Brown, M.A., of Lydon, Rutlandshire, leaves a legacy of £200 to each of the following charitable institutions, the Lincoln Lunatic Asylum, the Lincoln County Hospital, and the Stamford and Rutland Infirmaries.

**SUCCESSFUL REMOVAL OF TUMOURS FROM THE LARYNX.** Dr. Gibb of Portman Street, has lately accomplished the removal, with complete success, of two small pedunculated tumours of the size of peas, from the interior of the larynx, by means of the laryngeal *écraseur*, with the aid of the laryngoscope. One tumour grew from the anterior part of the left vocal cord, and the other from the hollow between the origin of the two vocal cords. Hoarseness and partial aphonia of twelve years duration, disappeared on the removal of their exciting cause; the patient, aged 37, remains well in every respect. Dr. Gibb's efforts were ably assisted by Mr. George Lawson and Mr. T. Carr Jackson.

**UNIVERSITY OF EDINBURGH.** The second triennial election of Rector of the University of Edinburgh took place last Saturday. The choice is vested in the matriculated students of the University, and out of a constituency of 1,331 the number who voted was 1,112. At the close the numbers stood as follows:—For Mr. Gladstone, 644; for Mr. Stirling, 468; majority for Mr. Gladstone, 176. In 1859 Mr. Gladstone was elected by 643 against 527 who voted for Lord Neaves—majority, 116. The contest on the present occasion was, on the whole, very creditably conducted by the students. During the hours of polling the quadrangle was a scene of good-humoured excitement, and an attempt to get up a disturbance at the close was promptly put down. The result was received with tremendous cheering by Mr. Gladstone's friends, who were mainly of the Liberal party.



**COURT-MARTIAL ON A NAVAL ASSISTANT SURGEON.** A court-martial was lately held on board Her Majesty's ship *Hibernia*, in Malta Harbour, to try Assistant-Surgeon T. R. Torrence, of Her Majesty's ship *Malacca*, on a charge of drunkenness at Gibraltar, when accompanying the armed boat's crew, which, at the request of the captain of the port, was proceeding to arrest the second officer of the Confederate steamer *Sumter*, accused of murdering the first officer of that vessel. The prisoner pleaded in his defence that he mixed a glass of sherry and gin, mistaking the latter for water, and did not discover his mistake till he had drunk off the mixture. The Court found him Guilty, and sentenced him to be dismissed the ship and placed at the bottom of the list of assistant-surgeons.

**JURIES AND MEDICAL EVIDENCE.** Twelve men, utterly ignorant of the first principles of physiology, and more than ignorant, because filled with the most erroneous notions on the subject, are set to determine whether a man who has studied the science for a lifetime has rightly or wrongly applied it. True, they are supposed to be informed as to this by witnesses who are themselves experts; but in practice the experts on either side flatly contradict each other, and the ignorant jury must judge between them. This is a mockery of justice, discreditable alike to science and to law, and should be prevented, as it may be, by simply permitting the fact of admission to the profession to be conclusive evidence of competency in a medical man, limiting his liability for misconduct to negligence in the exercise of his skill to be sustained by proof of actual misconduct or positive neglect. (*Law Times*.)

**ARRIVAL OF A LIVE GORILLA IN LIVERPOOL.** By the arrival of the African mail steamer *Armenian* at Liverpool, there has been brought to that port a fine male specimen of the gorilla. He appears quite docile, and amuses himself in dancing round the room at Mr. Newby's (the eminent naturalist), and attempting to sew pieces of blankets together. His skin is of an olive colour, and, as he is yet very young, only slightly covered with hair. He is remarkably fond of good living, and appears to have an especial relish for beef-steaks, mutton chops, and fruit. Young Mr. Gorilla is about three feet and a half in height, very broad and thick across the chest, while his arms and legs are long and sinewy, displaying great strength. He has a habit of putting his feet into any stray boots and shoes which may be lying about, and when he is discovered in his freaks he invariably runs for protection to any lady who may be present. His face, unlike the generally entertained opinion, is not fierce or repulsive looking, although the jaws are both broad and heavy. This is the only live specimen of the gorilla ever brought to this country.

**A YANKEE JUDGE ON DOCTORS' EVIDENCE.** In a report of a trial for murder which has excited much attention in New York, we read: "The Honourable Judge made a very eloquent speech when he charged the jury; but, unfortunately, coming to the evidence given by our medical brethren, he said, 'as to the medical testimony he did not consider it material; indeed he never deemed it important, for you seldom find two doctors agree except they belong to the same school.' Accordingly the honourable judge gave to the jury a medical opinion of his own as follows:—'There are two kinds of insanity; a permanent, total, and visible one, discoverable by acts, looks, manners, and conversation; or an impulsive one, that renders a person wholly irresponsible for every act termed lunacy. And the other insane on particular subjects not always visible, unless occasion offer, like pyromania, kleptomania, or what has been termed by recent writers impulsive insanity.' Then his honour said he had had the opportunity of seeing a remarkable instance of kleptomania in Europe, and related it to the jury. We regret that a judge on the bench should indulge in medical

theories which are not within his province. Especially is this true of a judge who holds the following opinion: 'I can conceive of a person who might not be accountable to his Maker and yet be perfectly accountable to human tribunals.' (*American Medical Times*.)

**THE HEALTH OF THE NAVY.** In a Blue-book on the health of the Navy, compiled by Dr. Bryson, giving the returns from stations for 1859, Dr. Bryson says: "The total number of men daily inefficient through disease, wounds, and injuries, may be thus stated: The total mean force of the year has been estimated at 52,825 of all ranks and ratings; the total number of days sickness amounts to 1,145,529; dividing, therefore, the latter by the days in the year, the quotient shows the number of persons daily inefficient or on the sick list, amounting to 3,138, certainly a most serious reduction on the total force. These results, carefully condensed from a large mass of returns, though they may appear simple and of minor importance in service point of view, nevertheless show how necessary it is to husband well the health and strength of those on whose efficiency depends not only the safety of the ships in which they sail, but it may be the safety and honour of the country."

**THE DEAF AND DUMB.** At a late sitting of the Academy of Sciences, a paper was presented by M. Boudin, in which, after expressing his belief that surdomutism may henceforth be considered as one of the probable consequences of marriages between near relatives, he decidedly opposes the view adopted by some, who consider the infirmity in question to be hereditary. The parents of deaf and dumb children, he observes, are generally in perfect health; and, moreover, deaf and dumb parents not connected with each other by ties of consanguinity very rarely get deaf and dumb children. He then quotes an observation made by Dr. Perron, of Besançon, of two brothers of the name of Vallet, splendidly constituted and enjoying the most perfect health, who married two sisters, their cousins-german. The eldest has had several children, only one of whom, now aged 20, is deaf and dumb. The younger brother has had six children, the first, third, and fifth of whom could hear and speak, while the second and fourth were deaf and dumb; the sixth, still in its cradle, does not seem sensible of any noise they may happen to make in the room. These cases are utterly in contradiction with the doctrine of inheritance.

**PARISIAN MEDICAL STUDENTS.** The students, who seem bent on reopening the campaign suspended last year, made a "demonstration" on Monday against their new lecturer, Dr. Rayer. It appears there are two reasons for the ebullition of feeling of which he has been the object; the first is, he is one of the physicians in ordinary to the Emperor; and the second, that his appointment was considered by the students as an act of flagrant favouritism. Be this as it may, Dr. Rayer proceeded to pronounce his opening address on Monday. The hall of the Ecole de Médecine was crowded from an early hour by students and others who went out of curiosity or for instruction. The moment the lecturer opened his lips a storm of hisses and cries was raised, which drowned the applause of others who did their best to support him. The only words of the lecture heard was the opening sentence, *La solennité qui nous assemble*; but beyond this hardly a word could be caught during the confusion, even by persons close to him. The sergens de ville had to interfere; but their appearance did not at once calm the storm. The bust of the Emperor, which stood on a pedestal opposite the chair, was thrown down; a few say intentionally; others allege by accident, some one having moved a ladder which happened to be near it. The sergens de ville tried to lay hold of the rioters; and, after much resistance on their part, succeeded in carrying off the ringleaders in custody, and tranquillity was restored.



**PUBLIC HEALTH IN SCOTLAND.** The mortality returns of last month from the eight principal towns in Scotland oblige the Registrar-General to report that they show Edinburgh and Leith threatened with an epidemic outbreak of small-pox, 31 deaths from that loathsome disease having occurred in Edinburgh and 18 in Leith, being in the large proportions of 8 per cent. of the deaths in the former place and 19 per cent. in the latter. He has also to state that diphtheria has been unusually prevalent in Glasgow and Edinburgh, 23 deaths in Glasgow and 9 in Edinburgh being caused by it. A diphtheritic complication seems to have greatly increased the fatality of croup, which has from this circumstance proved the most fatal of all the epidemic diseases of the towns in October. There were no fewer than 44 deaths from it in Glasgow. Among the remarkable deaths of the month was one of a child of seven years of age from drinking a tumbler of port wine, and another of a child two years and four months from convulsions, the effect of fright caused by a band of music in the street suddenly striking up when the child was close to it. The marriages in the eight towns were below the average of the last seven years, and considerably fewer than in 1859 and 1860; they were 607 in October, 1859; 566 in 1860; 522 in 1861; 513 in 1862. The depth of rain fallen in October was far greater than in any month throughout the years since the meteorological observations were recorded; at Greenock it was 13.20 inches, and at Paisley 12.20 inches.

**DR. SCOTT AGAIN.** Dr. Lankester last week held an inquiry respecting the death of a woman, who was alleged to have lost her life through an attempt to procure abortion. The evidence went to show that she had been prematurely delivered of a child, which died the same night; that the poor woman was suffering from wounds caused by blunt instruments used to bring on premature labour; and that she died on the 1st instant, from inflammation arising from those wounds. Dr. Harris, of Great Windmill Street, said that about three weeks ago deceased came to his surgery and asked him to attend her in her confinement. She said a Mr. Scott had recommended him to her. He recommended her a nurse, after which she went away, and he had never seen anything more of her. Mr. Scott, who was in attendance, was asked if he wished to give any explanations. Mr. Scott, 7, Adam Street, Adelphi, said that he had written on medical subjects, and occasionally saw patients, but he had not a license to practise. About a month ago a female came to him and asked, Did he attend midwifery cases? He replied, "That depends." She asked, Did he take in women to confine them? And he said he did not. She then pressed him to recommend some doctor to her, and he gave her the name of Dr. Harris. Mr. Mayhew, insisted that Mr. Scott should be sworn and cross-examined. Mr. Scott in reply to the jury, said that he gave advice in midwifery and other cases. He did nothing to commit himself. He was never criminally prosecuted. He had, however, been prosecuted for using a medical title by the Medical Protection Society, but the charge was dismissed. Inspector Pierce deposed that he found that eight years ago he had been tried and convicted of a criminal assault on a female, and administering to her a drug, when she had called on him, to procure abortion. He was convicted under the name of Hamilton. The Coroner said that, unhappily, there was reason to know that abortion was frequently procured in the metropolis. Persons were extensively engaged in that infamous traffic. It was clear that abortion had been attempted in the present case, and that the injuries produced by the instruments used were sufficient to cause death. If the jury were of opinion that the use of the instruments was the sole cause of death, or that there was sufficient evidence—which he doubted—as to who had used the instruments, it would be their duty to return at least a verdict of manslaughter.

That instruments had been used there was not the slightest doubt. The jury, having deliberated, returned a verdict "That deceased died of inflammation arising from a portion of retained placenta; and injuries from violence inflicted with instruments to procure abortion; and the jurors find that who the person was that inflicted the said injuries to procure abortion there was not sufficient evidence to show." Mr. Scott was then called; but a solicitor who was in attendance for him, said that he had left for his country house, as he believed that he would not be required again. The Coroner stated that the jury wished to say, that the fact of Mr. Scott's practising without any diploma or licence placed him in a position open to strong censure; but they desired to express their severe condemnation of the manner in which he had perjured himself by swearing that he had never been subjected to a prosecution when he had actually been tried and convicted; and the jury considered that it would be most improper if such an act of perjury were to be allowed to pass without formal and public censure. The proceedings then terminated.

**NOXIOUS VAPOURS.** The report of the Lords Committee appointed to inquire into the injury resulting from noxious vapours evolved in certain manufacturing processes, has lately been issued. The most important portion is the following:—"The Committee think that it would be most desirable that the laws respecting nuisances generally should be consolidated, and made uniform throughout the country; but, whether this be practicable or not, there are certain points on which amendment appears to them to be urgently required. They recommend that the provision of the Smoke Prevention Act respecting offensive trades should be made of universal application; that gases evolved in manufacturing processes from furnaces or chimneys should be placed on the same footing as smoke from furnaces; that full effect should be given to the 24 and 25 Vict., c. 77, s. 13; that medical inspectors, when appointed, should have the right of free access to all works productive of noxious vapours at all hours when such works are in operation; that the power, on the part of the defendant, of demurring to the jurisdiction of the magistrate, should be abolished; and if any appeal be allowed to the superior courts, they would be inclined to restrict it to cases in which the magistrate should certify that they involved questions of law fitting to be there heard and decided. While, however, the committee think that the alterations they have suggested will be found adequate for the more ordinary nuisances, yet, looking to the very serious injury caused by alkali and other chemical works of a like description, to the great extent of those trades, and to the proved and admitted preventibility of any nuisance by proper precautions, they concur with the manufacturers engaged in those trades, that they ought to be dealt with by special legislation. They do not hesitate to express their opinion that the legislature should not attempt to prescribe the specific process by which the nuisance should be prevented, but that a substantial penalty should attach to the escape of gas or vapour during the process of manufacture; that any person should be at liberty to sue for such penalty, and that it should be recoverable at quarter sessions, without appeal to the superior courts, except in cases in which the magistrate should certify that they involved questions of law fitting to be there heard and decided. But the committee feel bound to record their opinion that, for the effectual suppression of this nuisance, it will be necessary that inspectors, properly qualified, should be appointed, who should at all times have free access to the works, with or without notice, so far as may be necessary for ascertaining that nuisance is effectually prevented, and who should be officially charged with the duty of enforcing the law; and, without desiring to imply any suspicion of the local authorities, they concur in the opinion expressed by more than one witness, that such inspectors,



THE FORMS AND ACTIONS OF WATER. In a discourse on this subject at the British Association, Professor Tyndall, dwelt at the outset on the energy of molecular forces. In the combination of oxygen and hydrogen to form a gallon of water, weighing ten pounds, an energy was expended—the atoms clashed together with a force—equal to that of a ton weight let fall from a height of 23,757 feet. In falling from the state of vapour to that of water, an energy was exerted equal to that of a ton falling from a height of 3,700 feet, or of one cwt. from a height of 1,000 feet. The moving force of the stone avalanches of the Alps was but as that of snow-flakes compared with the energy involved in the formation of a cloud. In passing finally from the liquid to the solid state, the atoms of ten pounds of water exercised an energy equal to that of a ton weight falling down a precipice of 550 feet high. The lecturer then halted to consider some of the phenomena connected with water in its vaporous state. Its action upon radiant heat was extraordinary. Although forming only about 0.5 per cent. of the entire atmosphere, for every ray of terrestrial heat struck down by the air, 50, 60, or 70 rays were destroyed by the aqueous vapour. The vapour of the lecture-room was shown by condensing it on the surface of a vessel containing a freezing mixture, on which it precipitated itself in such a quantity that, when scraped off, a snowball was formed of the condensed vapour. Aqueous vapour was the “barb” of our atmosphere; it permitted the solar rays to search the earth, but intercepted the terrestrial rays in their escape towards space. The Desert of Sahara showed us what would be the effect of its removal. There, where the “soil is fire and the wind is flame” during the day, the nights are intensely cold; ice in fact, has been known to be formed. Were the aqueous vapours removed from the air which covers England, no doubt a single summer night would destroy all plants incapable of bearing a freezing temperature. The Professor then dwelt briefly on the liquid state of water, and passed on to consider its solid form. Ice was chosen, and shown to be eminently brittle. Pieces of it, when placed together, froze together. This freezing was shown to occur in hot water. The ice was scraped to fine powder, and the frozen powder, placed in a mould, was squeezed to a sphere of hard ice by the pressure. Cups were formed from the ice powder; and in the presence of such experiments it was easy to see how the snow of the Alpine mountains should compress itself to ice, and how the ice could be squeezed through the moulds formed by the valleys. From existing glaciers the Professor passed on to those of a former epoch, and showed that a diminution of the sun’s heat would not account for them. They were as much a proof of heat as of cold. They were a proof of powerful condensation, but to produce the vapour for condensation an enormous expenditure of heat is necessary. To produce a glacier required as much heat as would raise five times the weight of that glacier of cast-iron to its melting point. What was wanted, then, to produce the glacial epoch was not a less powerful sun, but a more powerful condenser; and the speaker conceived that this was most easily obtained by assigning to the Alps a greater mean elevation than they now enjoy. For ages they have been planed down by glaciers and by atmospheric denudation generally. The valley of the Po is overstrewn with their ruins; by the wear and tear of time they must have been lowered, and hence rendered incompetent to condense the vapours necessary to produce the glaciers of a bygone age.

MONDAY..... Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical  
Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.—Royal Orthopædic,  
2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MONDAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland Radcliffe, "On Certain Diseases of the Brain and Nervous System."—Medical Society of London, 8.30 P.M. Dr. James Bird, Lettsomian Lecture on "The Means of Preserving Individual Health; Collective Differences in the Organic Type of Masses, Mortality, and Duration of Life, etc."—Royal Geographical.

TUESDAY. Royal Medical and Chirurgical, 8.30 P.M. Mr. William Smith (of Chesterfield), "On Poisoning by Oil of Wormwood"; Dr. Webster, "Notices of a Cæsarean Operation, etc., at Moscow"; Dr. Dobell, "On Hereditary Transmission."—Zoological.

WEDNESDAY. Society of Arts.—Archæological Association.

THURSDAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland Radcliffe, "On Certain Diseases of the Brain and Nervous System."—Antiquarian.

SATURDAY. Royal (Anniversary.

[From the Registrar-General's Reports]

	Births.	Deaths.
During week.....	1904	1429
<div style="display: flex; align-items: center;"> <div style="flex: 1;">{</div> <div style="flex: 1; text-align: center;">Boys.. 928</div> <div style="flex: 1;">}</div> </div> <div style="display: flex; align-items: center;"> <div style="flex: 1;">{</div> <div style="flex: 1; text-align: center;">Girls.. 976</div> <div style="flex: 1;">}</div> </div>		
Average of corresponding weeks 1852-61 .....	1806	1323

*Barometer:*

Highest (Sat.) 29.920; lowest (Mon.) 29.243; mean, 29.659.

*Thermometer:*

Highest in sun—extremes (Mon.) 79.8 degs.; (Tu.) 43.5 degs.

In shade—highest (Sun.) 53.1 degrees; lowest (Fri.) 24.9 degs.

Mean—37.3 degrees; difference from mean of 43 yrs.—6.5 degs.

Range—during week, 28.2 degrees; mean daily, 13.4 degrees.

Mean humidity of air (*saturation*=100), 91.

Mean direction of wind, S.W. & N.—Rain in inches, 0.18.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Mr. M. B. HILL; Dr. F. J. BROWN; Mr. E. GARRAWAY; Mr. A. B. STEELE; Dr. DAY; Mr. R. S. FOWLER; Mr. JONATHAN HUTCHINSON; Dr. R. G. MAYNE; Mr. C. HEATH; Dr. ALEXANDER FLEMING; Mr. F. T. PONCIA; Mr. POSTGATE; Dr. BOYCOTT; Mr. T. M. STONE; Mr. P. BELCHER; Dr. TYACKE; Mr. J. VOSE SOLOMON; Dr. ROBERTSON; Mr. H. LOWNDES; Dr. EDWARD COPEMAN; Mr. T. E. EDWARDS; and Mr. H. HAILEY.



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Physician—Dr. J. G. WILSON.

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Rheumatism, Colds, Influenza, &c. &c.

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and other notices of its high remedial value presented, with an especial CAUTION to the Profession.

**Caution about Spurious Imitations, etc.**

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"I have now for fifteen months used Dr. J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agent in FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Anyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size; and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all medical men.

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; I feel quite certain that her recovery was caused by taking a dose of CHLORODYNE three times daily, or when the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and never had a recovery before when the cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

Sole Agent and Manufacturer,

J. T. DAVENPORT, Pharmaceutical Chemist, 33, Great Russell Street, Bloomsbury Sq., London.

**Twinberrow's Patent Double-Action Reservoir Injection Apparatus**

Complete with Additional Pipes for all purposes, and suitable for every Climate.

W. TWINBERROW has no hesitation in offering his Patent Reservoir Injection Apparatus as the most simple and perfect yet produced. The Piston or Pump, which so frequently gets out of order, is not introduced into this Apparatus; there is therefore an absence of

OILY GREASY MATTER and BLACK LEAD (which are absolutely necessary to lubricate the piston in the usual syringes), which soon become rancid and green, some portion of which inevitably passes with the fluid injected from an ordinary syringe.

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With Additional Pipes for all purposes, including the most perfect Eye Douche and Ear Syringe.

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From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

Twinberrow's "Double Action (Syphon) Syringe" is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is specially well fitted, being compact, portable, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available

as an Eye Douche, an Ear Syringe, and for washing out the Bladder. For these purposes it is peculiarly well adapted, being continuous in its action.

JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital. 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe, and think very highly of it. Yours faithfully,  
Mr. Twinberrow, Edwards Street. WM. FERGUSON

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77.



HERAPEUTICAL INQUIRY. No. 4.

## SCARLATINA.

This Sheet, to be detached from the JOURNAL, and with the Cases recorded on it, to be sent to CHARLES F. HODSON, ESQ., BISHOP'S STORTFORD, before the 1st of July, 1868.

Remedies recommended for Investigation. Chlorine Mixture, Sesquicarbonate of Ammonia, Quinine, and the Wet Sheet.

[illegible]

*See Number of the "British Medical Journal" for November 29, 1862.*

Signed

*Address*



THERAPEUTICAL INQUIRY. No. 4.

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Signed \_\_\_\_\_

*Address* \_\_\_\_\_



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This Sheet, to be detached from the JOURNAL, and with ly, 1863.

## Remedies recommended for In

[illegible]

*Signed*

*Address*



# Therapeutical Inquiries.

## IV.—SCARLATINA.

Reporter, CHARLES FREDERICK HODSON, Esq.,  
Bishops Stortford.

THE question has been asked, "What has the British Medical Association done to promote British Medicine?" And, considering its numbers, the eminent men that are comprised within its ranks, and its vast resources, we must feel that its immense power for good has been scarcely put forth. It is indeed time that something more was done; and from the manner in which the proposition growing out of the excellent paper read by Dr. Handfield Jones at the Annual Meeting of the Association has been received, it was manifest that the desire to make our Association more useful is very generally felt.

Whatever opinion may be entertained as to the position amongst the sciences which medicine occupies, its most ardent admirers must admit that an immense deal is required to be done before it can emerge from the empirical stage—that stage in which the accumulation of facts is the chief business. Although we cannot hope from any number of facts, either concerning the nature or progress of disease, or the action of medicines, to deduce absolute laws, yet the frequency of certain sequences may be established; and we may even hope that so great a probability of a certain sequence may, under ordinary circumstances, be predicated, that the practice of medicine shall become a far more hopeful pursuit than it is now. Let me illustrate this by referring to a paper read by Dr. W. H. Dickinson last June, at a meeting of the Royal Medical and Chirurgical Society. The important conclusion at which he has arrived, from an analysis of the cases he has been able to collect, is full of interest. It is, in effect, that acute rheumatism, under a certain plan of treatment, cardiac complication occurs only about once in forty-eight cases; whereas, under other ordinary modes of treatment, cardiac mischief happens once in 12 cases. It may be objected that the number of cases on which this conclusion is based is too few to establish this deduction; but can any one doubt that, if the resources of this Association were for one year utilised, for the purpose of accumulating the history of a vast number of cases of acute rheumatism treated by various medicines, amongst these medicines referred to by Dr. Dickinson, and these were shown to be really as useful as Dr. Dickinson believes—can any one doubt that acute rheumatism could be robbed of half its pains and nearly all its terrors? Bacon says: "A science should be a rich storehouse for the glory of God and the relief of man's estate." Can we not all do something towards giving the science of medicine a claim to this high distinction?

It is well known that scarlatina supplies a not inconsiderable proportion of the cases of death registered annually; and yet we find gentlemen in extensive practice asserting that, in consequence of treating the disease, one with quinine preceded by an

emetic, and another by sesquicarbonate of ammonia, a case is rarely lost by them. Were these assertions made by gentlemen who were not known, and known too as trustworthy men who stand high in repute, they might be disregarded; but as they come from such quarters, are not we, who do lose cases of scarlatina, almost called upon to test the powers of such medicines, and ascertain whether in other hands they may not be equally successful? Never in the history of medicine were such opportunities afforded for such purposes as our Association offers. Numbering over two thousand members, nearly the whole of whom have had the faculty of observation more or less trained, and who are compelled by their ordinary duties to keep this faculty in use; divided into branch societies, to each of which is attached an active secretary; the interest of each Branch being kept up by annual meetings and by our JOURNAL; it ought indeed to have no difficulty in amassing almost any amount of information on this or similar subjects. We are told that, although hospital surgeons and physicians, who are to a great extent compelled to have notes of their cases preserved, may readily furnish the Society with reports, yet the great mass of our members, the general practitioners, partly from want of habit, partly from their exhausting occupations, will not do their share of the work to which we are all so earnestly invited. I have too great faith in my brother practitioners to doubt that, if they can be brought to see the importance of the subject, they will freely give their help in this great work; and I do not think they can fail to see this, if they will read the remarks of our editor at page 175 of our JOURNAL.

At the last annual meeting, it was determined to invite the members of the British Medical Association to co-operate in a series of inquiries into the action of medicines; and certain subjects were proposed for inquiry during the present year. The committee have done me the honour to give to my charge one of these subjects; viz., the Effects of Chlorine Mixture, Carbonate of Ammonia, Quinine, and the Wet Sheet in Scarlatina; and I most earnestly beg that the members of the Association will at once enter upon their labours in connexion therewith. With this number of the JOURNAL, every member will receive a schedule, which can be removed therefrom; and as it is of great importance that the reports should be uniform, the committee sincerely trust that their schedule will be adopted by all to record their observations. There are some points connected with the schedule to which I must direct the attention of the members, as accuracy is essential to the value of their observations; indeed, without it, numbers, however great, would be worthless. The committee earnestly beg that every member will provide the reports of as many cases as he can, and forward them to me before July 1st, 1863.

Scarlatina is believed to be a disease consequent upon the presence of a specific poison in the living human body; and the greater part of the symptoms may be regarded as the results of the efforts of the organism to eliminate this poison. Whether, under certain favouring circumstances, this poison may be generated in the individual without infection, is by some considered doubtful; but it must be admitted that ordinarily it is received from without, and, mediately or immediately, from a person who is, or has been recently, the subject of scarlatina. Although



the symptoms are common to other diseases, their combination and succession in scarlatina are generally sufficiently marked to distinguish this disease from others; yet cases occasionally present themselves where, from the complete absence of some important symptoms, or their very imperfect manifestation, there is great difficulty in determining whether scarlatina is present or not. There is, perhaps, no sore-throat; the eruption is scarcely to be noticed; the temperature of the skin is but slightly raised; and the general indisposition but light and transient; and yet, as it occasionally happens that, when a large family passes through scarlatina, one child will have the disease as mildly as above described, the diagnosis may in some cases be difficult. To meet, therefore, the risk of admitting doubtful cases into our calculations, there is a column in the schedule for the insertion of the existence of reasonable evidence of the disease having been communicated from or to another. It is hoped that this observation will serve to correct any error that might otherwise creep in from this source.

In the schedule, after the column for the name or number, there is one for the condition as regards hygiene, general health, and position in life. It is of great moment that the evidence on the first of these points should be most carefully recorded. If the poison of scarlatina be not attracted by the exhalation from sewage, yet it is fully evident that, when this disease appears in a badly drained locality, its character is affected thereby; and, most probably, when an epidemic of scarlatina is popularly pronounced to be of severe type, it means simply that, at the time of its visitation, the place or neighbourhood chanced to be in an unfavourable condition as regards hygiene.

Fever is rarely present in this town; and scarlatina is generally very mild; but during one epidemic, in two houses in different parts of the town, it committed sad ravages. In one of these, situated in the midst of tan-pits, the working of which had been suddenly stopped some months previously, and where scrapings of skins and other filth had been allowed to lie undisturbed, several children passed in a few hours from apparent health almost to death. The attacks commenced with collapse, and two children died after a few hours illness. In the other house, which was almost as badly circumstanced, the depression from the commencement was so severe that stimulants, both by the mouth and injections, were freely used. It must be of considerable importance in an inquiry into the therapeutical value of medicines, that these antagonistic forces should be noticed.

The next column contains the date of the commencement of the attack, the appearance of the eruption, and the first visit. The first date should mark the time when a feeling of indisposition was first experienced; the second division may be used to mark not only the time of the appearance of the eruption, but also those cases where no eruption is manifested.

In the fifth column, the form of the disease is recorded. It is thought that it will be sufficient to take the three principal forms: Scarlatina simplex, where the throat is but slightly affected, and the rash fairly marked, but moderate; Scarlatina anginosa, where the throat and parts adjacent, especially the glands, are severely affected, and the heat of the

skin is very great and the fever severe; and Scarlatina maligna, where the throat is also severely affected, and the fever, almost from the commencement, assumes the character of typhus in its severe form.

The next column is for recording whether there is fair evidence that the disease was received from or communicated to, another person.

In reference to the column headed "Treatment" it is well that I should remind the members of the British Medical Association that, while the Committee felt it would be unbecoming in them to suggest any particular mode of treatment, yet, as the great object of this inquiry is to compare the action of certain specified medicines in certain specified diseases, the selection of some became necessary and it is hoped that each member will be able to furnish reports of some cases of scarlatina, in which one or the other of the medicines indicated below shall have been mainly used. Where others are used in conjunction, they should be mentioned and, where it can be done briefly, the stage of the disease in which they were used. *E.g.*, quinine in two-grain doses every four hours *after* an emetic, or, quinine from the commencement in three-grain doses four times a day, with calomel and scammon purges twice a week. The following are the medicines selected by the Committee:—Chlorine mixture, sesquicarbonate of ammonia, quinine, and the wet sheet.

In the following column, the date of recovery or death is recorded: if the latter, the immediate cause of death may be given; if the former, the date should mark the period when the patient ceases to need medical supervision. In the column for remarks, the time at which any important sequel appeared should be recorded; and whether it was apparently produced by marked carelessness. In the schedule attached to this number should not be sufficient for the purpose of any member, an additional one or more can be obtained on application to the editor of the JOURNAL; and I have only to add a request, that the reports may be sent to me, with the name and address of the member attached, on or before July 1st, 1863.

CRAMMING. This is what the cram does. He pops shovelful of dates, conclusions, formulas, and likely facts into the pupil's head just where he thinks the examiner will dip in his net. They no more belong to the pupil than the goods which are brought overnight by train and are carried away next morning by the van to the goods-station do to the porter. The pupil is no better than he. He is not so good—he is not so honest. The porter merely transfers the parcel from one man to another; the pupil is encouraged to put a new direction on the hamper, and make the receiver believe that it came from him—that it was his; that he packed it full of his own honest property—that it is a sample of his own possessions. In fact, the tutor sends a load of learning to the examiner, with instructions for the bearer to cheat the latter if he can. Of course, the examiner can say nothing if the right answer is given to the question he puts, though he may feel sure that it no more comes from the examinee than a telegram does from the sparrow which sits upon the wire. The reply passes under the pert little animal's claw or hand while his empty head has no conception of the reservoir of intelligence and learning at either end of the course or which he is perched. He flies off, when it is all over, in conceited ignorance of the science whose machinery he has grasped for a minute. (*Once a Week.*)



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### METROPOLITAN FREE HOSPITAL.

SCROTAL HERNIA (NON-CONGENITAL) WITH ATROPHY OF THE TESTIS.

Under the care of JONATHAN HUTCHINSON, Esq.

A YOUNG man, married, and in good health, came to me with a small scrotal hernia on the left side. Finding that what felt like intestine occupied the very bottom of the scrotum, I assumed that it was congenital hernia, and that the testis was buried amongst the coils. On reducing the latter, however, the same soft, flabby, structure remained in place of the testis. It proved to be an oedematous gland with a small collection of fluid (hydrocele), which, not distending the tunic, left it still flabby. The gland itself, or a part of it at the upper part, was bular and firm, about the size of half a cherry. He told me that he considered "the stone had been wasted about three years." The other was of fair size. He had been married for six years. He stated that he was quite competent, but his wife had never conceived. No cause for the wasting was assigned.

### WESTMINSTER HOSPITAL.

CASE OF TETANUS FOLLOWING A TRIFLING INJURY FATAL IN FORTY-SEVEN HOURS.

Under the care of CHARLES BROOKE, Esq.

[Reported by Mr. ARTHUR BEADLES, House Surgeon.]

The following is an example of traumatic tetanus following, as is often the case, a slight injury, and proving rapidly fatal. The treatment adopted was that by opiates; which, during the latter part of the case, were of necessity administered by the rectum. Cases of acute tetanus of this class seem to be hardly amenable to any treatment; those cases of tetanus which are occasionally recorded as having been successfully treated being of the tonic and mild character; where the disease seems, in its progress, to have a tendency to wear itself out.

B. T., aged 40, married, was admitted into Westminster Hospital on June 14th, 1862, 7 P.M., under Mr. Brooke. She stated that, about a fortnight ago, she fell down stairs and struck her elbow against a pail that was placed at the bottom, which grazed the skin. She also hurt her head; but all went on well till nine o'clock in the morning of the day mentioned, when stiffness of the lower jaw and neck came on, with difficulty of swallowing. When she was admitted, the muscles of the neck and jaw were very rigid, but the mouth could be opened a little by using force. There was an inflamed ulcer on the left elbow, but no other perceptible injury. She was at once put to bed; and ordered to take four grains of calomel and eight grains of jalap, and to have a poultice applied to the ulcer. The powder not acting, an enema was given, and the bowels were well relieved; after which she was given twenty minims of solution of acetate of morphia. She passed a very restless night. Deglutition was becoming more difficult; and there was perfect trismus. The pulse was quick and feeble.

June 15, 7 A.M. Deglutition was much worse. As she was not able to swallow, an enema consisting of an ounce of beef-tea, half an ounce of brandy, and twenty minims of tincture of opium, was injected into the rectum every hour.

10 A.M. She was no better. Tetanic convulsions were very frequent.

2 P.M. The bowels were again relieved, after which the beef-tea enema was retained.

4 P.M. Convulsions were more frequent; even the passing of the syringe-pipe up the rectum was sufficient to cause a paroxysm.

7 P.M. The neck and throat were ordered to be rubbed with a liniment of equal parts of chloroform and tincture of opium.

11 P.M. Perfect opisthotonos was present; and mere movement of the bed-clothes, or the sight of liquids, brought on tetanic spasms.

June 16th, 2 A.M. There was continued spasm; the pulse was very weak. She could not take any nourishment; the pupils were contracted; the skin perspiring profusely. She was quite sensible. She remained in this state till death took place at eight o'clock A.M., June 16, 1862.

## Original Communications.

### IMPERFORATE ANUS: INTESTINE OPENING INTO THE BLADDER.

By W. HOOPER MASTERS, Esq., Thrapstone.

H. M., aged 41, a poor woman, mother of ten children, was attended by a midwife in her last confinement, and delivered of twins, both males, of uniform size and well developed at time of birth. The midwife had given them, early the following morning, a small teaspoonful of castor oil, which had operated freely on one of them; but, observing no effect from it on the other, she was induced "to see if the passage was all right", but found no orifice. I was requested to see the child the same evening. On examination, I found the anal aperture wanting, and only a minute depression of about the size of a pin's head in that situation. Failing in the attempt to pass a small probe through it, I made with a probe-pointed bistoury an incision backwards towards the sacrum to the depth of about half an inch, but was unable to discover any portion of rectum. The following morning I prolonged the incision backwards, and increased its depth till I could pass my little finger through it; but was still unable to detect the gut. I examined the napkins for traces of meconium; and, whilst I was so engaged, the child passed urine which was very yellow and rather thick, having the appearance of being mixed with meconium, which led me to suspect communication between the intestine and bladder. The child only very sparingly took the breast, and was much wasted. It still continued to pass urine of a dark yellow colour, as before, till within four days of its death, when the smallest quantity of milk taken was returned, and with it frequently a dark yellow fluid, precisely similar to that passed *per urethram*.

POST MORTEM APPEARANCES. The body was greatly emaciated. On tracing the course of the intestines, I found the sigmoid flexure of the colon to terminate in the fundus of the bladder. Upon opening the latter viscus, an aperture just admitting a small probe was perceptible leading into this part of the colon, which at once accounted for the dark coloured fluid appearing in the urine, evidently a portion of the fluid contents of the bowels being allowed to ooze through. The situation of the rectum was occupied by fibro-cellular tissue.

REMARKS. I think this case did not admit of further interference. The operation of making an artificial anus in the left iliac or lumbar regions (particularly as these operations are attended by great mortality in such young subjects) would have been fraught with



great difficulty and uncertainty, owing to the position of the gut. Being strongly led to suspect that the intestines communicated with the bladder, I did not deem it justifiable. It is worthy of notice that this child lived nine days.

## FIBROID INFILTRATION OF THE STOMACH, CONSEQUENT ON CHRONIC GASTRITIS.

By PERCY BOULTON, M.D., Beverley.

E. M., aged 22, had led a most immoral life, and had gonorrhœa three times before she was fourteen years of age. Three and a half years ago, after confinement (her first and last), she began to complain of a burning pain at the region of the stomach, and was treated by a dispensary doctor, evidently for acute gastritis, most probably brought on by the excessive use of raw spirits, for which she had from her youth had a great predilection. This had run on to the chronic form, partly from the more frequent use of ardent spirit to deaden the pain, and partly from neglect; and thus matters had gone on gradually getting worse, till last February.

Between last February and the 6th of October, the dispensary doctor had, at intervals, prescribed either hydrocyanic acid to relieve sickness, or astringents for the concomitant diarrhœa; but since the first attack (three and a half years ago) nothing had been done towards allaying the chronic gastritis.

On Monday, the 6th October, the mother came in a great hurry for me, thinking that her daughter was dying, and wished me to examine her (which had never before been done), and to tell her disease and present state.

I found her dreadfully emaciated; the limbs were slightly œdematous; and she was too weak to speak but in a whisper. Her pulse was imperceptible, or nearly so. I ascertained that she was not pregnant, and that the catamenia had appeared at the usual time, and in the usual quantity, etc., about a week previous. She complained of great pain at the region of the stomach; and, on examination, a tumour, as large as a cricket-ball, was felt, hard and tender on pressure.

I found that everything which was taken was vomited instantly with great force; coffee-ground vomit accompanying, and some times pure blood alone. In consequence of the vomiting, no food had been kept on the stomach for many days. It was evident at once, that a hypertrophied and hardened stomach was the cause of these appearances and symptoms; and, considering her very young to have cancer of the stomach, I told her friends that it was a disease resembling cancer of the stomach, but not cancer—meaning the cirrhotic inflammation of Dr. Brinton.

She lingered on for one week, during which time I ordered mustard or fomentations to the parts externally. As nothing stayed on the stomach, I ordered food and laudanum *per anum*, and tried to settle the stomach with ice, chloroform, opium, etc.; but all to no use, and she died on Monday the 13th October.

I got leave to make an opening in the abdomen to examine the stomach, and found the following appearances.

The stomach, immediately on opening the peritoneum, appeared as a more or less purple livid tumour, as large as a good sized cocoa-nut. After dissecting for some time to separate it from the surrounding parts, I found that it was so adherent to a hob-nail liver, the diaphragm, etc., that I should have to remove far more than I expected, in order to get the stomach entire, and more than the friends wished; I therefore made an incision into the viscus, when there followed an immediate flow of watery fluid and collapse of the organ. I then discovered a perfect cast of the stomach of a gelatinous consistence, lying, also collapsed, inside the stomach. This curious cast looked exactly as if made of hard-boiled white of egg,

and was very like it in every respect. Unless it were diseased and hypertrophied mucous membrane, it was perfect abnormality; for after removing it entire, the stomach itself inside was covered with a thick layer of fibro-cartilaginous material—white, uneven and corroded thicker at some parts than at others; in fact, representing exactly what one would expect in a case of fibroid infiltration consequent on chronic gastritis, or what Dr. Brinton has called the “cirrhotic inflammation.” I should think so diseased a stomach has rarely been seen in so young a subject before.

## RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 507.]

CASE XVIII. *Puerperal Disease.* On July 18th, I was summoned to a distance to see a lady who had been confined several days. She had had several children before, and on two occasions her labours had been followed by an attack of phlegmasia dolens. On the present occasion she had a chill before labour, but went on well for a day or two. Then another chill occurred, followed by great depression, and other symptoms indicative of poisoned blood; the lochia were one day very offensive, and the almost ceased. She became intolerant of light and noise, and it was with great difficulty she could be kept from fainting. Her pulse rose to 120, and was feeble; her respiration was panting or sighing, and her mind slightly wandered. The abdomen was distended, but not painful on pressure. Her surgeon had very judiciously got the bowels open, and applied turpentine stupes to the abdomen; and when I arrived in the afternoon of the 18th she was better than she had been in the morning, both patient and surgeon attributing the amendment to the turpentine. The pulse was down a little below 100, and her mind was tolerably clear, although her aspect was still unfavourable, and she appeared much exhausted. We agreed to persevere with the turpentine externally, and also to give it internally should there be any increase of the symptoms; but not otherwise, as she expressed great repugnance to it and felt sure it would make her sick. We also allowed wine freely, and ordered a turpentine enema if anything were required for the bowels. The vagina to be thoroughly washed out daily.

In conversation, Mr. — expressed equal confidence in the turpentine treatment with myself, and said he had not lost a case of puerperal fever since he employed it.

August 7th. He writes, “Our patient has been progressing favourably since your visit, but her tongue remains coated in the middle with a dark fur, which has increased since you saw her. In every other respect, her recovery is perfect.” Again on the 10th, in answer to further inquiries, “There was no occasion to give turpentine internally, nor even by enema; it was only applied to the abdomen for two or three days after you saw her.”

CASE XIX. *Severe Puerperal Disease.* On Friday December 7th, 1860, I was requested by Mr. — to visit a robust florid Irishwoman, the wife of a small farmer and dealer; but, although of strong and healthy appearance, some doubt had been expressed as to the condition of her lungs; and two or three of her brothers, also fine looking men, had quickly succumbed under illness. She was confined the Monday before; labour was natural and not prolonged; but for some days previously she had crampy pains in the uterus, sufficiently severe to require opiates to subdue them. On Tuesday evening she had a chill; and was restless in the night, having at times severe pains in the abdomen. Mr. — gave a dose of six drachms of castor oil and half an ounce of oil of turpentine, and opiates afterwards. On Wednesday, the lochial discharge



ssened, and became very offensive; and, as the medicine had not acted on the bowels, Mr. — gave another similar dose, and applied a turpentine liniment to the abdomen. The pulse was 140, the tongue furred, respiration hurried, and the body very tender. The bowels acted once; at the following morning Mr. — gave an enema containing half an ounce of oil of turpentine, and she had ur motions in the course of the day. On Friday, I found her with an anxious countenance, a furred dry tongue, moist skin, tumid and excessively tender abdomen, and offensive lochial discharge; but she had slept little better in the night, and her pulse had dropped to 10. Since yesterday, she had been taking half drachm doses of turpentine in an emulsion every four hours, and was not sick. She could not move in bed without great pain, neither could she draw a deep breath; and the abdomen, especially in the uterine region, was so excessively tender that I advised a large blister, to be followed by bran poultices over the whole abdomen. We also determined to have the vagina well washed out by means of an enema syringe, and to continue the turpentine mixture every four hours.

December 8th. She was much better this morning. The bowels acted once after our visit yesterday. She had taken the turpentine mixture regularly every four hours. Pulse 108; tongue cleaning at the edges. The blister had drawn well, and she bore pressure on the abdomen much better than yesterday. Respiration was easier than for the last two days, and she could lie upon her side in bed. The vagina was washed out twice yesterday, and there was no smell on the linen this morning; the discharge, however, was quite pale, and she complained of a good deal of forcing after the use of the syringe. She was ordered to continue the turpentine mixture and bran poultices, with light nourishment.

December 9th. She was better, but she had an imperfectly formed abscess in the thumb which disturbed her in the night. She had taken the turpentine every four hours, but began to complain of uneasy feelings in the stomach after taking it. Pulse 100; tongue cleaner. The abdomen was less tender, but there was still some heat in the vaginal discharge, and a feeling of heat in the vagina. The vagina was ordered to be washed out once daily, and the turpentine taken twice in the day, if not sick. She was ordered also to have two drachms of oil of turpentine injected into the rectum in a pint of oil of sweet almond.

December 10th. The thumb was still painful, but discharging. The abdomen was not tender except from the blistered surface. The injection yesterday remained an hour, producing a feeling of warmth in the bowels, but returned without fæces. Pulse 100. She took the mixture twice yesterday. An enema of soap and water and castor oil was ordered.

December 11th. The injection yesterday was followed by one very copious motion. She took the turpentine twice yesterday; she complained that she now tasted it a long time, but had not been sick. She had a plentiful secretion of milk; the lochia were very pale, but less fetid. Pulse 96; tongue clean; countenance cheerful; and she was in every respect improving. I gave her today drachm doses of tincture of calumba, improved her diet, and left it optional with her whether or not to take a dose of the turpentine mixture.

December 13th. All abdominal and uterine symptoms were at an end; there was no pain, no distension, no sickness. Pulse 72; tongue quite clean; appetite returning. She had taken no more turpentine, but continued the calumba. I saw her no more until Monday the 24th, when I found she had been downstairs in the morning, and for a short time the day before; and, with the exception of a rather too ample uterine loss of coloured healthy lochia, she was going on remarkably well.

CASE XX. *Puerperal Disease.* Mrs. —, a little over 40 years of age, was confined with her first child on

Thursday, October 24th, 1861. The last stage of her labour was very protracted on account of rigidity of the perinæum, several hours being occupied by its dilatation. No laceration took place, nor were instruments used. The child was born alive and healthy, the placenta came away naturally, and there was no hæmorrhage. She had a rigor the next day, but seemed not to be going on unfavourably, except that her after pains were occasionally more severe than is usually the case with a first labour, and there was sloughing to a slight extent of portions of the vulva. But, on the morning of Wednesday, October 30th, her pains became more constant, her pulse was rapid, the bowels relaxed, the lochia deficient, the mind somewhat confused, the abdomen exquisitely tender, and there was no secretion of milk. At night I was summoned a distance of twenty-one miles, and arrived at the house at about four o'clock in the morning of Thursday the 31st, when I found her in very much the same state as above described, with a pulse at 140, tongue dry, uterus large and exquisitely tender, some purulent vaginal discharge and a tendency to diarrhœa, which had been checked by chalk mixture and opium. All present had formed a very unfavourable impression of her, and feared she would die; a result the more to be dreaded, in consequence of her husband having lost a former wife five months after marriage, about two and a half years ago. On examining the uterus *per vaginam*, I found it very tender, but there was nothing presenting at the os; the vagina was very hot, and there was some slightly offensive discharge. She was naturally a healthy person, but her vital power was now at a low ebb, her pulse was extremely uncertain and easily disturbed, and the abdomen was beginning to be distended with air. She could not turn in bed, or attempt to do so without pain, and her countenance bespoke, or rather betokened severe disease. I at once advised the turpentine treatment, which was readily acceded to by her medical man. We applied it freely to the abdomen externally, and gave her drachm doses internally every four hours, with ten drops of laudanum in each to guard against diarrhœa. She also took milk and a little wine and water now and then. In an hour or two after the commencement of the treatment, she was decidedly easier; and, when I left at ten in the morning, she had had some comfortable sleep; had not rejected the turpentine; experienced no pain except on pressure, and her pulse was 120. I recommended a continuance of the turpentine in half drachm doses, with a caution to leave it off immediately, should there be any signs of it disagreeing with the stomach. The vagina was ordered to be washed out daily with warm water.

I was with her again at night on Friday November 1st, and found her in all respects much relieved, although the pulse remained at 120. The turpentine stupes had on one occasion been left on longer than usual, and nearly the whole surface of the abdomen was vesicated; but it was less distended, the uterus was smaller and scarcely at all tender to the touch; there had been no troublesome diarrhœa, and she was still able to take the turpentine without nausea; we therefore continued it in half-ounce doses at longer intervals, and applied linen dipped in salad oil to the sore surface of the abdomen. She took the turpentine in weak brandy and water, but had very little other stimulant, as her pulse was not very feeble, and she was said to be of an inflammatory habit. Milk continued to be her chief nourishment.

I stayed with her all night, and left her in a progressive state of improvement at 8 A.M., on Saturday the 2nd. In the evening I received a favourable report. On Monday, the 4th, I had an interview with her brother-in-law, a surgeon, who had spent the previous night with her. He gave me a good report, and said she had first complained of the turpentine on Saturday night, and it was then discontinued. All pain and tenderness had ceased, but her pulse was not yet below 118. Her tongue was moist, and her spirits cheerful; and he told me he advised some



spirit of the acetate of ammonia, with liquor ammoniæ acetatis. I expressed some doubt about the latter, for fear of disturbing the bowels; but did not object to a little aromatic spirit of ammonia in camphor mixture, if she required it; but I thought upon the whole it would be better to let well alone, trusting to an improved diet, and the daily vaginal washings for her further restoration.

On the 5th, her surgeon reported her very much better, and expressed an opinion that we had only now to wait and look on, while Nature did her work of recovery. "The ammonia mixture, which Mr. ——— rather wished her to have yesterday, was tried; but, after two doses, the pulse rose from 108 in the morning to 120 or more in the evening, and there was a good deal of excitement. It was therefore discontinued; and this morning, after a tolerably quiet night, the pulse is 96, and the skin is perspiring freely, without any extreme heat. The tongue is also cleaning nicely. The chalk mixture is still required now and then; but no opium has been given for twenty-four hours."

On the 7th, I received another favourable report; all going on well, except that the catheter was still required. (I should have noticed, that never since her confinement has she been able to pass her urine).

On the 9th, she is reported to have recovered the power of evacuating the bladder naturally; and the only matter of importance was, that she was a good deal troubled with an erythematous eruption, spreading from the nates to the loins and upwards to the shoulders; this disappeared a few days afterwards, on the recurrence of slight diarrhœa.

On the 16th, she was on her sofa; and by the 21st, was able to walk about a little.

Early in December, she had a painful menstrual nîsus, followed by the proper discharge, for which a few leeches had been applied over the left ovary: and on the 14th, she was reported as nearly well as possible. Mr. ——— says "the only drawback is that there still remains a little tenderness on the left side just above the top of the hip bone towards the middle of the body, on being pressed deeply; together with a feeling of induration. A small blister was applied last Sunday, and another has been put on to-day near the same spot. She has not the slightest pain except when deeply pressed, and then not very much; it is not pain but tenderness. She has been taking quinine and bitter ale this week, and they seem to agree very well."

A few weeks after this, she called upon me in Norwich, to report herself perfectly recovered.

[To be continued.]

**HOMŒOPATHIC THERAPEUTICS.** In chronic catarrh of the bladder, Dr. Hastings effected a cure by pareira brava; Dr. Pope by belladonna; and Dr. Henderson by mercurius. Acute articular rheumatism is one of the most easily recognised diseases, and, as compared with others, one of the most uniform in its course. Here, if anywhere, one would expect a uniformity of treatment. In vain; Dr. Henderson cures his cases with bryonia, aconite, and belladonna. Dr. Henriques employs bryonia only once, and belladonna and aconite not at all. His remedies are sulphur, china, arnica, rhûs, and antimony. Dr. Black, in addition to most of the above, gives pulsatilla, spigelia, arsenic, mercury, lachesis, colchicum, and nux. Lastly, Drs. Wurmb and Caspar, in forty-seven cases, resorted to aconite, bryonia, pulsatilla, mezereon, colocynth, rhododendron, ledum, ruta, colchicum, staphysagria, china, mang. caust., sulphur, mercurius, spigelia, euphrasia, lachesis. And the cheering result of their abundant experience is, that "nothing has been achieved up to the present time for the treatment of rheumatism"! (Dr. Roberts.)

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### NOTE ON A CASE OF DIABETES MELLITUS.

By JOHN KENT SPENDER, Esq., Surgeon to the Eastern Dispensary, Bath.

[Read February 27th, 1862.]

SOME members present may recollect two papers on the subject of diabetes in the BRITISH MEDICAL JOURNAL: November 1860, by Dr. W. Roberts of Manchester. These papers are valuable, because they convey a very correct idea of what we can really do in this disease, and what ought to be our aim in its management. Dr. Roberts insists that the therapeutics must be regarded apart from theoretical considerations; that the various explanations of the pathology of diabetes offered from time to time show how provisional those explanations really are; and that we are bound to follow, in the main, the teaching of experience, however rudely that may clash athwart our physiological opinions. Indeed, we now know, even with greater certainty than when Dr. Roberts's papers were published, that sugar may continue to appear in the urine after every particle of sugar and starch has been withdrawn from the food. It is not pretended that a diet devoid of starch and sugar can eradicate the disease when it deeply affects the system; but I think it is impossible to read the history of the treatment of diabetes, without being convinced that the non-saccharine and non-starchy plan has greater claim to our confidence than any other.

**CASE.** A confectioner of this city came under my care in January 1861, on account of loss of flesh, thirst, want of appetite, great weakness, and a copious flow of urine. He was lying prostrate in bed; and had no idea of the nature of his complaint. Within twenty-four hours of my first seeing him, I found that the urinary flux measured a little more than nine imperial pints, and its specific gravity was 1042. I prescribed the following diet: boiled mutton; green vegetables in any form (such as sprouts, cabbage, brocoli—not turnips, parsnips, or carrots); "torrefied bread"—i. e., the crust of common bread baked almost black; tea without sugar or milk, and weak brandy and water. As medicine, I gave him two grains of sulphate of iron, with one grain of powdered opium, three times a day.

In one week the following improvement had taken place. The quantity of urine was six pints in the twenty-four hours; the specific gravity was 1035; the man had more sleep and appetite, and a proportionate increase of general strength.

At the end of the second week my patient was not well, and only very little better than at first. He attributed this to mental anxiety. I ascertained that he rigidly adhered to the prescribed diet and medicine, and that he was sensible of the importance of doing so. I recommended frequent sponging with tepid salt water, the administration of a larger quantity of brandy, and an increase in the dose of opium. The bowels were alternately relaxed and constipated.

The lapse of the third week brought about a more favourable change. I now allowed my patient some bran bread, and a small measured quantity of milk with his tea.

In three or four months, this man reached that stage which Dr. Roberts calls "conditional improvement," that is, a state of amelioration which is not overpassed, but which can be readily sustained, provided that no pathological casualties of other kinds occur. In this way a person may live for many years in precarious health, just able to do his daily work and earn his daily food.



This case illustrates the remedial agency of a selected urse of diet and medicine in diabetes mellitus. The torrefied bread" was particularly valuable, and seemed better than any of the proposed substitutes for common bread; though Bouchardat's gluten bread\* is certainly meritorious preparation, and agrees very well with any diabetic persons. The avoidance of any dietetic form of starch was the point principally aimed at, and was very successfully carried out; while the blood was renovated and the nervous system soothed by the ferruginous and opiate drugs.

POSTSCRIPT. I have this day (Oct. 29th, 1862) seen my patient. He fully maintains his "conditional improvement"; he passes between three and four pints of urine in twenty-four hours, and his state is almost that of an averagely healthy man.

## Reviews and Notices.

THE CLIMATE OF THE SOUTH OF DEVON, AND ITS INFLUENCE UPON HEALTH: with Short Accounts of Exeter, Torquay, Babbicombe, Teignmouth, Dawlish, Exmouth, Budleigh-Salterton, Sidmouth, etc. By THOMAS SHAPTER, M.D., F.R.C.P., Senior Physician to the Devon and Exeter Hospital, etc. Second Edition. Pp. 282. London: 1862.

TWENTY years ago, Dr. SHAPTER brought out the first edition of this work; having been led to write it from a well-grounded conviction of the necessity for a scientific account of the climate of a region which has so long been celebrated as a resort for invalids. In his second edition, he tells us, he has not only revised his former labours, but has rewritten the book, correcting some errors which it formerly contained, and adding to it the materials gained from an additional range of observation.

The book contains eight chapters. The first chapter describes the Climate of the South of Devon, and is enriched with a large series of statistical observations regarding the temperature, the occurrence of frost, the wind, barometer, dew-point, clouds, mists and fogs, rain, snow, hail, thunder and lightning, and ozone. Having given an abundance of information on all these subjects, Dr. Shapter deduces therefrom that, in accordance with the general impression,

"The chief characteristics of the climate are those of being soft, warm, mild, calm, equable, and free from storms; moreover, it is essentially oceanic, as was to be expected from its latitude and position as regards the Atlantic. Warm winds reach it from many points of the compass, either directly from the sea, or only after passing over short distances overland. Though it may be subject to rather a large average amount of rain, it seldom occurs that a whole day is so unceasingly wet as not to afford some hours, either early or late, sufficiently fine for out-door exercise. During the winter season, the temperature is rarely maintained for any length of time so low as to render the climate particularly inclement—frost only occasionally occurring, and then not for any long continuance. The air, though very often humid, from the general prevalence of warm westerly winds, is neither cold nor raw. . . . Though mild grey weather may be the general character of the Devonshire winter, yet it is sometimes subject to a temperature so sufficiently low as to be severe. These occasional depressions of temperature are especially to be

noted, and their effects weighed and appreciated. They are often the cause of much acute and fatal disease, which, there can be no doubt, might, to a great extent, were only due caution observed, be avoided. Lulled by the mildness of successive winters, or the general character of the climate, the inhabitants are apt to submit themselves to undue exposure and a carelessness of clothing—and with the poor this is aggravated by a general improvidence—so that material provision is not made against the effects and consequent distress of severe weather; hence, whenever the winter temperature suddenly falls, or maintains itself for any unusual length of time considerably below the general average, a more than ordinary amount of privation, acute disease, and mortality, is experienced." (Pp. 54-6.)

Extreme and long continued cold, however, is the exception, and not the rule, in the winter climate of the South of Devon. The general equability of the temperature of the district is seen by comparing it with that of other places having the same mean temperature. Of these, Dr. Shapter mentions Vienna, where the winter temperature is lower by more than 9.5 degrees, and the summer temperature higher by above 7 degrees; Mannheim, where the winter is 3 degrees colder, and the summer 5 degrees hotter; Clermont and Brussels, where the difference between the mean summer and winter temperature is nearly 30 degrees, while in the South of Devon it is under 20 degrees.

In the second chapter, Dr. Shapter describes the Geology and Hydrology of the district. The geological characters are very varied, ranging from the granite to the lower cretaceous and miocene groups; but many intervening rocks of the series are absent. The water-supply, in the forms of rivers, streams, and springs, is abundant. Of the waters, Dr. Shapter gives the general chemical characters according to the geological formations in which they arise.

"The general character of the waters of the Devonshire series is that of containing soda, magnesia, lime, and a trace of iron; that of the carbonaceous rocks of being clear, sparkling, inodorous, styptic to the taste, and usually depositing, after a few days exposure to the air, a quantity of ferruginous matter. These, though inapplicable to many domestic purposes, are generally wholesome. Some of them, from containing an excess of free carbonic acid and a very large proportion of iron, are entitled to be called mineral waters of the class of the acidulous chalybeates, and when drunk fresh are eminently serviceable in many cases of general debility and indigestion. The water from the granite is particularly fresh and clear; its chief distinctive characteristic is being free from lime and carbonic acid." (P. 98.)

The Principal Inland and Seacoast Towns of South Devon are described, in regard to their climatic characteristics, in the third chapter. Regarding these, Dr. Shapter does not give elaborate information; but he affords sufficient to guide strangers as to the peculiarities, which vary much, and hence as to their eligibility as residences for invalids.

The Natural Productions of the South of Devon, animal and vegetable, are described in the fourth chapter. He does not, however, take any notice of invertebrate animals. The climate is very favourable, except on the high lands, to vegetation.

"It is not unusual to see throughout the winter the hedges studded with many of the native flowers; and many of the tender and delicate exotics flourish in the open air, and are not destroyed by exposure during this season. . . . In the warmer and more sheltered districts of Salcombe and Kingsbridge, lemons and oranges

\* As prepared by Messrs. Van Abbott and Co., of Fenchurch Street, who have obligingly forwarded me a sample.



have lived through all the winter and borne fruit, totally unprotected save by the wall against which they grew; and immense plants of the *Agave Americana* have flowered."

Dr. Shapter also specifies, as growing in the open air in the districts just mentioned, various plants, natives of New South Wales and Mexico, the Cape of Good Hope, China, New Zealand, New South Wales, South America, and Madeira.

The fifth chapter contains the Civil and Economical History of the South of Devon; and the sixth treats of the Vital Statistics of the District.

In the seventh chapter, the author gives an outline of the Diseases of South Devon. After mentioning the principal epidemics which have come under his notice since 1825, he expresses a decided opinion in favour of the change-of-type theory.

"The general aspect or type of disease has, within my own observation, partaken of two very separate and distinct characters. During the few years immediately preceding 1828, the tendency of disease was to be inflammatory, having a sthenic or phlogistic character. The serous membranes were then very prone to become the seat of active disorder; thus cases not unfrequently presented themselves of pleuritis, peritonitis, and, amongst children, of hydrocephalus, all exhibiting a type of disease requiring the most prompt and occasionally persevering antiphlogistic treatment. Since that period, however, the aspect of disease has materially changed. It has become essentially adynamic or asthenic, while diseases of serous membranes have given place almost entirely to those affecting parenchymatous structure or the mucous membranes; and these have required a medical treatment rather mild than heroic: experience soon showed that the type of disease had changed, and that the method of cure previously requisite was now anything but applicable. In fact, while thirty years ago diseases generally not only bore but required free evacuation by bloodletting, aperients, etc., latterly this method of treatment has not only been contraindicated, but would, if adopted, have been promptly followed by fatal results. Of this occasional alteration in the type of disease an illustration may be offered, which is not only interesting in itself, but bears testimony to that which prevailed seventy years ago being then somewhat of the same character as that now prevailing. My friend and preceptor, the late Mr. Benjamin Johnson, surgeon, of Exeter, a man remarkable for sagacity and powers of observation, whilst bleeding a patient freely in 1821, observed to Mr. Woodman, then his pupil, now a medical practitioner in this city, that 'if one had bled thus thirty years ago, every patient would have died.' (P. 173.)

Dr. Shapter illustrates this point a few pages further on (p. 197), in speaking of the fevers of South Devon. Before and about the year 1826, bloodletting and smart purgatives were imperatively called for at the onset of the disease. After this, there was a period during which the only treatment admissible consisted in mild purgatives and salines, to which a gentle diffusible stimulant might sometimes be added; while, latterly, the free use of stimulants has been unmistakably indicated.

In this chapter, Dr. Shapter mentions in detail a large number of diseases, epidemic, endemic, and sporadic, and gives in general terms a statement of the relative frequency of each in South Devon; and sums up in the following conclusions, derived from statistical records as well as from his own experience.

"South Devon has no characteristic disease; it is

equally liable as other parts of England to the common forms of fever, but is very exempt from those of an intermittent type; it is liable to the prevailing epidemics; it is less liable to diseases of the lungs and to scrofula more especially phthisis, than is the case in England generally." (P. 262.)

In the final chapter, Dr. Shapter comments on the Climate of the South of Devon with Reference to its General Effects in Health and Disease. He points out that the climate, being warm and moist, is likely to be serviceable in diseases of the chest, but especially in the irritable state of the lungs which precedes the development of consumption; in inflammatory bronchitic affections; in scrofula generally; in some forms of dyspepsia; and he also recommends a residence in it as a kind of transition stage for those who have returned to England after a long residence in warmer latitudes.

Dr. Shapter has made, in this work, a highly valuable contribution to medical topography. His long experience as a leading practitioner in Exeter, and his evident habits of accurate observation, have given him qualifications for his task which few could equal; and what renders him still more reliable is the manifest candour with which he describes both aspects of his picture. Giving additional testimony in favour of the long recognised salubrity of the climate of South Devon, he does not omit to direct attention to certain conditions in it which have appeared to some in the light of drawbacks to its benefits. These he admits to be disadvantages; but he further points them out to be mostly exceptional, and to be capable of avoidance by ordinary care. No one in the medical profession, who wishes to know the qualities of the climate of South Devon, can read Dr. Shapter's book without obtaining accurate information.

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CONTRIBUTIONS TO PRACTICAL MEDICINE. By JAMES BEGBIE, M.D., F.R.S.E., etc. Pp. 318. Edinburgh: 1862.

THIS volume contains a series of papers read at various times by Dr. BEGBIE before the members of the Edinburgh Medico-Chirurgical Society. These papers have already attracted the attention of the profession, having appeared in different periodicals at the time when they were read. They have, however, as now published, undergone verbal corrections; and "such new matter as extended experience has placed in his power has been added to the histories and reflections".

These papers, containing as they do the matured opinions of Dr. Begbie's long and large experience, have a strong claim upon the attention and consideration of the profession. We have often had to lament over the fact that the heads of the profession in this great metropolis rarely give to us the benefits of their matured medical knowledge; and we, therefore, gladly welcome and recognise the value of publications of this nature, when it is our good fortune to meet with them. Some great political personage, when once taunted with the little encouragement, in the way of pecuniary rewards, given in this country to men of science, in reply made a remark to the effect that the best way to keep men of science up to their work was to hold them low in pocket; riches and the pursuit of riches being, in his opinion, incompatible with an ardent worship of science, and



with abstract study of any kind. There can be no doubt that the statesman was right, in some degree at all events.

Dr. Begbie's volume contains ten papers or chapters; viz.: 1. On Gout and the Gouty Diathesis; 2. On the Relation between Rheumatism and Chorea; 3. On the Connexion of Erythema Nodosum with the Rheumatic Diathesis; 4. On Anæmia and its Consequences: Enlargement of the Thyroid Gland and Eyeballs; 5. On Dyspepsia and Nervous Disorder in Connexion with the Oxalic Diathesis; 6. On Fatty Degeneration of the Heart; 7. On Erysipelas; 8. On Diphtheria and its Sequels; 9. On the Physiological and Therapeutical Effects of Arsenic; and 10. On the Sedative Powers of the Datura Stramonium.

Such is the bill of fare presented by Dr. Begbie to his readers in this volume. The papers are, as may be supposed, not encyclopædic articles, in which the whole subject-matter of them is exhausted; but they contain rather the practical judgment of their author, as deduced from his own experience of diseases, and his reasoning upon them. He illustrates each subject by facts drawn from his own large practice, and then shows us how far his own conclusions agree with or differ from the views of other observers.

It is, of course, impossible for us to follow the author through his pages, and, indeed, unnecessary; for we believe that most of our readers have already, to some extent at least, made themselves acquainted with their contents, as originally given to the profession through the different journals. We shall, therefore, content ourselves with thanking Dr. Begbie for having thus conveniently collected together so many sound and sensible practical lessons for the benefit of the profession.

**MENTONE, THE RIVIERA, CORSICA, AND BIARRITZ, AS WINTER CLIMATES.** By J. HENRY BENNET, M.D., Member of the Royal College of Physicians, London; etc. Second Edition. Pp. 288. London: 1862.

IN this new edition of his interesting and instructive work on Mentone, Dr. BENNET has added an account of Corsica and Biarritz. From his tour in Corsica, he has arrived at the conclusion that Ajaccio is "an admirable and a most lovely winter station." Dr. Versini, the principal medical practitioner of the town, and his son, assured Dr. Bennet that "the climate was unexceptionably healthy. The only epidemic disease they suffered from was intermittent fever in the latter part of the summer and early autumn, and that not in a severe form." They further told Dr. Bennet "that cold was unknown during the winter, and that the weather was all but constantly fine and sunshiny."

As an illustration of the healthiness of the Corsican climate, Dr. Bennet states that Dr. Manfredi, who has practised as an operating surgeon in Bastia for twenty years, told him that

"Nearly all surgical wounds heal at once by first intention, and purulent infection is all but unknown. He had had eighteen cases of lithotomy, and had been successful in all. Indeed, he said he had such reliance on surgical cases doing well, that there was no operation in surgery that he should hesitate to attempt."

Dr. Bennet has apparently made out a good case

in favour of Corsica as a hygienic resort—provided it be not visited during the early autumn. At any rate, he has the merit, we believe, of being the first to describe it as a place worth the attention of invalids and their medical advisers.

**ON THE GROWTH OF THE RECRUIT AND YOUNG SOLDIER:** with a View to a Judicious Selection of "Growing Lads" for the Army, and a Regulated System of Training for Recruits. By WM. AITKEN, M.D. Edin., Professor of Pathology in the Army Medical School, etc. Pp. 72. London: 1862.

THIS little work contains the subject of two introductory lectures delivered by Dr. AITKEN to his pupils in the Army Medical School at Chatham.

It is evident from statistics, that the mortality in the army is much less than it was a quarter of a century ago. Still, as Dr. Aitken points out, there is an undue proportion of invaliding among young soldiers. "If," he says, "you look to the loss of strength in the army as represented by the number of invalids passing through the hospital (Fort Pitt) in any one year, it has been found that upwards of 16 per cent. are recruits under *two* years service." He sees the cause for this in the faulty system of training recruits; which, attending too exclusively to age and height, ignores certain important changes which are going on in the recruit's body, and, in expecting a lad of eighteen years to bear the same weight and go through the same work as a man of thirty, "expects more than human nature can endure with impunity."

Dr. Aitken calls special attention to a point of great importance, but which is too much regarded as a matter of curious anatomical investigation than as practically useful; viz., the progress of ossification of bones, and the junction of the separately formed epiphyses to the principal pieces. At pages 36 to 38, he gives a synopsis of "events in the growth of the bones forming the human skeleton from the ages of sixteen to thirty years"; compiled from the statements of Quain and Sharpey, Ellis, Allen Thomson, Humphry, etc.

What Dr. Aitken advocates is, that the recruit, selected according to certain general indications of age, height, and weight, which are pointed out, should be very gradually trained to his duties on judiciously applied physiological principles. The common sense of the advice is so obvious, that it is almost surprising that the precautionary course advised by Dr. Aitken has not been anticipated, especially after the strong representations of Sir James McGrigor, Lord Raglan, Sir De Lacy Evans, the Duke of Cambridge, and other commanders, as to the greater liability to disease of young recruits sent into active service, and their consequent comparative inefficiency.

It is to be trusted that the remarks, at once scientific and practical, made by Dr. Aitken, and their dissemination among the medical department of the army, will have the ultimate effect of establishing a system of training for our recruits, which shall render our armies more effective, and diminish greatly, if not abolish, the charging of the state with the support of a number of invalids, who, under proper management, would probably never have been invalids at all.



# British Medical Journal.

SATURDAY, NOVEMBER 29TH, 1862.

## MEDICAL FRATERNITY.

WE have to record another specimen of the kind of "medical fraternity" to which we have so frequently had occasion to object. A lawyer's clerk obtains extensive and gratuitous medical services from Mr. Watkins. Not having regained his health, he brings an action to recover damages for alleged negligence and ignorance in his treatment by Mr. Watkins. To back his case, of course, medical brethren were to be found ready enough.

"Some medical men from the country were called, who stated that, in their opinion, the plan adopted by the defendant was highly improper; and they attributed the present state of the plaintiff entirely to his treatment by the defendant. The defendant had attended the plaintiff gratuitously, day by day, for many weeks."

*Per contra*, we happily find that, in this case at least, such kind of evidence was duly neutralised by Mr. Skey.

"Mr. F. Skey stated that the treatment pursued by the defendant appeared to him to have been eminently proper, presuming the disease to be, as he believed it was, neuralgic rheumatism from first to last. Over-exertion could not have produced such symptoms. Knew the defendant as a highly respectable, benevolent, intelligent, though somewhat eccentric, gentleman. Had placed himself under him, and had received good service. Hereupon the jury stopped the case by saying they thought the action ought not to have been brought. Verdict for the defendant."

We trust the lesson may not be lost upon the "some medical men" from the country, whose names do not appear in the report of the trial. Such thoughtless (to use a mild term) persecution of a medical brother is little creditable to our profession. Nothing can be more utterly unjustifiable than for a medical man to swear in a court of justice that another medical man's practice is "highly improper", so long as the propriety of such practice is simply and solely a matter of opinion. How can members of our profession expect that Medical Acts and the legislature will help them to a better position, so long as this internecine game is in vogue? Our worst enemies are ourselves.

Again, we read that Mr. Higgs of Dudley, a Poor-law surgeon, asks an increase of salary. His answer from the guardian angels of the parish is this: "Mr. Timmins, another of our Poor-law surgeons, is willing to take a slice off your district, as you find it too large; and to do the work without any increase of pay." We don't suppose that Mr. Timmins offers this gratuitous service for the pure love of charity; and we suspect most of us will imagine that Mr. Timmins sees in this slice of Mr. Higgs's district a

share of Mr. Higgs's private practice. This is the way we treat each other; and then, like the countryman floundering in the mud, call upon Hercules, or that other mythical power, the Medical Council, to help us out of it!

## THE METRICAL SYSTEM.

SINCE Dr. Parkes's letter on the Metrical System and the *Pharmacopæia* appeared in the JOURNAL, we have been informed that his recommendation to the *Pharmacopæia* Committee: viz., the placing of the metrical weights side by side with the English weights—was actually embodied in a resolution passed by one of the early *Pharmacopæia* Committees. It may, therefore, be hoped that this great improvement will be adopted; and it would be very satisfactory to be informed by the Medical Council that they are prepared to carry out the resolution of their Committee.

It is hard to imagine what possible objection could be taken to such a course. An excellent lesson in the metrical system would be inculcated thereby on the profession; the demi-official admission of the system into the national *Pharmacopæia* would be established, and the road for its future adoption quietly prepared. The value of the *Pharmacopæia*, moreover, to our continental friends would be immensely enhanced. Few Englishmen can imagine the repugnance with which foreigners will regard a *Pharmacopæia*, in which the weights of the articles are dished up solely according to our lopsided English system. The only possible objection which could be made to the proposition is, that a certain amount of calculation would be required. But this is too trivial to bear examination. We earnestly, therefore, press this point on the attention of the *Pharmacopæia* Committee and the Medical Council. We cannot but feel that a golden occasion for the insinuation of the metrical system into medicine will be lost if this present one be not wisely seized upon.

## MEDICAL EXPERTS.

THE late trial of Gardner illustrates, in a very marked manner, the extreme importance which so often attaches to medical evidence in criminal cases. The respite of the execution of this man, we are now clearly led to understand, was determined upon because doubts were thrown (*after the trial*) upon the correctness of a capital fact maintained by the medical man then examined; viz., that the murdered person must have been dead at least three hours previous to the time when first seen by him the medical man. Consequently, we may fairly argue, the main point which caused or rather determined the conviction of the man was the evidence above referred to, given by the medical man. We could,



if it were necessary, adduce similar instances in which medical evidence, of the highest prejudice as regards the person inculpated, has been impugned, assailed, and negatived, after the trial. But it is for the sake of impugning the too great dogmatism, and the too unhesitating convictions concerning scientific and doubtful matters, which we so frequently hear expressed in the witness-box: the object now is to make use of these illustrations in order to show the necessity for the establishing of a system whereby justice may always be able, in cases of the kind referred to, to obtain the assistance of the highest scientific knowledge. Justice, in fact, to the accused, and justice to the victim, demand as much. Here we have a medical assertion, founded on the temperature of a murdered body, pressed, and accepted by the court: *the deceased must have been murdered at least three hours before eight o'clock*. The judge and jury accept this assertion of the medical witness as a positive fact, and they condemn the accused to death. But then comes other evidence from without, voluntary and professional, which disputes the former; and the result is that, after condemnation, the man is relieved.

Now, we ask, could such a miscarriage of justice have occurred if an expert—a man especially trained in the business of investigating the facts touching these criminal cases—had been called in to give evidence? A medical expert, who had been taught to experience the doubts and many difficulties surrounding his special subject of inquiry, would hesitate to speak with certainty on topics where his knowledge enabled him to speak only with great confidence; and, on the other hand, where this knowledge was complete, he could reply with authority and certainty. His evidence, negative and positive, would then be of every value on the point at issue. It is assuredly no disparagement to the members of our profession, as a body, to say that not one man in fifty in it is capable of conducting an inquiry into the cause of a violent death with the skill of a Casper, a Fodéré, a Christison, or a Taylor; but cases such as the one before us show that the evidence of a man whose life is devoted to investigations of the kind inferred is of infinite value either to protect innocence or punish guilt, and should be called for in all cases where doubts or difficulties arise. We need a public prosecutor to initiate proceedings, and experts to assist him in his investigations.

The injury done to our profession through the ill report which attaches to the defective evidence of medical men is very great; and, we must say, the imputation is very unjust. It is not the fault of the medical men who give evidence in these cases; they speak conscientiously, and to the best of their knowledge. The fault lies with the legislature, which

presupposes that they possess a degree of special skilled knowledge which no ordinary medical man can possess, and throws upon them an unfair responsibility.

We will conclude these remarks by referring to a few things on this head said by Dr. Stokes in his opening address at the Meath Hospital.

"It is too often the case that the medical testimony is far from what it should be—not from anything criminal on the part of the witness, but simply from the want of a large knowledge of pathology. Every day, opinions as to the cause of death, founded on the discovery of this or that morbid change, are given and acted on, which show that, though the witness may know something of the morbid anatomy, his knowledge of pathology is very scanty. In the administration of the criminal law, medical testimony is indispensable; and it is desirable to consider what are the circumstances that have thrown disgrace upon it. I feel bound to say, looking at the general practice in these kingdoms, that the investigations, in a medical point of view, are not such as should satisfy the requirements of justice. To account truly for a death, under suspicious circumstances, is often one of the most difficult of tasks; yet it is every day entrusted to a court, the composition of which, if we consider its nature or the kind of evidence admitted, is often so faulty as to tend rather to the concealment than the discovery of crime. No doubt, in some remarkable cases, when public interest and sympathy are excited, great pains may be taken, and the best evidence procured; but these are the exceptions; and even they are so conducted as to throw doubt on the characters, if not the acquirements, of members of our profession. But in the usual coroner's inquest, where some obscure and nameless wretch has died under suspicious circumstances, justice, I grieve to say, appears in but slipshod attire."

### GARIBALDIANA.

THE Préfet of Pisa, on the 23rd inst., forwarded the following telegram to M. Nélaton:—

"Ball extracted from the wound of Garibaldi, as assured by your diagnosis, guaranteed by the result of your probing. *Honneur à vous!*—TORELLI."

Mr. Reuter favoured the public, on the 24th inst., with the following telegram:—

"*Extraction of the Ball from Garibaldi's Wound.* Pisa, Nov. 23. At ten o'clock this morning, Dr. Zanetti successfully extracted the bullet from Garibaldi's wound.—Brussels, Nov. 23. The *Indépendance Belge* publishes a despatch announcing that a splinter of bone and the bullet have been extracted from Garibaldi's wound with great ease."

The announcement, we need hardly say, is a great source of relief to the profession at large, as well as to Garibaldi in particular. Surgeons will no longer have to issue reports to defend their views as to the absence or presence of a bullet in the wound; and ingenious mechanics and chemists will cease to invent methods, chemical and mechanical, for testing the fact of the case. Of course, we must be prepared to hear French surgery exalted above English surgery. Our French brethren will hardly let the case of Nélaton v. Partridge pass without reflection.

Since the preceding lines were written, we find that France has determined to stand preeminent in



the surgical history of this case, as well as in so many other matters. To France, it appears, through the skill of M. Nélaton, belongs the credit of having extracted the ball from Garibaldi's foot. Dr. Zanetti, who actually removed the ball, was simply an appendix to the forceps—the mechanical means—by which it was extracted. The real chirurgical manipulator in the business was the French surgeon. To testify to this view of things, the French daily press are getting up a subscription for a testimonial—"a modest *souvenir*"—to M. Nélaton. The *Siècle* says:

"French surgeons and physicians have at all times, and in all parts of the globe, been distinguished by their disinterestedness and their devotion to science and humanity. We are happy to say that the previsions of one of the most illustrious members of the French school of surgery have been completely verified. Thanks to the indications of Dr. Nélaton, the ball has been extracted from Garibaldi's foot by Dr. Zanetti, whose skill is so well known. Under these circumstances, the liberal press of our country has thought proper to honour the entire French school by presenting to Dr. Nélaton a modest *souvenir*. May this testimony inspire our rising medical generation with the ambition of walking in the traces of those who formerly as well as now have never listened but to the voice of duty when it has been necessary to render a service to the cause of humanity."

We cannot, however, quit this subject of Garibaldi's wound without adding a few words in justice to our Italian professional brethren. We think these gentlemen have received very scant justice from all quarters. It should be remembered that some of Garibaldi's medical attendants asserted from the first that the ball was in the wound; and we verily believe, from what we know of their skill, that if neither English, nor French, nor Russian surgeons had visited the General, the same result—the extraction of the ball—would have been obtained. Indeed, we may say that, to a certain extent, the foreign led the native surgeon off the true scent.

There can be no doubt that Mr. Partridge's opinion was decidedly given, in the first instance, against the hypothesis of the presence of the ball in the leg. His words were:—

"The accident may be described as a transverse compound fracture of the right internal malleolus (ankle-bone), produced by a rifle shot, which, though it opened the joint by a small aperture, did not enter it, nor lodge itself in any other part of the limb."

When M. Nélaton saw the limb many weeks later, he, of course, had an immense advantage in giving his diagnosis; and it is only fair to Mr. Partridge to say that at his second visit he appears, to some extent, to have altered his diagnosis. Without, therefore, in any degree, wishing to detract from the merits of Mr. Partridge and M. Nélaton in the matter, we certainly feel that to the Italian surgeons belongs as great a share of surgical and scientific credit in the diagnosis and treatment of the wound,

as to any of the foreign surgeons who gave him benefit of their experience. "*Italia fara di se*" apply to its surgery, as well as to its political constitution.

## THE WEEK.

WE believe that the whole profession will be unanimous in the opinion that a better and more fitting appointment than that of Mr. Cæsar Hawkins to the office of Sergeant-Surgeon, vacant by the lamented death of Sir Benjamin Brodie, could not have been made. The whole course of Mr. Hawkins's professional life has been consistently straight-forward and honourable—untinged by anything approaching to clap-trap, professional puffery, or a leaning towards quackery in any one of its various and insidious forms. He has always supported the dignity and honour of the profession in the mode in which he has practised it. His experience has been great. Early in life a teacher of anatomy, for thirty years surgeon of St. George's Hospital, and for the greater part of that time lecturer on surgery, he still gives at that hospital, not in name but in fact, the benefit of his experience as consulting surgeon. His contributions to the literature of the profession show him to be a man of excellent education with sound practical views. Mr. Hawkins has been Surgeon-Extraordinary to the Queen, President of the College of Surgeons, and of the Royal Medical and Chirurgical and Pathological Societies. He also succeeds Sir Benjamin Brodie as trustee of St. George's Hospital. It is interesting to note, further, that the office of Sergeant-Surgeon appears to be almost hereditary in his family. It was held by his grandfather, Sir Cæsar Hawkins; by his uncle, Mr. Charles Hawkins; and by his great uncle, Mr. Pennell Hawkins. St. George's Hospital has rarely ever been without a Sergeant-Surgeon on its staff. At the foundation of the hospital, the two Sergeant-Surgeons, Mr. Amyand and Mr. Dickens, were appointed surgeons. They have been followed by Sir Cæsar Hawkins, Mr. Chas. Hawkins, Sir Everard Home, Mr. Robt. Keate, and Sir B. Brodie. The appointment of Mr. Arnott (who had already been Surgeon to Prince Albert) as Surgeon-Extraordinary to the Queen, is one which the profession will endorse as readily as that of Mr. Hawkins's; and Mr. Quain—also made a Surgeon-Extraordinary—will receive the sincere congratulations of a large body of friends. Whilst those in power use their influence in making such honourable royal appointments, the profession may justly place all confidence in them. The profession themselves are not always so happy in their appointments.

THE following Fellows of the Royal Medical and Chirurgical Society have been appointed as a Com-



nittee to inquire into the subject of chloroform:—Mr. Thomas Bryant; Mr. Callender; Mr. Samuel Cartwright; Mr. Curling; Mr. Gascoven; Dr. Harley; Mr. Prescott Hewett; Mr. Paget; Dr. Priestley; Dr. Quain; Mr. Sibley; Dr. Sibson; Dr. Dundas Thomson; and Dr. West. With such a Committee, the subject cannot fail to be thoroughly investigated and satisfactorily reported on. We trust that the Committee will take means to obtain information as widely as possible from all those who have had great experience in the administration and effects of chloroform in England, Ireland, and Scotland. The Council appear to have practised a "self-denying ordinance", in not placing any of themselves on the Committee.

THE General Medical Association of France, which is growing rapidly, is beginning to find that it wants a journal of its own. For some years past the question has been agitated; and this year again several of the local branches have strongly insisted on the necessity of the society having its own journal. The Association is not satisfied with its *Annuaire*. The want of the thing seems to have been the promoting cause of its demand. We recommend the fact to the consideration of those members of the medical press who take such a lively interest in the affairs of our Association and its JOURNAL.

A FURTHER investigation of the charge brought by Dr. Wakley against a man of the name of Davis fully established the truth of the charge:—

"Mr. Mansfield (the magistrate) said it appeared beyond doubt that the statement made by the prisoner was a falsehood to get money from the benevolent for the widow of the late deputy-coroner. It would, he thought, be a very difficult matter to prove a false pretence in this case. It had been brought out in a singular way that she was in needy circumstances, and there could be no doubt that she received the money. She was not called; therefore, they must assume that she received the subscriptions. No doubt the prisoner had acted the part of a rogue in going about gathering subscriptions without proper authority. He must discharge him, but reluctantly. The publicity given to the case would put an end to the system which he had been carrying on."

Members of the profession have, therefore, been very properly forewarned by Dr. Wakley of the imposition to which they may have otherwise been subjected.

THE difficulty of establishing adhesions between the skin and an abdominal tumour, etc., has long been admitted; and so also have the dangers attending the ordinary proceedings employed for the purpose. M. Trousseau recommends a new method by acupuncture. He sticks a number of needles into the tumour, just as into a pincushion. He asserts that in the course of a few days adhesion takes place, and that the tumour may be punctured without danger of peritoneal effusion taking place.

Amongst the victims of contagion of secondary syphilis, writes M. Diday in *Gazette de Lyons*, are the glass-blowers at Giers and Vernaison. The frequency of syphilis among this class of workmen has long been observed, and the fact also that the disease almost always commences in the mouth. Three individuals are obliged to blow forcibly, one immediately after the other, into a hot iron tube, which they are forced to compress strongly with their lips. Hence, therefore, if in one of the three syphilitic disease of the mouth should exist, its propagation is readily effected. At Lyons we continually meet with cases of syphilis which has been contracted in this way; and occasionally there arise actual epidemics of the disease. M. Diday has presented this state of affairs to the magistrate of the district, and has recommended that a capable physician should be appointed to superintend the *blowers* in these glass establishments, and to prevent any one who has a syphilitic disease of the mouth using the tube alluded to.

Dr. Dévay, after a lengthened inquiry into the subject, concludes that we may in future include consanguinity in the catalogue of morbid etiology, as far as regards the human race; and that, as regards animals also, the evils resulting from unions of consanguinity are equally manifest, notwithstanding the assertions which have been made to the contrary. Hence, therefore, it is the duty of the medical man to oppose alliances of consanguinity by his instruction and advice.

M. Husson, the Head Administrator of Public Charity in Paris, has addressed a circular to French hospital physicians and surgeons, in consequence of having been informed of the death "of one of our most promising students, who died of an acute disease in lodgings, isolated from all his family. I deeply regret that measures were not taken in time to give to the student all the material and moral aid which his situation required." M. Husson calls upon the medical men to inform him of any like case which may occur, in order that proper measures for the care of the sick student may be immediately taken. "The student will be frequently visited by the director of his hospital. I shall visit him myself, in order that to the devotion of his colleagues and to the solicitude of his *chef-de-service*, may be joined the active encouragement and sympathies of our administration. In this way we shall replace to the student his absent family, and show that we are animated with paternal sentiments for the students who devote themselves with all their powers to the service of our patients."

*L'Union Médicale*, speaking of English generosity in reference to the subscription raised for the family of the late Mr. Puckett, says: "There is no example of the kind to be met with in France where benevolence has reached so high a figure."



A gentleman (to the amusement of the French academicians) having been, as he says, badly treated by several English medical men, asks the advice of the Academy. He has knocked, it would seem, at the wrong door. He probably meant to apply to the Academy of Medicine.

### SIR DAVID BREWSTER ON THE CHARACTERISTICS OF THE AGE.

THE following extracts from the address delivered at the opening of this winter session of Edinburgh University by Sir David Brewster, will be found interesting:—

Were we asked to characterise the age in which we live, we should describe it as remarkable for its love of the mysterious and the marvellous, its passion for the supernatural, and its morbid craving for what the eye cannot see, nor the ear hear, nor the judgment comprehend. I do not allude to clairvoyance and spirit-raising, which are even now misleading men of high attainments, but to more specious extravagances appealing at this moment to our faith, and more likely, from their alleged foundation in science, to captivate the young and the unwary. These speculations have been long working in the public mind, fascinating us occasionally in the creations of the poet, and investing the humblest observer with a power which he delights to exercise, and is therefore unwilling to resign. I refer to the so-called science of physiognomy, but more especially to that morbid expansion of it called the physiognomy of the human form, which has been elaborated in Germany, and is now likely to obtain possession of the English mind. The fundamental propositions of this new art are, "that the outer form of man has been designed on purpose to represent his mental character," "that the invisible is revealed in the visible," "that the body is the image of the mind," and that every man's mental nature may be discovered in his external form. The physiologist who has taken the most active part in advocating these opinions is Dr. Carus, of Dresden, Physician to the late King of Saxony, and so eminent professionally that he was recently elected a corresponding member of the National Institute of France. Had his speculations remained in the German tongue, I should not have ventured to bring them to your knowledge. They have been adapted, however, and extended, both by French and English writers, and having been brought prominently forward, and defended and amplified in the most religious, conservative, and best circulated quarterly journal of the day, they have taken an aggressive position which it becomes a public duty to assail. In support of this doctrine of symbols in the human form, as it is called, the leading argument is derived from the nearly universal assent to it implied in the practice of judging of men by their personal appearance. The opinions of Sir Thomas Brown, Addison, Cowper, Fielding, Southey, and others—men quite incapable of carrying on a scientific investigation—are all marshalled in its favour, and the student is thus prejudiced, at the commencement of his inquiry, by the authority of great names. A second argument is derived from the occurrence in various languages of such expressions as long-headed, stiff-necked, etc., which are supposed to establish the existence of a general belief in the correspondence, not only of mind and body, but of mind and shape. In want of any other arguments, our physiognomists dogmatically declare that the expressions of rage, or grief, or fear, have been "divinely designed on purpose that the inner mind may be known to those who watch the outer man." We know very little of the true inner life of our neighbours, and we should not like that our neighbours knew much more of our own. In some persons their inner life appears to be

openly and injuriously displayed. In others it is artfully wisely, and advantageously concealed; and frequently it is hidden by the very marks which are supposed to display it. Of the individual features which are assumed to be most symbolical of the intellectual and moral character, the size and shape of the head is one of the most important. Without any inductive evidence of this symbolism, we are asked to believe that large brains and ample foreheads are found in certain individuals of high intellectual capacity; but we never hear of the small brains and narrow brows of men of equal talent, or of the opposite class of imbeciles who have heads and brains like those of their neighbours. In this new physiognomy, a head large in the mid-region indicates a predominance of the feelings over the other faculties. A proneness to superstition and fanaticism is shown by a little increase in the elevation; and a head large behind evinces practical ability, and, as Dr. Carus says, characterises a race which will give birth to great historic names! Small heads, however, are not to be despised. They indicate talent, but not genius; while very small ones belong, he says, to the excitable class from whom "a great part of the misery of society arises." In the varying expressions of the human face, physiognomists find a better support for their views. That the emotions of the past and the present leave permanent traces on the human countenance is doubtless true, and to this extent we are all physiognomists, often very presumptuous ones, and, excepting accidental coincidences, always in the wrong, when we infer from any external appearance the character and disposition of our neighbour. In every class of society we encounter faces which we instinctively shun, and others to which we as instinctively cling. But how frequently have we found our estimates to be false? The repulsive aspect has proved to be the result of physical suffering, of domestic disquiet, or of ruined fortunes; and, under the bland and smiling countenance, a heart deceitful and vindictive, and "desperately wicked," has often been found concealed. The countenance, too, which in manhood was noble and benign, we may have seen scarred in the battle of life, and furrowed with the deep lines which the baseness of friends and the injustice of the world never fail to imprint. And when the manly aspirant after wealth or fame has been cruelly worsted in the race of ambition, and has displayed on the outer man the impress of the emotions which disturbed him, how often have we seen him under altered circumstances resuming the joyous expression of his youth, which misfortune has but temporarily disguised. These views will acquire additional support if we examine large groups of individuals living under the same influences, and therefore likely to have the same external development. In the haunts of vice, within the precincts of the gaol, in the stock exchange, and in the marts of commerce, we shall find the same variety of form and expression, and the same difficulty in discovering vice or virtue in the outer man. The criminal in the dock, charged with murder, will often bear an honourable comparison with the functionary who prosecutes him, the advocate who defends him, or the judge who tries him. In descending to individual features, the eyes, nose, mouth, chin, ears, and even the hair, are said to instruct us in the character of our neighbour; and the neck, trunk, hands, and feet become monitors in the same school. Of all these teachers, the eye and the nose are the most accomplished. Dr. Carus tells us that the eye speaks to us in its colours and in its lustre; that yellow indicates genius; dark blue, effeminacy; light blue and grey, activity; green, courage; and hazel, mental depth; and he pronounces this organ to be so richly symbolical that, instead of saying that the "style is the man," we might more justly say that the "eye is the man." In refutation of such assumptions, we assert that there is no expression whatever in the human eyeball, consisting of a transparent cornea, a coloured iris, with the pupil in its centre, and the white



derotic coat. You may as hopefully search for expression in a watch-glass as in the cornea, as hopefully in a coloured wafer with a hole in the centre as in the iris, and as well in a piece of white kid leather as in the sclerotic coat. Such is a brief notice of the new science which is to maintain the waning excitement of more dangerous and offensive speculations. The talents and eloquence of its German and English expositors may obtain for it temporary popularity; and philosophers, male and female, will doubtless study and apply its symbols.

### ST. THOMAS'S HOSPITAL.

At the most numerously attended meeting of governors of St. Thomas's Hospital that has been known for many years, an amendment has been carried, by a vote of 47 against 28, which substantially put a veto upon the notable plan of carrying a metropolitan hospital out of London. The general body of governors had been induced to leave the "selection of a site" in the hands of what is known as "the Grand Committee"; and it was further understood that the latter should endeavour to secure not less than forty acres of ground. The medical men of the hospital have considered the subject very carefully; and their report has been strongly adverse to the contemplated transfer.

The *Report of the Sanitary Committee* of St. George-the-Martyr is as good a *résumé* of the whole question regarding St. Thomas's Hospital as can well be desired. It reminds us how the hospital is, by its very name, "The House of the Poor in Southwark," and how, for centuries, it has been doing a noble work in the midst of a dense and constantly increasing population. The management of its affairs is nominally in the hands of 200 or 210 governors—practically in the hands of a much smaller committee. When the railway company desired to purchase a portion of the building, the committee determined upon selling all or none. Where they might have realised £400,000 for their property, they asked the preposterous sum of £750,000; and having, in consequence, to let the matter go before arbitrators, they got but £296,000. They secured a site for a temporary hospital at the old Surrey Gardens. The Music Hall—or rather the mere shell of it—was speedily put into repair, and rendered suitable for its intended purposes. From the time that it has been opened, the applications for relief have been incessant. It contains 203 beds, but a still larger number is of course required. There are fifteen acres of land available for building purposes; and thus, at a comparatively slight expense, the hospital may be made even a greater blessing to the public than it was before the obstinacy of its managers caused it to be driven from its former site. The arrangements at the temporary edifice are most excellent; and that they are thoroughly appreciated is best proved by the steadily increasing number of applicants. Already from £7000 to £10,000 has been spent upon the necessary alterations. Readily admitting that healthier neighbourhoods might be found at a distance from London, we have yet to learn that the present locality is peculiarly open to sanitary objection. The party who contend for removal would doubtless assert that it is so; the medical and surgical staff are of a contrary opinion. Taking the neighbouring institution of Bethlehem as the fairest type of what a permanent hospital at the Surrey Gardens would become, its sanitary state is admirable; and this result is attributed to "the great attention paid to cleanliness, good ventilation, and a due regard to hygienic measures." All these essential conditions of health would, of course, equally accompany the hospital; and there can be no rational doubt that the result would be substantially the same. It stands upon good gravelly soil, so that it has a natural drainage of its own; and

the artificial drainage system of the neighbourhood is in rapid progress. Fifteen acres of ground are amply sufficient for even the widest development of the theory that a hospital requires space; and to speak of a necessity for forty is simply paltering with the question. It is not required of the committee that they should provide the public with a park; it is very emphatically required of them that they shall not rob the poor of a hospital.

The meeting on Tuesday, November 18, was the most numerously attended that has been held for many years, and yet only seventy-five governors voted. In all, there are two hundred of them. In a question of this kind, indolence becomes culpability. Let not the governors undervalue the importance of this question. It is one of the most interesting metropolitan subjects that could possibly arise. The good name of all our charitable institutions is involved in the preservation of St. Thomas's Hospital for the people of London.

### SEWAGE OF TOWNS.

THE second report of the commission appointed to inquire into the best mode of distributing the sewage of towns, and applying it to beneficial and profitable uses, has just been published. It states:—

"That the pollution of the rivers of the country is becoming a national evil. That this pollution has progressively increased, is still rapidly increasing. That the chief cause of this pollution is the practice of discharging sewage as it comes from towns into the nearest rivers or watercourses. That, besides the pollution of rivers by the discharge of sewage into them, they are in general made the common and ready receptacles of an immense amount of offensive matter from factories, dye-works, gas-works, iron-foundries, mills, etc. That by far the greater part of the solid matter which is held in suspension in water is readily deposited in rivers, covering the banks with mud, and partially silting such rivers up. That however the appearance of the water may be improved, after these deposits have taken place, yet when the foul mud is disturbed during floods, it sends forth effluvia. That the only radical way of restoring the rivers to their original purity is to prevent the discharge of foul matters into them. That the value of the solid portions of sewage being small, all attempts at realising profits from its preparation as manure have signally failed, but mixed with sweepings and other dry refuse of towns, a ready sale is found for it at 2s or 3s per ton, which is sufficient to pay a large proportion of the necessary working expenses, for preventing nuisance. That the cost of the operation has in various instances ranged from  $\frac{1}{2}$ d to 3d per head of the population *per annum*, including interest on the outlay for works; there can, therefore, be no difficulty on the ground of expense in requiring the adoption of adequate means for a removal of nuisance in every case in which injury or inconvenience is shown to arise. That the most beneficial and most profitable method of disposing of sewage, where circumstances will admit of this use of it, is by direct application in the liquid form to land. There is reason to hope that trials and experiments instituted by the commission, and still in progress, in relation to the irrigation of land with sewage, will remove some doubts and difficulties which have hitherto prevailed in retarding a more general adoption of this desirable mode of disposing of and utilising the sewage of towns."

The commissioners conclude by repeating their conviction that the only security for a general and continued employment of the means of disposing of the sewage of towns will be the establishment of responsible conservancies throughout the country, armed with adequate powers for preventing damage and for effecting improvements.



# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

As a large proportion of our associates are more or less interested in the question of Poor-Law Medical Relief; and as this subject, in fact, directly or indirectly, concerns the profession generally, it has occurred to me that a sketch of the system, as it exists in Liverpool, might prove acceptable to the readers of the JOURNAL. I propose, therefore, to give as complete a history of the matter as the limits of my communication will admit.

Although in its general features the system here is similar to that adopted throughout the country, and may be concisely and accurately defined, in common with other sections of this branch of the public service, as a scheme for securing medical aid to the pauper population at the lowest price at which competent medical men can be found to take office, yet, owing to local peculiarities, the arrangements in many respects differ from those of other unions and parishes; in comparison with which, it would probably be found that the Liverpool system is, in some respects, superior, and in others, inferior; and that the position and remuneration of the medical officers, taking the elaborate calculations of Mr. Griffin as a standard, are better than some, but decidedly below those of other places.

The relative proportion which the salaries of the medical officers bear to the amount of duties required of them, has been here as elsewhere an occasional subject of discussion between those gentlemen and their employers; but hitherto, I fear, the problem has never been solved to the entire satisfaction of both parties.

With this natural and perhaps inevitable difference of opinion, it may be fairly stated that in all respects a perfectly good understanding and a satisfactory and harmonious feeling exists between the two parties; and that on the whole the parochial medical arrangements of this great town are thoroughly efficient, and calculated to meet the requirements of its enormous pauper population.

The population of the parish is upwards of 250,000; the workhouse accommodates about 3,000; the average number of sick in the latter being upwards of 500, including the Fever Hospital, and wards for the reception of medical and surgical diseases of every kind, with the exception of primary syphilis in men, which, as a rule, is excluded, and, as a matter of course, recent injuries, the result of accident, are but rarely admitted. To this establishment, constituting the in-door department, was originally attached a staff of honorary physicians and surgeons, with a stipendiary house-surgeon; but, to meet the views of the Poor-Law Board, the honorary system was abolished; and, for some years past, the medical department has been confided to the care of a non-resident physician and surgeon, who are chiefly responsible, and are assisted by two resident medical officers. All of them are stipendiary: the two former receive a salary of £100 a year each, and the latter are paid £75 *per annum*, with rations.

Formerly, the nurses were selected from amongst the pauper inmates, and received certain indulgences, but no remuneration. This system, however, was found to be most unsatisfactory, and has been superseded by the appointment of a paid staff of properly trained ward mistresses and nurses; and as the sick wards are in other respects well arranged and replete with every requisite for the efficient management of the sick, this department is now on a footing but little if at all inferior to that of our best conducted general hospitals. As might be expected from the special social condition of the patients, the bulk of the cases are of a chronic nature, and the diseases for the most part those depending upon imperfect nutrition and the usual results of poverty and distress. Nevertheless, amongst the great number of patients always present in the wards, there may generally be found typical and important examples of disease, both medical and surgical. Capital operations are not unfrequently performed; and these, owing to the means and appliances at the disposal of the medical officers, are conducted under as favourable circumstances—both as regards the operation itself, as well as the after-treatment—as in our first-class hospitals; a satisfactory and desirable state of things, which is, I fear, but too rarely found to exist in the workhouses in this country.

It is much to be regretted that, owing, I believe, to certain difficulties arising out of the regulations of the Poor-Law Board, these abundant materials for medical observations cannot be utilised by the formation of a school for clinical instruction to students.

The medical charge of the home poor, like that of the workhouse, was at one period, to a certain extent, honorary. The general dispensaries of the town undertook the treatment of the sick paupers, in conjunction with the ordinary service of those institutions; in consideration of which, the trustees of the dispensaries received out of the poor-rates a handsome annual subscription, amounting, I believe, to about £500. How long this peculiar arrangement existed, and the precise circumstances which led to its discontinuance, I am not in a position to state; but, somewhere about fifteen or twenty years ago, a staff of twelve district medical officers was appointed under the provisions of the Poor-Law Commissioners: they received a fixed annual stipend, with the usual extra fees for midwifery and operations, and furnished medicines at their own cost. The salaries might be considered nominal, as by far the larger proportion of remuneration arose from the extra allowances, chiefly for midwifery; surgical operations and injuries were extremely rare, such cases for the most part being sent to the hospitals.

This first regularly organised parochial medical staff had scarcely been fairly set in motion, when the advent of the Irish famine fever, closely followed by an epidemic cholera, gave rise to such an unprecedented increase in the amount of sickness and destitution, that all conventional arrangements were necessarily superseded, and special and extraordinary resources, in the shape of additional officers, house to house visitation, fever-sheds, fever-ships, and other expedients, were had recourse to, in order to meet the overwhelming emergencies of that



ible visitation. Medical officers, relieving officers, seamen, Roman catholic priests, and others, engaged ministering in their various departments to the relief of the sick poor, were in considerable numbers placed *de combat*; and not a few sacrificed their lives to their unflinching courage and constancy in the discharge of their hazardous duties. After a time, when the fever and cholera epidemics had passed away, and matters were restored to their normal condition; the out-door medical arrangements assumed their original form, with a very important change for the better; namely, the establishment of public parochial dispensaries, from which the paupers obtained the medicines prescribed by the district medical officers; who were thus relieved of a very disagreeable, onerous, and costly addition to their other duties. The system, however, of payment in part by a fixed salary supplemented by fees for midwifery and other extras, led to frequent disputes and difficulties between the medical men and the Select Vestry. These disagreements were, to some extent, unavoidable and inseparable from the system as it then existed; for instance, the district surgeon was liable to be called upon to attend an urgent case of labour, in which, upon investigation, it was found the patient was not actually a pauper, and, therefore, his fee was disallowed. Unpleasant discussions sometimes took place as to the relative proportion in which instrumental labours might be reasonably expected to occur in a given number of cases; and, in short, the arrangement was found to be so unsatisfactory, both to the medical men and the parochial authorities, that, by mutual agreement, and with the concurrence of the Poor-law Board, the extra allowances were commuted to an increased fixed inclusive salary. The salaries of the district medical officers was at this time £70; but, with extras, it amounted in some cases to upwards of £200 a year. The fixed sum to which this was commuted was £140 *per annum*; so that the medical men had to submit to a considerable sacrifice in order to obtain the change they desired.

This plan, however, was not destined to continue long without a further alteration. Several of the districts having become vacant at the same time, the parochial authorities availed themselves of the opportunity to try an experiment which was expected to effect a considerable reduction in the working expenses. Eight of the original districts were consolidated into four, and a medical officer assigned to each, at a salary of £200 a year; his whole time to be devoted to his duties, to the entire exclusion of private practice.

At this period, therefore, there existed two distinct classes of district medical officers; namely, the four who held what may be called single districts at a salary of £140 *per annum* each, with the privilege of private practice, and four holding double districts at £200 a year, without private practice. No difficulty was experienced in finding adventurous young practitioners to fill these new appointments; but, in a few years, when more than one had fallen a victim to fever, contracted by frequent exposure to infection, predisposed, no doubt, by the fatigue and anxiety of overwork, and the rest had become thoroughly disheartened and overwhelmed with the

monotonous and harassing nature of this laborious and depressing kind of practice, the medical officers prevailed upon the parochial authorities to revert to the old system. Accordingly, the four double districts were again subdivided into eight, and additional officers appointed, making up the full complement of twelve; the salaries, in the case of the eight new districts, being once more brought down a little lower; namely, to £125. Hence, at the present moment, the system presents the somewhat incongruous aspect of two sets of medical officers, all doing an equal amount of work; but two-thirds of their number receiving a lower salary than the rest. With the exception of this inequality, and leaving out of view the question of remuneration, it may be affirmed that experience has shown that the existing arrangements for out-door medical relief are more satisfactory and more likely to prove permanent than any of the various other plans which have been tried, as above detailed.

Each medical officer is supposed to reside in his district; but this condition, for various reasons, is not strictly enforced. In some districts, it would be impossible to find a residence suitable for a respectable surgeon; and, in other cases, it would obviously inflict serious inconvenience and loss to compel an established practitioner to change his residence. The medical officer is required to provide a suitable and convenient surgery and waiting-room in the district, and this, of course, entails a tangible drawback to his salary.

The following return of the number of patients prescribed for in a year, obtained from the parochial dispensary for the six north districts, will afford some idea of the work to be done.

During the twelve months ending in March last, the number of individuals prescribed for in the six districts was 66,020, which gives an average to each surgeon of 11,003 *per annum*, or a fraction over 35 patients seen and prescribed for every working day throughout the year. This is exclusive of a considerable number of individuals who are examined and certified for admission into the workhouse hospital; to which, as a rule, all cases of fever are sent, as well as those patients whose disease or condition renders hospital treatment desirable. The district surgeon has the discretionary power of ordering wine and spirits, and certain other medical comforts, such as arrowroot, etc., which are obtained directly from the dispensaries, without the necessity of applying to the relieving-officer, as the practice is in most unions.

A considerable additional amount of duty has been thrown upon the parochial medical officers by a peculiar regulation which has lately been adopted by the public dispensaries of the town. All applicants to these charities are required to pay a penny for every attendance at the institution. This demand, insignificant as it may seem, becomes a difficulty, and, in some instances, an impossibility, with the struggling operatives, with fluctuating employment and large families; and the result is, that many of those who hitherto in time of sickness resorted to the medical charities, now apply to the parish for medical relief.

The duties of the district medical officers, even with



the present full staff, are at all times onerous ; but in seasons of more than ordinary distress, and during the prevalence of epidemic disease, they become extremely laborious, and are but too inadequately remunerated by the most liberal salary that can be screwed out of the carefully guarded and jealously watched parochial exchequer.

A highly suggestive and instructive, though by no means an encouraging view of the position and prospects of parochial medical officers, is afforded by a retrospect of the financial progress of this branch of service during its existence in Liverpool. Some years ago, as has been shown, the districts were worth, say £200 a year with private practice. This was, by commutation of the extras, reduced to £140 ; and this has, by the last change, been still further reduced, in eight out of the twelve districts, to £125 : a sliding scale which, however acceptable to the ratepayers, is, we may suppose, by no means satisfactory to the unhappy doctors.

It will, I have no doubt, be granted by those readers who have followed this imperfect and somewhat discursive sketch, that the Poor-law medical officers of Liverpool are not altogether exempt from the grievances to which their 3000 colleagues in the other unions of England and Wales are subjected ; but that their case may fairly be included in the difficult and complicated question of Poor-law medical relief, which is certainly worthy the serious consideration of our Association. The battle of the Poor-law medical officers, like that of the navy and army surgeons, can be most successfully fought, not by themselves, but by the independent members of the profession, and where can they look with more confident hopes of ultimate success than to the influence and support of the British Medical Association? Time and space will not permit me to enter at any length into this subject ; otherwise it might be shown that the appeals of the Poor-law medical officers deserve a more encouraging response than they have more than once met with ; namely, that the remedy is in their own hands, and that the keen competition amongst themselves is the main cause of their inadequate remuneration. This is a fallacy. They are powerless to prevent competition in their own branch of their profession, as long as it is equally rife in other departments of the medical community. Nor can we expect so much to be effected by antagonism against what some are pleased to call "ignorant and unfeeling boards of guardians," as by endeavouring to enlighten those gentlemen upon questions that heretofore they have but imperfectly understood. In many, perhaps in most, instances, the guardians of the poor believe that their medical officers are well paid, and are really desirous of doing them justice, acting in the matter in perfect good faith "according to their lights." They see medical men acting as surgeons to public institutions without any salary whatever, and thence naturally infer that their own officers are certainly better paid than these honorary gentlemen. They cannot understand why pauper practice should be less advantageous than dispensary and hospital practice. These and other mistaken notions must be explained away, before we can hope to see our over-worked and ill-paid brethren of the Poor-law staff placed in a satisfactory

position. As the attention of the medical public has lately been aroused to the evils of gratuitous medical services, there is perhaps some hope that the movement may naturally extend to the scarcely less important question of underpaid medical services.

## Association Intelligence.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [General.]	37, Soho Square.	Tuesday, Dec 2nd, 4 P.M.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary*.  
Worcester, November 10th, 1862.

### LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows :—

On Thursday, the 18th December next, at Chester.

On Thursday, the 12th March next, at Manchester.

Gentlemen desirous of communicating papers or cases to either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*  
Liverpool, November, 1862.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE sixth meeting was held at the Fountain Hotel, Canterbury, on November 6th ; H. MAUND, M.D., of Ashford, in the chair. A large number of members attended. The president of the Branch, and several other members, sent notes expressing their regret in not being able to attend.

*Next Meeting.* After the usual routine business, Mr. REID proposed, and Mr. BOWLES seconded, the following proposition, which was carried unanimously :—  
"That the next meeting be held at Folkestone on Thursday, March 5th ; and that Mr. Eastes be requested to act as local chairman."

*Papers.* The following is an abstract report of the communications read at the meeting :—

1. Dr. BAWTREE, staff-surgeon, related a case of Rupture of the Uterus. A robust looking Irish woman, of large frame, and unusually fat, the mother of two children, was taken in labour with her third child on the morning of the 28th of June, 1862. An intelligent nurse attended her. The pains continued to increase ; and at 8.30 P.M., the membranes broke, and a great gush of water followed. Up to 2 A.M. of the 29th, the labour was natural and the pains strong. The child's head was then at the outlet of the pelvis (and was seen by the nurse) at this time, whilst the patient was making a great effort. The pains suddenly ceased, and the head receded. The patient was also seized with vomiting, and became faint.

At 4 A.M., Dr. Bawtree was sent for. He found the patient lying on her left side ; her countenance pale ; pulse frequent, but not remarkably feeble. Respiration was rather hurried. She complained of pain in the



ght side and shoulder. On examination, the head was and still presenting, and well down in the pelvis. The fingers could be easily passed around it. There was no motion of the uterus. The head was pushed back with ease; but came forward again when the pressure was moved. Sometime afterwards, on moving the patient and she became faint, and the head receded more. Candy was administered.

At 9.30 A.M., the abdomen became tender and the pain excessive. The pain, also, of the right shoulder was so great that she could not move it. Some time afterwards, she vomited a large quantity of dark fluid.

At noon, the head had receded still further, and the examining hand (for the first time) was stained with dark blood.

At 2.30 P.M., Mr. Reid saw the patient; and it was at once determined to deliver the woman by turning, which was accomplished without difficulty, but considerable extractive force was required. After taking away the dead child, Dr. Bawtree passed his hand to the fundus of the uterus, but did not discover the rent. His hand moved freely about in it, and there was no contraction. From the excess of fat in the abdominal parietes, not much could be made out by applying the hand externally during any part of the labour. The patient bore the operation better than could have been expected. The bleeding was not excessive. A copious lochial discharge quickly came on, with symptoms of peritonitis and excessive abdominal tenderness, dyspnoea, hiccup, and quick pulse. Various remedies were used, and the symptoms were so far alleviated, that on July 2nd she gave hopes of recovery. But this more favourable condition did not last long; she became worse, and died on the morning of the 5th, nearly six days after delivery.

A *post mortem* examination was made. Proofs of general peritoneal inflammation were discovered. There was pus on the edge of the liver, and in the left iliac region. The uterus was of about the size of a child's head flattened. On drawing it over to the left side, a large collection of pus and dark grumous fluid was found, covered over by adhesive inflammation, and with the folds of the broad ligament. By the right anterior fold, an opening was made, through which the fingers passed into the rent of the uterus, which was about three inches long, in the right side of the neck; how far it extended down was not shown by the uterus as it was exhibited to the meeting. (There had been some difficulty in extracting it from the pelvis.) The muscular structure of the uterus was examined under the microscope, and fatty degeneration was considered to exist.

2. Mr. SANKEY of Dover read the report of a case of Herpes Circinnatus occurring in a strong muscular man. The remarkable extent of the disease, covering every part of the body except the face, neck, and hands, was uncommon, he thought; and the gradual dying away of the eruption and perfect recovery by change of air he thought worth the attention of the meeting.

3. Mr. SANKEY read also a case of Diphtheria, for the sake of showing the advantage of the solid nitrate of silver, he having found it useful in so many cases. He earnestly recommended its application, and large doses of chlorate of potass and tincture of iron, combined with port wine, beef-tea, jellies, and abundance of fresh air.

4. Dr. MAUND of Ashford read some notes of a case of Umbilical Fæcal Fistula, to which he had applied several applications without relief; but, after once applying the actual cautery, the opening had closed, and the part perfectly healed.

5. Dr. BOYCOTT read a case which after death presented Fatty Degeneration of the Heart, extensive old Pleuritic Adhesions, Dilated Bronchia, and Congestion of the Lungs, with Nutmeg Liver and Healthy Kidneys. The first point of interest in the case was the similarity of the physical, and some of the other symptoms, to

phthisis. The second point was to inquire what were the symptoms in the case to help us in the diagnosis of this form of disease of the heart. The man was forty-two years of age, a drunkard; he had been ill four or five years, subject to frequent attacks of severe dyspnoea. There was weak heart and circulation, without abnormal valvular sounds, dropsy without albuminous urine, and the absence of the early symptoms of phthisis, before the other symptoms in the history of the case. Such a combination of evidence pointed clearly, he thought, to what was found after death.

## Reports of Societies.

### LIVERPOOL MEDICAL SOCIETY.

THURSDAY, OCT. 30, 1862.

THOMAS F. GRIMSDALE, L.R.C.P.Ed., Vice-President, in the Chair.

*The late Sir Benjamin Brodie.* The Chairman alluded to the recent death of Sir Benjamin Brodie, and thought the society ought to record on its minutes a tribute of respect to the memory of so honourable a name. The following resolution, proposed by Mr. STEELE, as an old pupil of Sir Benjamin Brodie, and seconded by Mr. HAKES, was unanimously agreed to:—

“That this society desires to express a deep feeling of regret at the great loss which the medical profession and the scientific world at large have sustained, in the lamented death of Sir Benjamin Brodie.”

#### PATHOLOGICAL DEPARTMENT.

*Extensive Disease of the Lower Part of the Shaft of the Femur.* Mr. HIGGINSON shewed the specimen. The patient, a man, aged 55, had had disease of the lower end of the left femur since the age of 15; no cause was assigned for its origin; he had worked as a labourer, with little or no interruption, for forty years, and has had open sinuses on each side of the knee habitually discharging. He was admitted into the Southern Hospital on account of a fall from an omnibus some weeks previously. The knee-joint was found distended and fluctuating, very painful on motion, and a grating could sometimes be felt. A probe passed from either sinus down to denuded bone at the back of the femur, above the condyles. No improvement taking place in his health, but the contrary, his limb was amputated, and he is now, fourteen days after the operation, doing well. The knee-joint contained a quantity of greenish pus; the cartilages were partially eroded; and the opposing surfaces were adherent to one another by deposit of lymph. Abscesses of various sizes existed in the lower third of the femur, and opened into the joint. A detached portion of exfoliated bone lay behind the femur, and this had been felt with the probe. The lower third of the shaft was much enlarged, and bony deposits almost shut up the exfoliated bone in the manner of a sequestrum.

*Cancer of the Liver.* Mr. LOWNDES shewed a specimen of cancer of the liver, from a patient who had been under Dr. Collingwood's care at the Northern Hospital. The liver was studded with small white round tumours, of the size of small marbles, and of firm consistency. They appeared to have an investment of their own, and not to be continuous in structure with the liver. The lungs and kidneys were quite healthy.

Dr. SKINNER thought that in this case the tumours were of such an encysted character, that the disease could not be cancer.

Mr. HAKES replied that this very encysted form is characteristic of one form of cancer.



Mr. LOWNDES and Dr. SHEARER both considered the disease to be of a cancerous nature.

Drs. Collingwood, Gee, and Skinner, were requested to examine the specimen further, and report.

*Anencephalous Fœtus.* Mr. LOWNDES shewed an anencephaloid fœtus. This was of the male sex, at the seventh month of gestation, and presented the usual features of this malformation, and also double hare-lip. The spine appeared to terminate in a circular ring about the first dorsal vertebra. The fœtus at its birth shewed no signs of life; labour was very rapid, and the quantity of liquor amnii was immense.

Mr. HAKES had seen a child much resembling this, 13 months old, and plump and healthy.

*Tumour of the Neck.* Mr. STEELE shewed a tumour removed from the neck by Mr. D. W. Parsons. This tumour weighed six drachms and a half, and was of about the size of a bantam's egg; it had a nodular appearance, spicula of bone protruding in various places. It was very hard; and, when sawn through, was found to consist of perfectly formed ossific matter, and very much resembled in aspect the arbor vitæ. It was situated in the substance of the right lobe of the thyroid gland, from which it was separated by a thin capsule, which completely invested the tumour. The symptoms to which it gave rise were considerable dysphagia and aphonia. The patient, a hysterical, but otherwise healthy young woman, aged 21, was also suffering from rigid contraction of flexor muscles of forearm, and paralysis of extensors. The removal of the tumour, which was effected not without much difficulty, gave great relief; the difficulty of swallowing, and the loss of voice, disappeared; and the day after the operation, she was able to flex and extend the affected arm.

Mr. PARSONS asked if any explanation could be given of the fact of the tumour in the neck affecting the muscles of the arm.

Mr. HIGGINSON said there were many examples of nervous sympathy that could not be explained anatomically. He had seen a troublesome case of stiff-neck produced by functional disorder of the uterus.

Mr. PARSONS said there was loss both of power and sensation in the forearm in this case.

Dr. PRYTHICK said he believed this patient had once come under his notice. He thought that many of the symptoms that had been alluded to were purely hysterical, and were removed by the shock of the operation.

#### MEDICAL DEPARTMENT.

*Wounds of the Abdomen.* Dr. NOTTINGHAM apologised for the incompleteness of this paper, which from circumstances had been hastily drawn up. His wish had been to bring forward a series of cases of successful abdominal section. In reply to a question from the Chairman, he stated that his recent case of ovariectomy was going on quite well.

Mr. HIGGINSON said Dr. Nottingham had not alluded to the effect of the presence of urinous or feculent matters in the peritoneal cavity. That of bile he had spoken of. It is important to know what is bland and what irritating to that membrane.

Dr. NOTTINGHAM replied that there have been cases in which bile has passed into the cavity of the peritoneum in large quantities, without fatal result; and in his case, tapping had to be resorted to to remove that fluid, and recovery took place. With regard to the effects of urine, he knew a case that occurred lately in which the bladder had given way, and death had taken place five days after the accident, and no trace of peritonitis had been found. Peritonitis is not so common an affection as it was formerly thought to be.

Mr. STEELE mentioned a case in which stricture of the rectum had existed, for which a bougie had been used; symptoms of collapse suddenly came on, and no

cause of death could be found but a rent in the rectum; there was no peritonitis, and no escape of feculent matter.

Mr. HAKES had had a case of injury of the urethra, in which extravasation had taken place; distinct dropsy of the abdomen had come on, and had been gradually absorbed. He believed that in this case urine had escaped into the peritoneum, and had caused but slight peritonitis.

Mr. PARSONS, alluding to some of Dr. Nottingham's cases of recovery after injury to the peritoneum, mentioned the case of a child who was attacked by pigs; the integuments of the abdomen were almost eaten away, the peritoneum was opened and the bowels exposed to some extent, but the child recovered under simple treatment.

Mr. HIGGINSON spoke of the mischief to the rectum that was often caused by the use of improperly made enema syringes.

Dr. NOTTINGHAM remembered the case of a child in whom inflammation of the spermatic cord and testis followed an injury from an enema-syringe. In another case, the whole tube of the lower part of the rectum came away from inflammation following the use of a glyster.

The CHAIRMAN remarked that the little instruments kept in druggists' shops are very unsafe. The largest that can be well introduced should be selected.

## Correspondence.

### ON ANÆSTHESIA IN LABOUR.

LETTER FROM F. T. PONCIA, ESQ.

SIR,—It is the office of the physician, according to Bacon, not only to restore to health, but also to relieve dolours. Pain is in itself essentially an evil, not only because it is the opposite of a healthy or pleasurable sensation, but because it can produce great mischief to the constitution. The necessity of its relief, therefore, is obvious; and, as is well known, the most direct means of accomplishing it are such as reduce the excited polarity of the nerve-centres. Foremost amongst these agents stands chloroform. Its successful exhibition in the larger operations of surgery is universally appreciated; and never was there a timelier boon to suffering humanity. Despite strong opposition, it won its way to favour; and, as long as enlightenment and benevolence exist, it will never lose it. But it seems strange that a principle should be acknowledged in one instance, and lost sight of in another; that the pain arising from amputation should be abrogated, whilst the agony of childbirth is unrelieved. Is not the pain of labour as injurious as any other pain? And do not statistics prove that the longer it continues, the more fatal are the results both to the mother and the child? Thus it is shown by Dr. Simpson (*Simpson's Obstetric Works*, vol. ii, p. 595), who first advocated the employment of anæsthesia in midwifery, and triumphantly demonstrated its utility, that in cases in which the labour terminated within two hours, only 1 in 320 of the mothers died; when it terminated within six hours, 1 in 145 of the mothers died; when it continued from seven to twelve hours, 1 in 80 died; when it endured from twelve to twenty-four hours, 1 in 26 died; when it lasted from twenty-four to thirty-six hours, 1 in 17 died; "and out of all those whose parturient sufferings were prolonged beyond thirty-six hours, 1 in every 6 perished."

Now the exhibition of chloroform annuls pain, husband the patient's strength, leaves intact the contractile efforts of the uterus; nor is it fraught with any bad results to mother or child, the same professional care



ing premised as in the case of any other powerful remedy. Objections are made against it—first, because it is alleged to be an attempt to abrogate the curse imposed by the Almighty on the parturient act; second, because the pains of labour are physiological, and should not be removed. But it is the office of the physician to alleviate suffering; and, if there were any force in the former argument, it would tell equally against the whole medical art, since every pain and every disease is, equally with the pain of labour, the result of the original curse; and, regarding the second, the pain of labour is physiological in no other sense than any other pain which medical men do not hesitate to relieve.

I am, etc., F. T. PONCIA.

November, 1862.

### THE CHLOROFORM COMMITTEE.

SIR,—In common with most of your readers, I am sure, I have read with much pleasure the announcement at the Royal Medical and Chirurgical Society are about to appoint a Committee to investigate the subject of chloroform—the whole subject, I trust. The Council could not fix on a subject of greater interest, and one regarding which the public as well as the profession are anxiously waiting for an opinion. But in your articles, among the questions to be inquired into, you do not mention a most important one; viz., the use or abuse of chloroform in *midwifery*. Now, it appears to me that there can be no part of the subject on which there is a greater necessity for inquiry than this. At the present time, some practitioners in midwifery, and those of the greatest experience, are decidedly adverse to its administration to women in labour; some use it extensively; some in a modified degree. The Committee should make their inquiries in a most extended form. Although the laws do not allow any but Fellows of the Society to form members of the Committee, I trust that the Committee will not fail to obtain information from every quarter, and from all who have had experience in the matter. I should suggest that the Committee should frame a set of questions to be forwarded to every hospital in England, Ireland, and Scotland. If the Committee are enabled to present a satisfactory report, the Royal Medical and Chirurgical Society will have done much to increase its former usefulness, and in some measure to erase from one's memory that most disreputable scene that was enacted at its last meeting!

I am, etc., ENQUIRER.

November, 1862.

### THE THERAPEUTICAL INQUIRY.

LETTER FROM C. H. JONES, M.B., F.R.S.

SIR,—In reply to Dr. Skinner's letter, I may say that it seems to me that it might be left optional to include cases of lepra in the return or not. I believe, as he does, that both disorders are essentially similar, and require the same treatment. With regard to cod-liver oil, I think it would have been well to include it in the list; but there is nothing to prevent Dr. Skinner from using it, and I hope he will, and let us have his experience of its effects. There is no intention that I am aware of to exclude the use of other remedies than those recommended, if the reporters prefer them.

I am, etc., C. HANDFIELD JONES.

49, Green Street, Park Lane, W.

BEQUEST. Mr. William Barker, formerly of Mark Lane, and late of Barnes Green, Surrey, has left the following among his legacies:—The Brompton Consumption Hospital, £200; King's College Hospital, £100; Chelsea, Brompton, and Belgrave Dispensary, £50.

## Medical News.

ROYAL COLLEGE OF SURGEONS. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on Nov. 19th:—

Axford, William Henry, Bridgwater  
Craig, John Wright, M.D., Ayr  
Dixon, William Henry, M.D., Sunderland  
Eccles, George Henry, Plymouth  
Gibson, Robert Edward, Plymouth  
Gibson, Robert Farmer, Cardiff  
Griffiths, Thomas, Carmarthen  
Hains, Augustus Palmer, M.D., Totnes  
Hanks, William, Snaith, Yorkshire  
Hyde, Sydney, Langport, Somerset  
Roberts, William Robert, Birmingham  
Thomas, Lynch, M.D., Demerara  
Thorold, Ellis Frederick, M.D., Edinburgh  
Ward, Cornelius Harrison, Tollerton, near Nottingham  
White, George, Thatcham  
White, Thomas Robert, M.D., Bailieboro, co. Cavan  
Willey, Henry, St. John's Wood  
Williams, John, M.D., Brecon  
Young, Francis, M.A., Kentish Town

Admitted on November 20th:—

Bloxam, Matthew, Duke Street, Grosvenor Square  
Elliston, William Alfred, Ipswich  
Evans, John Beddoe Morgan, Haverfordwest  
Harries, Gwynne Henry, Haverfordwest  
Harris, Alfred, York Terrace, Commercial Road East  
Thompson, Ebenezer Mark, Billingham, Lincolnshire  
Turner, Richard, Pentreheylin, Oswestry  
Wood, John Henry, Ledbury, Herefordshire

NAVAL SURGEONS. The following members of the Royal College of Surgeons passed their examinations for Naval Surgeons last week:—

Dobbin, John Wilson, H.M.S. *Dromedary*, Woolwich: diploma of membership dated June 3, 1854  
Gregory, Bradley, H.M.S. *Sutlej*, Portsmouth: April 11, 1859  
Magill, Martin, H.M.S. *Russell*, Falmouth: June 6, 1856  
Rodgers, M., H.M.S. *Royal Adelaide*, Plymouth: May 8, 1857  
Rolston, Peter Williams, H.M.S. *Fox*, Woolwich: May 6, 1853

UNIVERSITY OF ST. ANDREW'S.—Honour List, November 18th, 1862.

*First Class.*

Nicholls, John F., Devizes } Equal.  
Waterworth, Charles A., Isle of Wight }

APOTHECARIES' HALL. On November 13th, the following Licentiates were admitted:—

Buckle, William Henry Fleetwood, Royal Mint  
Hains, Frederick Augustus Palmer, Totnes, Devon  
Kempster, William Henry, Battersea

### APPOINTMENTS.

ARNOTT, James M., Esq., F.R.S., appointed Surgeon-Extraordinary to the Queen.  
BLUMENTHAL, Theodore, M.D., appointed Resident Medical Officer to the Queen Adelaide Dispensary, Bethnal Green Road.  
COOMBS, William G., Esq., appointed Assistant Medical Officer to the Devon County Lunatic Asylum.  
DROSIER, W. H., M.D., appointed Assistant to the Professor of Chemistry, University of Cambridge.  
HARGOOD, Frederick H., Esq., appointed Assistant Medical Officer to the Lancaster County Lunatic Asylum, in the room of H. W. Jackson, Esq.  
\*HAVILAND, H. J., M.D., appointed Assistant to the Regius Professor of Medicine, University of Cambridge.  
HAWKINS, Cæsar H., Esq., F.R.S., appointed one of Her Majesty's Sergeant-Surgeons, in the room of the late \*Sir B. C. Brodie, Bart.  
\*HUMPHRY, G. M., M.D., F.R.S., appointed Assistant to the Professor of Anatomy, University of Cambridge.  
JOB, Samuel, Esq., appointed Surgeon to the Newark-on-Trent Dispensary.  
LESTOURGEON, C., Esq., appointed Assistant to the Downing Professor of Medicine, University of Cambridge.  
MARTIN, J. Hamilton, Esq., appointed Apothecary to the Male Lock Hospital, Denmark Street, Soho.  
ORTON, Charles, Esq., appointed House-Surgeon to the North Staffordshire Infirmary, in the room of C. Parsons, Esq.  
\*QUAIN, Richard, Esq., F.R.S., appointed Surgeon-Extraordinary to the Queen.  
RAINY, H., M.D., elected Honorary President of the University Medical Society, Glasgow.



SMITH, Charles S., Esq., appointed Local Surgeon for Burbage, Wilts, of the Great Western Railway Provident Company.  
SMITH, William A., M.D., appointed Honorary Medical Officer to the Church of England Scripture Readers' Association.  
\*WOOD, William, M.D., appointed Medical Officer for the Yorkshire District of the Lancashire and Yorkshire Railway Company.

**ARMY.**

CLUTTERBUCK, Surgeon J. E., M.D., 17th Foot, to be Staff-Surgeon, *vice* E. B. Tuson.  
TUSON, Staff-Surgeon E. B., to be Surgeon 17th Foot, *vice* J. E. Clutterbuck, M.D.  
WHITE, Staff-Assistent-Surgeon G. F., to be Assistant-Surgeon 77th Foot, *vice* A. Humfrey.

**To be Staff-Assistent-Surgeons:—**

HUMFREY, Assistant-Surgeon A., 77th Foot.	MELBURN, T. D., Esq.
BARTLEY, A. G., M.D.	MORGAN, T. C., Esq.
BECHER, E., M.D.	MURRAY, J. R., M.D.
CHURCHILL, A. F., M.D.	NICHOLSON, E., Esq.
DUSTAN, J., Esq.	OWEN, R. J., M.D.
ELLIOTT, J., Esq.	PILE, W., M.B.
FERGUSON, R. P., Esq.	SMITH, T. P., M.B.
HANNAT, J. B., M.D.	TYRRELL, W. J., Esq.
HENSMAN, H. F., Esq.	
M'ADAM, J. S., Esq.	

**ROYAL NAVY.**

ANDREWS, John (b), M.D., to the *Meance*.  
BEALE, George B., M.D., Assistant-Surgeon, to the *Meance*.  
BUCKLEY, John, Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.  
CREE, Edward H., M.D., Surgeon, to the *Saturn*.  
HORROCKS, John, M.D., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.  
HURLESTONE, Michael O., Esq., Assistant-Surgeon (confirmed), to the *Cockatrice*.  
LAMBERT, John, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.  
LEAHY, James W., Esq., Assistant-Surgeon (additional), to the *Wellesley*.  
MAXWELL, —, M.D., Assistant-Surgeon, to the *Royal Adelaide*.  
ROBERTSON, Adam, M.D., Acting Assistant-Surg., to the *Meance*.  
ROGERS, Maxwell, M.D., Assistant-Surgeon (confirmed), additional, to the *Royal Adelaide*.  
RYALL, W. T., Esq., Assistant-Surgeon (confirmed), to the *Orlando*.  
YULE, Allen, M.D., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

**INDIAN ARMY.** Her Majesty has been pleased to approve of the undermentioned promotions and alterations of rank among officers of Her Majesty's Indian Military Force:—

HARRIS, Assistant-Surgeon F. W., to be Surgeon.  
HYSLOP, Assistant-Surgeon J. M., M.D., to be Surgeon.  
PEET, Surgeon J., M.D., to be Surgeon-Major.  
STYLE, Surgeon M., to be Surgeon-Major.  
STEINHAUSER, Assistant-Surg. J. F., Bombay Army, to be Surgeon.

**VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—**

HOAR, W., Esq., to be Surgeon 3rd Battalion Kent R.V.  
SANKEY, G., Esq., to be Assistant-Surgeon 1st Kent R.V.  
SISSON, A., Esq., to be Surgeon 3rd Administrative Battalion Surrey R.V.

**NEW MAYORS.** The following members of the medical profession have been elected Mayors for the ensuing year:—

\*CLEMENT, William J., Esq. .... Shrewsbury.  
\*HARRISON, Edward T. D., Esq. .... Welshpool.

**BIRTHS.**

HINTON. On November 22nd, at Hinton, near Bath, the wife of \*Joseph Hinton, Esq., of a son.  
O'BRYEN. On November 20th, the wife of \*John R. O'Bryen, M.D., Thistle Grove, Brompton, of a son.

**MARRIAGE.**

\*FRY, John William, Esq., of Thaxted, Essex, to Lydia Elizabeth, youngest daughter of Thomas Marchant, Esq., of Deptford, on November 20.

**DEATHS.**

BREMNER. On November 9, at St. Peter's Road, Mile End, Sibella, widow of the late John Bremner, Esq., Surgeon R.N.  
BROCK. On November 20, at Great Malvern, Letitia, youngest daughter of the late W. W. Brock, M.D., of Clifton.  
JAGO, Francis R., Esq., Surgeon R.N., at Hammersmith, aged 75, on November 19.  
\*JAQUES, William R., Esq., at Droitwich, aged 59, on Nov. 22.

JOHNSON. On November 19, at Southlands, Kent, aged 71, Jan widow of James P. Johnson, M.D.  
MADDOCK, Alfred B., M.D., at 56, Curzon Street, aged 47, on November 18.  
RIDGE. On November 18, at Northfleet, aged 83, Elizabeth, widow of the late Benjamin Ridge, Esq., of Lambeth.  
WILLIAMS. On November 24th, at Henllan Place, Denbigh, aged 72, Mary, widow of \*R. Lloyd Williams, M.D.

**MORTALITY IN SHEFFIELD.** In Sheffield, the mortality of infantile life (from 0 to 5 years), is 50 per cent among the poorer classes.

**A REMEDY FOR TÆNIA.** M. Tarneau tells us that the seeds of the pumpkin are an excellent remedy for tænia.

**TESTIMONIAL TO A POOR-LAW SURGEON.** The poor of Acton have presented Mr. Day, who is about to leave Acton, with a clock, to testify their gratitude to him for his long kindness to them.

**THE FACULTY OF MEDICINE IN PARIS** have presented the following names for the chair of clinical midwifery vacant at the Faculty:—1. M. Depaul; 2. M. Pajot; and 3. M. Blot.

**APOTHECARIES' HALL.** The annual dinner of this Society was held on the 14th instant. The Society was justly and warmly praised for the prominent part it had played in elevating the standard of professional education. The number of students, we learn, now presenting themselves for examination is still large, and therefore, we may conclude, that, notwithstanding the Colleges of Physicians, the license of the Hall is still highly esteemed.

**DUBLIN OBSTETRICAL SOCIETY: TWENTY-FIFTH ANNUAL SESSION, 1862-63.** A special meeting for the election of officers for the ensuing session was held in the Rotundo, on Saturday, 15th instant, when, on a ballot being taken, the following gentlemen were declared to be elected:—*President*, Dr. T. E. Beatty. *Vice-Presidents*, Dr. A. H. McClintock, Dr. J. Denham. *Treasurer*, Dr. H. S. Halahan. *Secretary*, Dr. George H. Kidd. *Committee*, Dr. G. Johnston, Dr. H. Kennedy, Dr. Montgomery, Dr. Sawyer. Dr. Sinclair.

**THE GORILLA NOT YET CAUGHT.** The English and French papers have contained a paragraph announcing the arrival of a live gorilla by an African vessel at Liverpool. On the strength of this, a scientific gentleman from the Zoological Society started by express train, with his pocket full of gold, to acquire the valuable specimen for the gardens in Regent's Park. A speedy telegram, however, at once announced to those disappointed enthusiasts who believe, with Dr. Grey, that gorillas are as plentiful as sheep on Salisbury Plain, that the so-called gorilla was nothing more than a poor chimpanzee, an animal often been in England before.

**MEDICAL COLLEGES OF THE UNITED STATES: SESSION 1862-63.** In the number of the *Medical Times* for October 13, 1860, we gave a catalogue of all the medical colleges in the United States. At that time they numbered about fifty. The meagre list which follows proves the havoc which civil war has produced among our institutions of learning. Of the present condition of the Southern schools we are entirely ignorant; probably there is not one in existence. Nor can we speak confidently of the Northern schools. Many have suffered severely from the loss of Southern patronage, while some have had their classes enlarged by the increase of Northern students. (*American Medical Times*.)

**ROYAL GEOGRAPHICAL SOCIETY.** At a recent meeting of this Society, a letter by Dr. Livingstone, on the Lake Nyassa, in Africa, was read by Dr. Norton Shaw. It described the course of the gallant doctor, and was replete with the characteristics of the natives. It stated that at Mount Zomba there were two tribes, which were exceedingly warlike and destructive. There was a party of those people who, elated with continued success, finding



were before a small number of about twenty, commenced shooting their poisoned arrows, when a resort to arms was necessary. None, however, were struck by firearms. Fortunately, none were hit by the arrows; they were handled by native Portuguese slaves. On reaching Lake Nyassa they found elephants and hippopotami, which were very tame; and in that locality fell in with a number of natives who wished the English to sit in the sun while they remained in the shade. This was not acceded to, when they rattled their shields, and, being frightened at the production of a note-book, which they thought a pistol, they sped away. Resistance was made to a thick atmospheric-like smoke, which was composed of insects, which the natives collected and made into a kind of cake, tasting like roasted nuts, but fishy. Alluding to the cotton districts, which are most prolific together with the lakes and cataracts, the letter concluded with a notice of the most extensive slave traffic, which was carried on to the westward.

**VACANCIES.** The following appointments are vacant:—surgeon to the United Law Clerks' Society; medical officer of the union workhouse and the St. Clement district of the Truro union; surgeon to the Bluecoat Hospital; house-surgeon to the Torbay Infirmary and Dispensary; two surgeons for the Lewisham District of the Royal Kent Dispensary; assistant in the museum of the Royal College of Surgeons; medical officers for the St. Mary's district of the Wandsworth and Clapham Union, the St. George's district of the same union, for the Farnborough district of the Foleshill Union, Warwickshire, and for the Silsden District of the Skipton Union, Yorkshire.

**NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.** A numerous meeting of the Council of the Social Science Association was held at their rooms in Waterloo Place on Thursday week, the principal business being to decide the place of the annual meeting of the Association in 1863. Lord Brougham, taking the chair, moved a resolution expressing the deep sense of the Council of the loss sustained by the Association in the death of Sir Benjamin Brodie, one of their earliest members. The Lord Mayor of York, Mr. Alderman Husband, and other gentlemen, attended as a deputation to urge the claims of that city to a visit from the Association. The rival applicant was Edinburgh, represented by Mr. Charles Cowan, Mr. Baillie Bossman, and Mr. Robert Chambers. After a long discussion, a majority of 22 to 17 decided in favour of Edinburgh, in which city the next congress will be held.

**THE HUNTERIAN MUSEUM.** This collection has been enriched by the purchase of some skeletons of rare and interesting animals, beautifully prepared by Professor Hyrtl of Vienna, and by him forwarded to the International Exhibition. They consist of *Chlamydophorus uncatus*, found at Mendoza, in Chili, and first described by Dr. Harlan from a specimen now in the Philadelphia Museum. It is supposed by Mr. Flower, the conservator of the Hunterian Museum, that there are but three skeletons of this curious little animal in Europe. It is very much like the *Glyptodon clavipes*, so familiar to the visitors to the College Museum, only that it is very small. The late Mr. Yarrell described and figured the animal in the *Zoological Journal*; this, with a second specimen obtained by Sir Woodbine Parish, is in the British Museum. The specimen now the property of the College has been the subject of an elaborate memoir by Professor Hyrtl, in the *Denkschriften der Akademie der Wissenschaften*, illustrated with drawings. Another case contains skeletons of rare fish, including examples of the three genera of existing ganoid fish, *Lepidosteus*, *Polypterus*, and *Amia*. There are also a case of batrachians, two cases of tailed amphibia and snakes. The several specimens have been obtained at a cost of nearly

£200. This department of the museum has also been enriched with some fine skeletons of large British fish, admirably prepared by Mr. James Flower, the College articulator. One is a specimen of the sword-fish, upwards of ten feet in length, taken, in October last year, off the Suffolk coast, in the herring nets, and purchased by the College. A large number of foreigners have visited this museum during the present year.

**FATAL CASE OF PRACTICAL JOKING.** At an inquest on the body of James Davenport, who died from having partaken of some pluck and liver into which a quantity of jalap and croton oil had been poured by a man named Farrand, it appeared that Mr. Massey is a druggist residing in West Street, Oldham. The officer went to apprehend Mr. Massey; and, after cautioning him, he said that John Farrand came to his shop and told him that they were having a fry or hash, and he wanted two-pennyworth of jalap to put into it. He (Mr. Massey) then gave him the jalap, and put two drops of croton oil into it. He added that he was very sorry, but he did not think that Farrand would use it improperly. The prisoner Farrand, when apprehended by Sergeant Bell, made a similar statement. The jury, after a long consultation, returned a verdict of "Manslaughter" against Massey and Farrand; and they were bound over, in £40, and two sureties of £20 each, to answer the charge at the next Liverpool assizes.

**NARROW ESCAPE OF PROFESSOR SIMPSON.** On the 16th inst., Professor Simpson of Edinburgh had a narrow escape while travelling in a railway carriage on the Caledonian Railway. While passing Cobbinshaw, about seventeen miles from Edinburgh, the tire of one of the fore wheels of the first-class carriage in which he was sitting gave way; in consequence of the disturbance of the carriage, several other wheels also came off, and the carriage was dragged some distance along the rails before the engineman could stop the train. The floor of the front compartment in which Professor Simpson was seated was entirely broken up, and the body of the carriage was threatening to give way, when it was brought to a stand. Had the train been at full speed at the moment, the results might have been disastrous. Little detention, however, was caused; for the train immediately proceeded, minus the broken carriage. The cause of the accident was the same as that of the more fatal and serious one of the previous night. The alterations of temperature which the train experiences on the longitudinal journey of 100 miles, and the passing through a cold and hilly district in the northern part of the route, are supposed to account for the wheels giving way in this manner.

**THE ACCLIMATISATION SOCIETY OF GREAT BRITAIN.** By a vote of a Council meeting the sum of £150 had been granted from the funds for the purpose of getting from Australia a supply of the wonga-wonga and bronzewing pigeons the Murray cod, and a few wombats. A communication having been received from Mr. E. Wilson, kindly offering to place at the disposal of the society the machinery of the Acclimatisation Society of Melbourne, for the purposes of obtaining and transmitting to the society specimens of these creatures, it was determined to hand over the money so voted to Mr. Wilson for transmission to the Melbourne society. Measures were decided upon for obtaining from Berlin a supply of that desirable fish the *lucio perca*, for the purposes of breeding, and Mr. Buckland was authorised to make arrangements and incur a limited amount of expenditure for that purpose. The secretaries reported the receipt of a present of a great variety of vegetable and other seeds from Algeria, presented to the society by M. Teston, the Commissioner of the French-Algerian colonies at the International Exhibition. Forty-two new members have joined since the beginning of the month of August. The stock of Chinese sheep is in a thriving condition; all that were offered for



sale were readily purchased, and there is a demand for more. The turkeys, which arrived from Honduras in the month of September, laid twenty eggs, which produced nine birds, seven of which are now in good condition. Reports from several members give a good account of the *dioscorea batatas*, which have been dug in excellent condition where the soil has been rich and light, and therefore favourable to their growth. A present from Sir George Bowen, the Governor of Queensland, in the form of a pair of the *talegalla* (or mound-building turkey of Australia) is shortly expected. A promise has been received from the French Société d'Acclimatation of *sorgho* seeds, to be sent over in the spring.

**SERGEANT-SURGEONS.** The appointment of serjeant-surgeon to Her Majesty has been bestowed on Mr. Cæsar Henry Hawkins, F.R.S. (the vacancy having been caused by the death of Sir Benjamin Brodie.) Mr. Hawkins, who has long been a member of the Council of the Royal College of Surgeons, filled also the high office of President of that institution in 1852, and, for a second time, in the past year. Her Majesty has two serjeant-surgeons, Mr. Lawrence being the senior. One of the duties of the office is to attend the Sovereign in all battles. Henry V when he invaded France had only one principal surgeon with him, one Thomas Morstede, afterwards surgeon to Henry VI. He wrote a "goodley boke on chirurgery," which is now extremely rare. This person was authorised to press as many surgeons as he thought necessary, and it appears from *Rymer's Fædera* that with the army which won the day at Agincourt there landed only one surgeon—this same Thomas Morstede, who did, indeed, engage fifteen in that capacity, but these gentlemen were compelled to add a little fighting to their practice of surgery, and three of them acted as archers. He took into his service also Nicolas Colnet, as field-surgeon, for one year. With such a medical staff, what must have been the state of the wounded after the day of battle? The pay was £10 quarterly, and twelve pennies daily for subsistence; but then, both Morstede and Colnet could receive prisoners and plunder, and when the latter amounted to more than £20 in value a third part of it was given to the king.

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.
TUESDAY. ....	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.
FRIDAY. ....	Westminster Ophthalmic, 1.30 P.M.
SATURDAY....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

### POPULATION STATISTICS AND METEOROLOGY OF LONDON—NOVEMBER 22, 1862.

[From the Registrar-General's Report.]

	Boys	Girls	Births.	Deaths.
During week.....	1000	885	1885	1559
Average of corresponding weeks 1852-61 .....			1833	1436
<b>Barometer:</b>				
Highest (Mon.) 30.234; lowest (Sat.) 29.728; mean, 30.029.				
<b>Thermometer:</b>				
Highest in sun—extremes (Sun.) 79 degs.; (Fri.) 43.8 degs.				
In shade—highest (Tu.) 47.3 degrees; lowest (Sat.) 30.6 degs.				
Mean—38.3 degrees; difference from mean of 43 yrs.—4.0 degs.				
Range—during week, 16.7 degrees; mean daily, 10.3 degrees.				
Mean humidity of air (saturation=100), 88.				
Mean direction of wind, N.E.—Rain in inches, 0.01.				

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	Royal College of Physicians, 4 P.M. Dr. Charles Bl Radcliffe, "On Certain Diseases of the Brain and Nerv System."—Medical Society of London, 8.30 P.M. Dr. J. Bird, Lettsomian Lecture on "Means of Ameliorating Physical and Moral Condition of the Masses."—Entom gical.—Odontological.—Epidemiological, 8 P.M. Mr. Radcl "On the State of Epidemic Disease in Great Britain, 1861-2
TUESDAY.	Pathological, 8 P.M.—Photographical.—Ethnolog 8 P.M.
WEDNESDAY.	Obstetrical, 8 P.M. Dr. Tilbury Fox, "On the fluence of the Mother's Health in the Production of Ricket —Hunterian, 8 P.M.—Pharmaceutical.
THURSDAY.	Royal College of Physicians, 4 P.M. Dr. Charles Bl Radcliffe, "On Certain Diseases of the Brain and Nerv System."—Harveian Society of London, 8 P.M. Mr. J. R. La "On Stone in the Bladder in the Female."—Chemical, 8 P Linnæan, 8 P.M.—Royal.
FRIDAY.	Western Medical and Surgical.—Royal Institution.
SATURDAY.	Army Medical, 7.30 P.M.

### TO CORRESPONDENTS.

\*\*\* All letters and communications for the JOURNAL, to be address to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their commun tions, should authenticate them with their names—of course n necessarily for publication.

CHLORODYNE.—A correspondent writes:—"I hear that, partly on a count of the inherent weakness of the plaintiff's case, and part on account of the firm stand taken by a portion of the professio in our columns, in opposition to secret remedies of any kind bei introduced in our *Pharmacopæia* or prescriptions, that the chlor dyne trial has been suddenly adjourned *sine die*; the plaintiff pa ing the costs of the defendant, which were very considerable. is something new in practice to know that chlorodyne of the chi maker does not contain either chloroform or Indian hemp; b owes its alleged virtues to a new alkaloid incapable of analyt reactions. The formula for the chlorodyne of other makers h been more than once published; and that it contains both chlor form and cannabis Indica is no secret. The chief property of t latter compound is, of course, anodyne or sedative; not stimulan as erroneously supposed. A very important duty now remains t the profession, if they are in earnest as to secret medicines whether they shall decide to prescribe one form of chlorodyne o the other. I have good reason to know that no notice whatever taken of chlorodyne, its properties, or doses, in the forthcomin *Pharmacopæia*; yet it is every day in the hands of our medic assistants and house-surgeons, and generally admitted to b (like chloroform and opium, its constituents) a very useful med cine. The point of the wedge has been at length inserted int the dubious mass of quackery and specialism inside our ranks it remains to be seen with what final result."

COMMUNICATIONS have been received from:—Mr. J. KEN SPENDER; Mr. J. B. CURGENVEN; Mr. T. M. STONE; Dr. EDWARD COPEMAN; Mr. T. L. PRIDHAM; Mr. J. N. RADCLIFF; Mr. JOSEPH HINTON; Mr. G. BODINGTON; Mr. CHAS. F. HODSON; Dr. JOHN HOPE; Dr. WOOTTON; Mr. OSBORN; Dr. PARKES; Mr. JOHN WALTER; Dr. LANKESTER; Dr. SIEVEKING; Mr. ERASMUS WILSON; Mr. JAMES LANE; Dr. H. BARKER; Dr. DAY; Dr. HANDFIELD JONES; Dr. KIDD; and Mr. J. A. PEARSON.

### ADVERTISEMENTS.

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# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

CRITICAL REMARKS ON THE PATHOLOGY AND TREATMENT OF SKIN-DISEASES.

C. HANDFIELD JONES, M.B., F.R.S., Physician to the Hospital.

[Continued from page 201.]

**Lupus.** This malady presents several interesting points for consideration. It is certainly a skin-disease, it seems to form a connecting link between some of the ordinary eruptions and the graver and malignant affections. In several respects it approaches to syphilis, which, indeed, may be the actual cause of one form of it. Its soft, low, languidly inflamed tubercles are by no means unlike those of secondary syphilis; and its painful ulcerations are only paralleled by those of the phagedænic chancre. Yet, on the other hand, it differs widely from it in its essential relation to the skin, and its non-dependence on any communicated virus. Though often affecting persons of scrofulous constitution, it is unquestionable, as Cazenave states, that in a great number of cases it shows itself in persons in the prime of life, robust, and having always enjoyed excellent health. No previous disease of the skin seems to have any determining influence. There is no doubt that the three forms of lupus, the exedens, superficial, and hypertrophic, which are justly distinguished, are mere varieties of the same affection, as they may all exist at the same time in the same individual, and all cause more or less structural alteration of the skin.

The origin of lupus is just as obscure as that of a cancer, a fibrous, or any other tumour. We have no ground whatever, that I can see, to suppose that it depends on a poison in the blood. The phenomena are more favourable to the view that it is a dynamic degeneration of the nutrition of the skin, which issues either in a languid chronic inflammation, or in a continually advancing ulceration. The absence of affection in distant parts, the non-impairment of the general health, and the good effect of a local treatment in many cases, are weighty arguments for regarding the disease as a local degeneration, or disorder of nutrition, depending, in all probability, on failure of the vital power of the tissue itself.

If we compare the inflammations of lupus with those of psoriasis or other cutaneous eruptions, we must admit that the mere inflammation is not the essential thing, but that the peculiar tissue-change which ensues is of much more consequence. A patch of skin may be merely congested and inflamed even for a long time, but yet undergo no such alteration as lupus infallibly produces. The eroding tendency of lupus, which becomes the chief feature of the exedens variety, points clearly to a low vitality of the skin and other tissues. The power of repair is wanting; exudation, instead of organising into granulations and cicatrix structure, forms a glutinous discharge, which concretes into a lifeless mass. We see the same tendency in the perforating ulcers of the cornea and stomach, where a local decay and wasting of tissue occurs in one particular spot, though all around the living parts maintain their vitality and normal composition. Such instances are very illustrative of the independent vitality of each separate part, and how this may fail primarily and *per se*.

The view, then, which I take of lupus is, that it is typically a tissue-disease, not depending on external influences or on any *materies morbi* generated in the system, but on a primary failure and disorder of the nutrition of the skin itself. It has some unequivocal affinities with scrofulous caries of bone, scrofulous disease of the skin, tuberculous ulceration of the lungs; but in other respects differs from them materially. In particular, it is more purely a tissue-disease than they are, less under the influence of the general system, and more amenable to local treatment.

Mr. Hunt, on the authority of Mr. J. Hogg's examinations, regards lupus, whether exedens or superficial, as a disease of the sebaceous glands, which become disintegrated, discharge their contents in the cellular membrane, and set up irritation and ulceration, which become phagedænic in lupus exedens. If it be admitted that the sebaceous follicles are primarily affected, we have yet, it seems to me, no true explanation of the essential character of lupus. Why do not the sebaceous glands, which are inflamed in acne, cause the same changes which occur in lupus? Evidently we must go much further back for an explanation than the mere locality of the disorder; we must look to the peculiar condition of the vital actions.

We may strive with more or less success to stay the ravages of lupus exedens by cod-liver oil, iodide of iron, and alterative doses of calomel and opium, with the local application of biniodide of mercury, or arsenic and calomel pastes, or strong chloride of zinc solution (3j to spirit. 3j); but the morbid tendency is generally too strong to allow us to obtain more than very incomplete and temporary success. In one case, Mr. W. Cook seems to have achieved a cure by lemon-juice; but we must have much fear that a second patient would hardly be so fortunate. He seems to have regarded specially the scorbutic diathesis of his patient, and justly; but, in the great multitude of cases, there is none such discoverable. Mr. Hunt is confident as to the curability of the disease by arsenic persisted in for months or years. It is necessary to ascertain the maximum dose which the patient can take without injury, and to persevere with it steadily.

In superficial or hypertrophic lupus, repeated application of iodine paint appears to me the most beneficial means. It provokes considerable discharge, whereby the engorged vessels are unloaded, and a healthy stimulus is imparted to the diseased tissue. This effect is not at all peculiar to lupus. I have seen the same good results in various instances where there was great engorgement and swelling of the skin; as, for instance, in carbunculoid furuncles. Dr. Churchill speaks highly of the good effects of iodine painting in inflammation and hypertrophy of the cervix uteri. The application should not be made too frequently; one painting a week is mostly sufficient. The acid nitrate of mercury is also efficacious, but more painful. Bichloride of mercury (gr. x to 3j), or chloride of zinc solution (gr. v-x to 3j), as recommended by Veiel, may be used if the iodine seems to lose its power. Internally, it is worth while to give arsenic and cod-liver oil; but I do not think these or any other remedies are as effectual in controlling the disease as external applications.

The following case is worth recording.

J. N., aged 36, labourer, was admitted June 9th, 1860. He has suffered with his disease fourteen years. It commenced in one hand, and a surgeon amputated part of a finger on account of it. His face and both hands are now affected, the face all over. The disease is well-marked lupus, without the eroding tendency. The face is much swollen, very red, with tubercular formations here and there; the nostrils and ocular apertures are contracted; and the lips thickened and stiffened; the disease encroaches a little on the mucous surface. His aspect is nothing less than hideous. The backs of the



hands are covered in large patches by extremely thick scabs, which adhere to extraordinary papilloid prolongations of the cutis with remarkable firmness. He is unable to work by reason of his disease; in other respects, his health is fair. He was ordered a drachm of cod-liver oil three times a day, and one-twentieth of a grain of arsenious acid and half an ounce of water three times a day.

℞ Iodinii 3j; potassii iodidi 3j; mastiches ℥ij; tincturæ iodinii 3ij. M. Partibus affectis illinatur.

He attended very irregularly, as he lived at a great distance; but his wife reported, on August 6th, that his face was getting quite clear, and that he had gone to work. Considerable improvement was certainly effected.

*Acne.* Acne, by common consent, is acknowledged to be a chronic more or less severe inflammation of the sebaceous follicles and adjacent tissue. Acne punctata is distinguished by a black spot of dirt at the orifice of the follicle; acne indurata, by the greater amount of exudation and induration around the follicle; acne rosacea, by the predominance of venous congestion and hyperæmia in the skin for a considerable extent around. As to the actual cause of these conditions, we know not much. The rosaceous variety is often, according to Cazenave, dependent on gastro-intestinal irritation, or on hepatic disease. Exposure of the face to heat in the stooping posture, irregularities of diet, mental excitement, local irritants, even cold winds, are all admitted as causes in various instances. The extreme frequency of the eruption on the back, between the shoulders, where the skin is thick and not easily accessible, and the speedy amelioration procured by diligent washing and rubbing, go far to show that one important element of the disorder is a languid or torpid condition of the tissue. The hyperæmia of the indurate and rosaceous forms is almost always decidedly venous, often very remarkably so. The suppuration is apt to be of a languid, imperfect character. The accumulation of the secretion in the follicles shows that excretory action goes on very imperfectly, probably owing to the abnormal quality of the product. In some cases, this may be the result of the inflammation; in others, the converse may happen. All this indicates a torpor of the vital actions of the skin, eminently of its secretion and circulation. The fault appears to be a dynamic one; and there is no evidence that a *materies morbi* is in the least degree concerned in it. What is essentially wanted is to animate and invigorate the vitality of the integument, and to restore tone to flaccid and distended vessels. We must, therefore, endeavour to excite without irritating the skin, to promote secretion, to relieve congestion by the usual methods, and to administer tonics which may prevent its recurrence. Ointments of iodide of sulphur or ammonio-chloride of mercury, lotions of bichloride of mercury, or liquor plumbi, vapour-baths, and douches, all stand us well in stead in many cases. The Turkish bath to many persons will be an agreeable and efficient remedy; but it is not to be used indiscriminately. I have tried the mineral acids more or less diluted, and Vlemineckx's liquid, as well as a lotion of sulphur and liquor potassæ, which has some repute; but I cannot report much of their efficacy. Light pencilling with moistened lunar caustic is decidedly more beneficial. Tonics, I believe, are often useful, especially where debility and loss of tone are more or less apparent. I am partial to a combination of strychnia and sulphate of iron, with a little sulphate of magnesia. In one very bad case of acne rosacea, bichloride of mercury internally appeared to have a decided effect in quickening the languid circulation, and restoring a natural warmth to the cold livid hands and nose.

CASE. F. P., aged 52, a wood-carver, was admitted on May 26th, having been ill one month. He complains of nervousness, and a bad taste in his mouth, with dis-

relish for food. The skin is cool; the pulse steady. He has pains between the shoulders. The tongue is whitish, bowels open; urine dark, thick, and hot. He has very marked eruption of acne tuberculata on the forehead and face; the eruption consisting of large inflamed slowly suppurating tubercles. He had a similar eruption on the face two years ago, which extended all over the body. He was ordered to take, three times a day, one-twentieth of a grain of strychnia, fifteen grains sulphate of magnesia, two grains of sulphate of iron, seven minims of dilute sulphuric acid, and ten minims of tincture of ginger in an ounce of water; and to apply a lotion of bichloride of mercury to the skin, which was also pencilled over in the situation of the tubercles with solid nitrate of silver. Under this treatment he improved very much; so that, by July 28th, the face was all but quite natural, and this in spite of recent excess in drinking.

*Less common Skin-Diseases.* The following records of various less common skin-affections seem to me of some interest.

CASE I. E. J., aged 16, female, was admitted January 7th, suffering with amenorrhœa of some months duration, swelling of the legs and feet, and debility. She was treated with ammoniated tincture of iron, and aloë and myrrh pill, and improved decidedly; but, on February 8th, she complained that her feet perspired very much indeed, and smelt very bad. I regarded this as cutaneous flux (the bad smell being the result of the secretion not being removed, and decomposing), and not as an eliminant effort. I prescribed, therefore, quinine and nux vomica to tone the vessels, and a strong leucol lotion to act as an astringent to the relaxed skin of the feet. This plan agreed very well, and was continued for a month, when (March 8th) she showed me a spot of eczematoid character on the outer part of the right foot. For this she took three minims of liquor potassæ arsenitis three times a day, and used some ointment of zinc with nitric oxide of mercury continuing her quinine. By April 5th she was quite well. M. Gaffard has found the same kind of proceeding successful. (See *Edinburg Medical Journal*, Jan. 1860.)

The above case is certainly suggestive, to say the least, of the possibility of the theory of eliminant action being not invariably applicable. It may also be remarked that, in any really eliminative effort, it is highly probable that the excretion would take place at least usually by way of the natural channels, and not by the clumsy contrivance of an eruption. Nature does not bungle her work in such a way, we may be sure. Thus if eczema were an eliminant action, may we not fairly argue that the *materies morbi* would be expelled by the sweat-glands, instead of breaking up and stripping off the epidermis to exude it from the papillary surface of the corium?

CASE II. D. S., aged 48, was admitted November 11th, having been ill five or six weeks with a copious eruption on the chin and both lips, extending as far as the angle of the mouth, occupying the middle of the lower and most of the upper lip. The skin has a very red, tuberculated aspect; some of the prominences are considerably elevated. The beard-hairs come out very easily, but, on a microscopic examination, they are found free from sporules. His health is good. Pulse quick. He was ordered to apply a lotion consisting of one ounce of liquor plumbi diacetatis and five ounces of distilled water; and to take, three times a day, a draught containing seven grains of citrate of potash, five minims of solution of arsenite of potash, and three minims of tincture of opium, in an ounce of cassia water. On the 18th the mixture was continued; and an ointment was prescribed, consisting of three drachms of ointment of nitrate of mercury and five drachms of spermaceti ointment. By January 20th, the elevations of the skin had subsided, and the disease had disappeared.



is was a well-marked instance of sycosis, evidently of parasitic origin. M. Chaussit states that fungi only accidentally present when they are met with.

Case II. R. G., aged 3, female, was admitted January . She had been ill fourteen days. She has a very red eruption of vesicular character on the chin and upper lip, a spot also on each eyebrow. The eruption is extending towards the cheek; its base is inflamed and irritated. Three out of six children have some eruption.

The crusts contain multitudes of refractive coriaceous cells, much like sporules of favus, but yet also like abortive nuclei. They do not form rows, or buds.

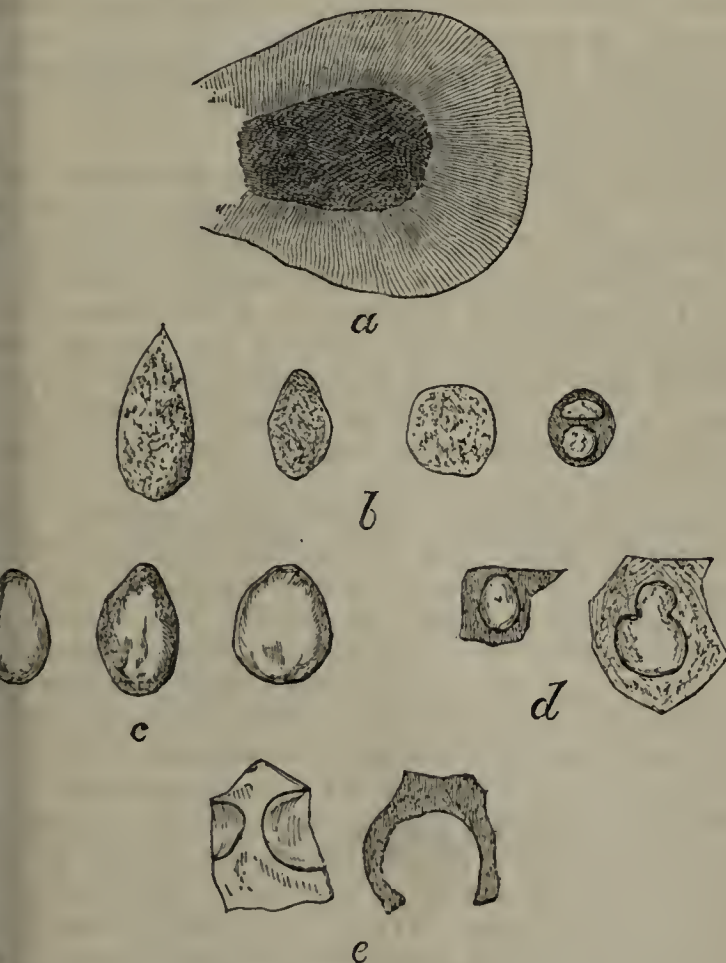
Bichloride of mercury does not alter them notably. It was ordered to apply an ointment containing one part of ointment of iodide of sulphur and fifteen parts of sulphur; and to take three times a day two drachms of a mixture containing six grains of iodide of potassium and a scruple of carbonate of soda in three ounces of compound infusion of gentian.

Feb. 2nd. She was much better. The medicine was continued; and she was ordered to take a drachm of liver oil twice daily.

Feb. 16th. She was very much better; the eruption nearly gone. The oil and ointment were continued; half a drachm of wine of iron was ordered to be taken three times a day.

From the probably contagious character of this disorder, its general appearance, and the corpuscles found in the scabs, as well as from the results of treatment, I am inclined to consider it as an example of porrigo Startinii. On the whole, I do not regard the corpuscles found in the exudation as sporules; but they had certainly a good deal of resemblance to them, such as I have not observed in other exudations. Mr. Hutchinson on two occasions only out of many has found fungi in the secrete crusts.

Case IV. E. M., aged 8, male, was admitted February . He had on the upper lip, towards the left side, a small lobulated tumour, which, on being pressed, protruded out of the skin in which it lay. It appeared



Figures representing Tumour in Case IV. a Ultimate gland-structure. b Epithelial cells. c Fatty cells. d Fatty cells in epithelial cells. e Husks of epithelium.

months ago; the others, to be presently mentioned, were recently. One of them is near the chin on the left side and three others are situated just below the inner

part of the left eyebrow. These last look like minute white or translucent pinhead spots, elevated, with a small depression at the apex of each. There is a similar one at the back of the neck. On minute examination of the tumour which had started out of its bed, it was observed to be distinctly lobulated, with small blood-vessels ramifying over the groups of ultimate vesicles. These were rather larger than those of the pancreas, and had a distinct homogeneous and strong limiting membrane. Next to the homogeneous membrane is a layer of greyish semitranslucent aspect, enclosing a cavity filled with more opaque material. The former layer consists of epithelial cells containing granulous matter in their interior, the outer ones being ranged so as to present a vertical striation somewhat like columnar epithelium. The more opaque substance consists of highly refracting cells, about four to six 5000ths of an inch in diameter, having a well-marked envelope and oily-looking and granulous contents. These are manifestly formed inside the epithelial cells; they can be seen sometimes in their interior, and many empty husks of the latter are scattered about. It is quite evident that the fatty cells are true cells, and not mere masses of fattily degenerated matter. How they are produced is not very apparent—whether from the nuclei, which are not often visible; or as a separate development. (See Figure.) His health is not good; he is drooping. Appetite poor. He often complains of pain in the head.

March 30th. It is reported that a baby has two similar tumours; and fresh ones continue to form on the boy.

April 13th. The baby's tumours are very distinct; and there is a very suspicious one on the mother's breast, close to the nipple.

June 4th. Two children now have the same tumours, and the mother has several about the left nipple.

June 15th. The mother and three children came to the hospital to-day, all with the same tumours; one large one is on the mother's left temple. They appear to be growing rather fast, and several of them show some surrounding inflammation.

July 20th. The tumours have now disappeared from all the affected persons, except from the mother's breast. The original patient has lately passed through an attack of measles; the other children have escaped. A lotion of bichloride of mercury was employed at first, and appeared to have the effect of shrivelling up some of the tumours, and causing them to become detached. Subsequently, it appeared to be inoperative, and I used the acid nitrate of mercury; but I am not sure that it was applied more than once.

On referring to the papers of Drs. Henderson and Paterson on Molluscum Contagiosum, in the *Edinburgh Medical and Surgical Journal* for 1841 (vol. lvi), I cannot but think that the case above recorded belongs to the same class. In particular, the drawing given by Dr. Paterson of the bust of a child affected with the tumours conveys exactly the idea I should wish to give of the appearances in my cases. Mr. E. Wilson is strongly opposed to the idea of there being anything contagious in this affection, and seems to refer it to the same class as the common comedones. It must be allowed, however, that its cell-growth is very unlike that of the latter; and that its general appearance and tendency to affect children are also distinctive. For my own part, I will not affirm that it is a contagious disorder, as there is not absolute proof; but I certainly think there is much reason to suspect that it is so. The affection is certainly a very rare one; the above is the only instance I have met with in many thousands of patients. I think I can be sure that mere squalor or uncleanness was not the cause of the peculiar disorder in my patients; nor does it appear to have been so in Dr. Paterson's.

*Alopecia Areata.* With regard to this affection I have but little to say, except that my observations quite coin-



cide with those of Hutchinson and others as to the absence of any fungous growth about the hairs. The disease is an atrophy, *pur et simple*; and a very interesting example it certainly affords. It is remarkable how purely local the change is; all the other tissues may be in full vigour of nutrition and development, except the follicles in the affected patches. There the scalp becomes smooth, pale, thinned, and devoid of reactive vitality. In one well-marked case, croton-oil liniment, which I prescribed, produced considerable irritation of the hair-covered part of the scalp, but none on the bald patches. Von Bärensprung ascribes the atrophy to a paralysis of trophic nerves. I do not see any ground for this assumption, and prefer to regard it as a simple loss of nutrient power in a tissue—a true degeneration. Local stimulation is the only treatment that is of any avail, and this must be very long continued.

[To be continued.]

## Original Communications.

### EXTERNAL SQUINT; VARIETIES; OPERATIONS FOR INTERNAL AND EXTERNAL SQUINT.

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

By HAYNES WALTON, F.R.C.S., Surgeon to the Hospital, and to St. Mary's, Paddington.

[Continued from page 383.]

EXTERNAL squint is very much less frequent than internal, and very seldom appears before puberty, except in connection with a diseased brain; but is common in advanced age, at which period of life it is almost sure to be induced by loss of vision from any cause. It is a fact difficult to be explained, that at the adult age, the same circumstances shall at different times excite either kind of squint. An eye is rendered useless from a blow, or disease, and it may become misdirected to either side.

The varieties of external squint are few and easily recognised. As the first, I give disease of the motor oculi, or third cerebral nerve, whereby the muscles that turn the eye inwards are paralysed, and eversion follows. There are degrees of this paralysis. There is impairment of sight, due to the loss of the adjusting power of the eye, through the influence of the ciliary muscle and the recti, and also to the state of the pupil, when much dilated. This is a common effect. But there may be confusion of vision from the loss of parallelism only. Ptosis is an usual accompaniment. Recovery from the paralysis is often frequent and perfect, so that only after it has been proved to be permanent, should an operation be undertaken; and, although the prognosis is very discouraging, practical surgery is not to be rejected, and may often be beneficially applied. The success will be according to the tonic contraction of the external rectus, and the failure according to the persistence of the paralysis. It is impossible always to distinguish beforehand between the preponderance of the one or the other of these. A speculative attempt, therefore, at amelioration is justifiable.

The second form is more common, and is very similar to the second form of internal squint. The eye can be brought to the centre of the orbit by a strong effort. It may even sometimes be inverted. The best result from an operation is to be gained here. For years have I taught that, if the eye could be brought to the centre of the orbit, and kept there for a few seconds, the operation may be undertaken with the fullest assurance of success.

The third, the commonest variety, is the double squint.

It would seem to be that into which the single squint has a tendency to pass. Except produced by paralysis it rarely commences as a double affection, and in this strikingly differs from internal squint, in which the double affection from the commencement is common. In the marked cases, the mutual convergence is striking. In the lesser degree there is rather a deceptive appearance, the deformity seeming to alternate, but implication of the two can generally be made out. Taken separately, either may be brought to the centre of the orbit, and even more or less inverted, but they cannot be made to converge, nor yet to assume a parallel position.

The double operation is requisite in all degrees of the double deformity; and, in unequivocal abduction of both eyes, the operating may be done at once and before the effects of the chloroform have passed away, if this drug have been used. If doubt exist, there should be a careful inspection before the second eye is touched.

The operations for squint in general may be classed into those executed with the knife, and those with the blunt hook and scissors. The first have been executed in three methods, and with instruments of dissimilar fashion; I think that all of them are objectionable. The second embraces two plans: that of cutting through the conjunctiva, over where the muscle is to be divided; and the so-called subconjunctival proceeding. I advocate the former of the second class, with modifications of my own, and I use sutures, because I find it the most sure; the easiest in execution; the least detrimental; the most generally applicable; and as I fully believe, that which gives the best results, and leaves the least trace of performance.

First, as regards the operation for internal squint, I hold it to be preferable to sever the muscle close to its attachment, and therefore internal to the "ocular tunic," because it is attended with the least disturbance to the surrounding parts, and it secures the new attachment of the muscle to the eyeball, not far back from the natural one. I advise you to make yourself acquainted with the anatomy of the "ocular tunic." Its discovery is among the latest of anatomical novelties: as yet it has not found a place in works on anatomy. I have given a full description of it, with an illustration, in my work *On the Surgical Diseases of the Eye*.

The eyelids are best retracted with the spring tunic retractor. Should the eye not be sufficiently straight for commencing, I draw it to the required position with a pair of forceps applied to the outside. Taking up a fold of the conjunctiva horizontally, I cut it through vertically opposite the lower edge of the muscle, which generally corresponds to the inferior edge of the pupil to about a couple of lines, and then incise the subconjunctival tissue to an equal extent. The latter is sometimes divided along with the conjunctiva, but it may be thick and very dense, and need special attention; and I can never be certain that the division is effected, except the sclerotica be exposed. I now introduce the hook, secure the muscle, make it prominent, and, if the upper part be covered by the conjunctiva, as in all probability it will be, I push this off with the forceps, while I make the hook-point more prominent, and, keeping the muscle very tense, divide its tendinous expansion between the hook and the eyeball with the blunt-pointed scissors. I would rather advise a beginner to incise the conjunctiva more freely, as he will thereby take up the muscle the more readily, and there can be no particular objection against the extended incision. At any rate, scarcely more need be cut through than actually covers the muscle. The hook should always be passed a second time, to ascertain whether the operation has been completed. Beside muscular tissue, portions of condensed areolar tissue might escape division in the first instance.

It is a very common error to attempt to secure the muscle before cutting through the subconjunctival tissue.



in the tissue is thin and natural, the hook may be re-  
pushed through it; not so when it is thickened, as is  
the case in squint of some standing, or when there  
has been inflammation of the conjunctiva; indeed, when so  
aged, I have seen it mistaken for muscle, and treated  
such. I conclude by applying one or two sutures,  
using such a needle as that depicted in the chapter on  
instruments; but one carefully adapted generally suffices.  
This is very readily done by raising the corneal portion  
of the membrane with the forceps, transfixing it close to  
the margin, and dealing with the other edge in the same  
manner. I am particular about the exact position of the  
needle, lest there be any tension of conjunctiva; and be-  
cause, when so placed, the thread is thrown off in three  
or four days, which is better than having to remove it.  
The least irritation ensues, and the patient is rarely  
aware that he has a stitch in his eye.

In the subconjunctival operation, the conjunctiva is  
everted horizontally at the lower part of the eyeball, and  
a hook and scissors are employed beneath the mem-  
brane. A larger aperture is required than I find neces-  
sary for the other. My objections to it are, in the first  
place, as regards the uncertainty of thoroughly dividing  
the muscle where the eye is sunken; when there is fixed  
protrusion of the eyeball; when the muscle is shortened;  
as in the small eyes of children and infants; when the con-  
junctiva is thickened and thrown into folds, and especially  
when the sub-tissue is likewise altered. Then, as re-  
gards the peculiar consequences, the parts are very much  
disturbed, the conjunctiva is freely separated, and blood  
extravasated.

It is a common practice to make a counter puncture to  
attempt to let the blood out; but, in fact, little can be re-  
moved in this manner, because of the coagulation. I have  
seen a very extensive chemosis and ecchymosis thus pro-  
duced, even in the hands of the best operators. I have  
known of the effusion being so considerable that the eye-  
lid closed with difficulty. The uncertainty of dividing  
the condensed tissue about the muscle that should be  
divided, or of any posterior adhesions, must be self-evi-  
dent, and need not be dwelt on.

The use of the suture must set at rest all the objections  
to dividing the conjunctiva in a line with the can-  
nule, as rapid primary adhesion is thereby produced.  
As the rare, the very rare exception not to have this.  
I cannot, therefore, conceive a more efficient and perfect  
manner of operating. The little ecchymosis, the slight  
tenderness, and the rapid removal of all trace of the opera-  
tion, point to this. There is no fungous growth from  
the edges of the wound, a likely occurrence whenever  
the conjunctiva does not heal at once, and no irritation,  
which is common in the progress of granulation.

Failure of the operation is often due to bad operating.  
The operator should, therefore, be careful to divide the  
muscle entirely; to be certain of which, he should always  
ascertain, by the reapplication of the hook, that no mus-  
cular fibres have escaped; and, after the efficient per-  
formance of this part of the operation, should the eye  
be adducted, he must seek for adhesions, and separ-  
ate any that may be found.

There is no difference in the details between the ope-  
rations for internal and for external squint, beyond that,  
the attachment of the external rectus muscle being a  
little more posterior than the internal, the conjunctiva  
could be divided a little further from the cornea. The  
hook should be passed just below the muscle, and close  
to its attachment to the sclerotica; or the inferior oblique  
muscle is liable to be taken up. The operator must be  
prepared to find the conjunctiva and the subjacent tissue  
looser and thicker on this side of the eye; and then the  
division of the muscle does not admit of being so  
thoroughly raised and exposed as in the internal operation,  
in consequence of being broader; it appears more like  
tendon. The operation may, therefore, be  
said to be the less easy of the two; and there can be no

doubt that it is far more likely to be ineffectually per-  
formed. I always apply sutures, for, although less im-  
portant here, still they are very serviceable.

I understand that some of the warmest advocates for  
the subconjunctival operation do not apply it to exter-  
nal squint. I have not seen it adopted.

Of course, all that has been said respecting care in  
dividing the internal muscle and seeking for adhesions,  
must be understood with reference to external squint.

## FOREIGN OPINIONS OF THE NATURE OF SYPHILIS.

Collected by M. BERKELEY HILL, F.R.C.S., M.B.Lond.

### V.—RICORD OF PARIS.

HAVING detailed the opinions of several continental *doc-  
trinaires* in syphilis, I may be permitted to conclude the  
series with a short relation of Ricord's views on the sub-  
ject, as related in his *Leçons sur le Chancre* (2nd edition,  
Paris, 1860), and reiterated in his lecture delivered in the  
Hôtel-Dieu on a case of syphilis supposed to have been  
contracted through vaccination. This lecture was reported  
in the *Gazette des Hôpitaux* for January 28th and 30th,  
1862, and is the latest occasion on which he has pro-  
fessed his opinions.

Many years ago, in his early writings on syphilis,  
Ricord separated gonorrhœa from other venereal dis-  
eases, but upheld in his celebrated *Letters* the doctrine  
of Hunter that all venereal ulcers were provoked by a  
common poison. In the eighteenth letter, he wrote:  
"So far, have we every reason to suppose there is but  
one syphilitic virus. It appears to me reasonable to  
consider that chancres, which under certain condi-  
tions to be produced at will begin in the same way,  
are also generated by a single cause; and that their  
later developments owe their characters to the individual  
peculiarities of the persons affected." Again, in his  
nineteenth letter, he said: "If my meaning was compre-  
hended in my last letter, you will have perceived that I  
acknowledge the syphilitic poison to be single, although  
experiment has not yet placed it beyond doubt. Nor do  
I seek to explain the varying severity of this poison by  
attributing to it different degrees of virulence—an ex-  
planation put forward by some observers; but rather by  
a modification of its effects induced by the peculiarity of  
constitution of the person affected. Also, in spite of  
Bell's observations and of those of others, no one is  
justified in concluding that a severe case of syphilis  
generates a contagious principle which will cause severe  
forms of the disease where it is inoculated, because our  
observation teaches us that the opposite is frequently  
the case."

Until the year 1856, Ricord continued to profess  
opinions in harmony with those enunciated in his early  
letters, and in accordance with those of Hunter; not-  
withstanding that Bassereau in 1852 published his treatise  
on syphilis, in which he declared his conviction that  
venereal ulcers were of two kinds, propagated by two  
distinct contagious principles. At length, in his clinical  
lectures of the year 1856, Ricord struck his colours as a  
unicist, and declared he should henceforth fight in the  
dualist squadron—a promise which he has redeemed  
most thoroughly, but still refuses to countenance the  
leading syphilitic writers in many of their pretensions:  
for instance, the power of contagion possessed by se-  
condary forms of syphilis generally, or by the blood of  
syphilised persons; though he has lately shewn symp-  
toms of a disposition to accept the former of these  
dogmata. In his *Leçons sur le Chancre*, published in  
1857, and republished with copious notes and additional  
observations by M. Fournier in 1860, he commences  
with a quotation to the effect that the foolish man is he



who never changes, or who prefers obstinate adherence to his opinions to truth itself. Ricord then gives his solemn declaration of his acceptance of the doctrine of the existence of two contagious principles causing venereal ulcers, as different in their origin, mode of action, and consequences, as are the poisons which produce small-pox and dissecting wounds; the first infecting the system, and accompanied during its period of activity by a series of symptoms dependent on general constitutional affection; the second being simply a poison confined in its course and consequences to local irritation.

Ricord describes the different sores in a series of propositions so framed as to contrast the characters peculiar to each, as follow:

*The Simple or Non-infecting Chancre.* 1. The tissues in which it develops itself retain their normal softness and pliability. It is essentially a chancre with a soft base. The inflammatory complications which now and then accompany it may give its base a more or less perceptible hardness, but this hardness differs to the touch from that of an indurated ulcer; in short, it feels like a boil. Ricord endeavours to distinguish the two kinds of induration more clearly; but he acknowledges that the two varieties of hardness are sometimes so similar that it is impossible to separate them.

2. This sore is, as a rule, multiple, either from the outset or shortly afterwards, through inoculation of its acrid pus on contiguous surfaces; in which case the secondary sores are in all respects repetitions of the first. Fournier enumerates two hundred and fifty-four cases of simple chancre, of which forty-eight had but a single chancre, thirty-two had two ulcers, one hundred and sixteen had from three to six ulcers, forty-one had from six to ten ulcers, seventeen had from ten to twenty ulcers.

3. The surface of this chancre is hollowed out as if by a punch. It has margins which are perpendicular or somewhat undermined. Its floor is uneven, worm-eaten in appearance, nodular, and greyish in colour. It suppurates freely, and is seated on somewhat congested tissue.

4. Its pus is contagious in the highest degree, and is so during the greater part of its course, frequently even until cicatrisation is almost completed. It is readily inoculable on its bearer. Ricord holds this characteristic to be the only really pathognomonic sign of its presence.

5. It is a chancre of long continuance (the average duration being a few weeks); it heals with difficulty, and easily assumes a phagedænic progress.

*The Infecting or true Syphilitic Chancre.* 1. Its progress is insidious; its base is indurated in a special and pathognomonic manner.

*Induration.* The time of its appearance, Ricord expressly states, *never precedes* that of the ulceration, thus contradicting Babington and von Bärensprung, who hold that induration precedes ulceration. Ricord attempts to account for this discrepancy by supposing other observers to have overlooked the ulcer, which may have been very small, or disposed of in various ways, none of which are at all satisfactory. This induration subtends and extends beyond the base more or less; it generally dips deeply into the subjacent tissue, and has consequently been likened to half a pea or marble deposited in the cutis vera; it is usually unaccompanied by pain or tenderness. This form may be taken as the classical one; but there are three other varieties—*a.* The parchment-like, when it exists in an extremely thin layer just beneath the ulcer; *b.* The irregular, from being seated on tissues of different density (as at the juncture of the skin and mucous membrane); *c.* The annular, when the indurated matter is deposited in a ring-like form.

The induration commences to form at the end of the first week after inoculation, and becomes evident in the

second week, being never perceptible before the third day, and rarely delayed beyond the second week. Ricord has never observed it later than the third week. This it will be manifest that Ricord ignores any incubation stage.

The situations where induration is best marked are the groove behind the corona of the glans penis, the skin of the penis, and the labia; in short, the localities best supplied with lymphatic vessels. In these regions the induration is also most persistent. On the other hand, induration is often wanting on the vagina, carunculae myrtiformes, anus, etc.; and, more rarely, on the neck of the urethra. Here it is only the parchment form that is met with; and the induration is often late in appearance, and short in its stay. With these localities excepted, Ricord believes that induration forms as well in women as in men.

The ordinary time for the induration to last is eight days, but it frequently lasts some years; and Puche has a case where it lasted nine years.

2. The infecting chancre is usually *solitary*, rarely multiple. Of 356 infecting chancres, 241 were single and 15 multiple.

3. The ulcer of the infecting chancre is generally less sharply cut out than that of the simple chancre. It appears as if formed by a scoop, and is cup-shaped; that is to say, the margins slope gradually down to the floor. The margins are not undermined, though often raised. The floor is most commonly smooth, glazed occasionally, even iridescent, but of greyish brown colour. The ulcer secretes but little pus, which is thin, serous, and sanious.

4. The pus of the infecting chancre soon loses its virulent specific power, especially for the bearer of the sore, whose body is in a few days at most, if not before, insusceptible of inoculation with the pus. When more than one chancre is found in one person, they are of the same age—very rarely indeed, if ever, inoculated from another successively.

5. The infecting chancre has little tendency to enlarge; it soon reaches its acme, and passes on to cicatrisation. Consequently, these sores frequently heal before they have been observed by a patient who is not very scrupulously clean. Phagedæna is very rare with this chancre.

*Relative Frequency of the two Sores.* The simple chancre is by far the most frequent variety. According to the statistics of the Hôpital du Midi, it occurs in the proportion of three or four simple sores to one infecting chancre. Fournier quotes from Virchow's work on *Constitutional Syphilis* the observation of British army surgeons, who, after having employed simple treatment for primary venereal affections, remarked that constitutional symptoms occurred about once in every four cases.

This superiority in frequency of the simple over the infecting chancre is due partly to the facts that there is no immunity from it, while repetitions of indurated chancres on the same individual are excessively rare; and that it retains its inoculable power for a long period. Fournier relates H. Lindmann's experience. "I have," says this gentleman, "made a series of inoculations on myself with the pus of simple chancres, and still continue them. I kept an accurate account as to how many I performed, as 2,200, since then I have omitted to count them; but possibly I have performed 500 more. Not one of the inoculations failed to produce a simple chancre."

*Seat of Chancres.* Ricord and Puche, both lately surgeons of l'Hôpital du Midi, have never observed a single case of simple chancre on the head or face. Other French writers on syphilis have seen this variety in those situations, but not more than in a few instances. The simple sore, when situated on these parts, always heals rapidly. Fournier, in a note, relates the experiments of Puche and Bassereau, in which a series of inoculations of simple chancrous pus, performed on the face and various



ts of the head, never failed to produce a soft chancre, constitutional symptoms in no instance succeeding. He collected also the histories of 150 cases of chancre the head, all of which were indurated and syphilitic.

*Transmissibility of Simple Chancre to Animals.* The evidence on this point is chiefly negative. Ricord admits its possibility, but asserts it to be very difficult.

The infecting chancre may affect any part of the body; the head, of course, being a rare site, as are any of the genital organs and the nipples.

*Buboes of the Simple Chancre.* The simple sore is not necessarily accompanied by a bubo. In 207 cases of simple chancre noted by Fournier, 65 only were complicated with bubo. This bubo is acute in its nature, and of two kinds—that of irritation, and that of absorption. Both varieties have no definite time for making their appearance. The first is a simple inflammation and congestion of the gland, ending with or without suppuration; if suppuration supervene, an abscess results, which behaves similarly to an abscess elsewhere. The bubo from absorption is caused by some of the contagious fluid being carried along to the nearest lymphatic gland, and is introduced into its interior, where it produces suppuration and formation of an indurated pus, which, when it touches the tissues between the gland and the surface of the body, converts the abscess resulting from its irritation into a simple chancre, with characters similar to those of the original one, except, of course, that it is much larger.

*The Bubo of the Infecting Chancre* is a painless indolent enlargement of the lymphatic glands, those nearest the sore being most increased in size. Several are always attacked, not merely one or two, as in the bubo of the simple sore. The induration is similar in its anatomical character to that around the chancre. With these glands suppuration is rare, being not the consequence of the disease itself, but of accidental irritation.

This bubo makes its appearance within a certain period during the first or second week after contagion, accompanying or closely following the induration of the chancre. It is of long persistence, lasting weeks or even months after the primary chancre is healed. The induration of the glands is never absent, is of gristly hardness, and the groups in both groins are usually affected.

*Origin and Transmission of Chancres.* 1. The simple chancre comes from a simple chancre, and can propagate only similar sores, if it have been transferred from a non-syphilitised individual. By that, Ricord means a person who has not already been infected with syphilis from an infecting sore; as, should its secretion have been introduced on a syphilitic person, it may be contaminated with syphilitic fluids, and hence be wrongly supposed to have caused syphilis in its new victim if he show signs of that disease.

2. An infecting chancre always propagates itself on non-syphilitised individuals as an infecting chancre.

3. A contagion from an indurated chancre gives rise in a syphilitic person to a soft-based chancre. This soft-based chancre is in appearance similar to a simple chancre. This, however, is but rarely seen, through the difficulty of propagating syphilitic pus on a syphilitised person.

4. It is a matter of observation that a non-indurated chancre on syphilitised individuals causes sometimes simple or sometimes infecting chancres when inoculated on non-syphilitised persons. For this Ricord offers no explanation.

5. A phagedænic chancre may proceed from a chancre having no phagedænic character. Phagedæna is only a complication, and its presence indicates no peculiarity of its source of contagion, but depends on particular conditions of the individual.

6. The simple chancre is, while at its height, unfailingly inoculable to its bearer.

7. The infecting chancre at its height has lost its power of inoculation on its bearer; or, at least, with the rarest exceptions.

*Prognosis.* The two varieties of ulcers are, in respect of the prognosis, perfectly distinct. The indurated chancre is, if local troubles are alone considered, the more benign of the two; it causes little irritation, seldom becomes phagedænic, is usually solitary, and soon reaches the healing stages. Very different are its characters when the constitutional effects are included. Its induration is but the earliest phenomenon of a general diathesis, the outset of syphilis. As soon as induration is present, the disease is acquired. It is a consequence, and not a forerunner of the constitutional taint. In the simple chancre the ulceration forms the whole disease; the constitution is uninfected; when the ulcer is healed the disease is gone.

The number of indurated chancres has no influence over the severity of the constitutional symptoms. One small ulcer is as efficient as several large ones. Hence, the prognosis of an indurated chancre is that of syphilis.

*Condition of the Blood.* The poison is carried into the system, probably, by the blood; but this is one of those questions in which observation is yet wanting. The blood, though it undergoes itself the influence of the poison, has no contagious quality, and cannot serve as a vehicle of the disease by inoculation in another subject. (This assertion, it may be remarked, is at direct variance with the opinions and results of experiments of various other syphilitic writers: Sigmund, Rollet, von Bärensprung, for example.)

From analysis by Ricord and Grassi of the blood of syphilitised persons, we learn that the corpuscles are diminished and the fibrine increased in syphilitised persons; in the blood of persons affected by simple chancres, no appreciable change occurs. The administration of iodide of potassium quickly restores the blood corpuscles to their normal proportion.

*Mucous Tubercles.* The simple and infecting chancre can alike pass into a stage of irregular increase and form growing prominent spongy vegetations, which, when partially cicatrised, resemble the growths called condylomata, or "plaques muqueuses."

These vegetations may easily, remarks Fournier, cause great errors of diagnosis when they result from simple chancres. They, when thus originated, preserve their auto-inoculability, or inoculability on the bearer, and being mistaken for plaques muqueuses, or mucous tubercles consisting of altered syphilitic ulcerations, lead to the belief that this constitutional affection is inoculable on the bearer. Also, on the other hand, the simple chancre is thus supposed to sometimes precede secondary symptoms; namely, this spurious plaque muqueuse is mistaken for the genuine mucous tubercle.

Further, the infecting chancre, as Ricord explains, can undergo changes *in situ*, being really transformed into a mucous tubercle without previously cicatrising; and because the general diathesis prefers all points of irritation for the production of its manifestations, and an unhealed chancre, erosion, wounds, etc., afford favourable site. If this change is to take place, the primitive characteristics gradually disappear, and are succeeded by secondary ones, in such wise that a well characterised chancre in course of time becomes a well formed mucous tubercle. The induration also may have either completely disappeared, or may remain well marked.

These anomalous changes of the simple and infecting chancres into mucous tubercles, resembling, in their external characters, the mucous tubercle of the secondary series of syphilitic eruptions, have led some authors to describe mucous tubercles as primary affections, and to suppose that syphilis may originate in a mucous tubercle.

*Constitutional Syphilis.* Usually, three groups of



symptoms, marking three epochs of the disease, succeed each other.

1. The primitive chancre and its bubo.

2. Secondary affections ordinarily appear from five to six weeks after inoculation; never later than six months, or earlier than fourteen days. If the progress of the disease have been influenced by treatment, the interval between the first and second periods is prolonged. These consist of the usual appearances, loss of hair, neuralgic pains, superficial affections of the skin and mucous membrane, etc.

3. Tertiary affections, which are rarely perceptible before six months, and may be delayed many years. They affect the deeper tissues and organs, and consist of tubercles of the skin, sarcocele gummy tumours of the cellular tissue, muscles, and viscera.

*Affections of the Fibrous and Bony Tissues, etc.* This course of symptoms is not followed absolutely; some of the later symptoms mingle with the earlier ones, or the latter reappear among the later ones in many cases.

In addition to the blood, Ricord holds that the spermatic fluid, the milk, or any other physiological secretion, is unable to convey it without admixture of a pathological secretion of a primary sore, because inoculations of these fluids have failed on their bearers. He bases his judgment on these observations:—

1. In all cases, and their number is by no means a small one, in which individuals free from syphilis have been inoculated, under the conditions necessary for the performance of a scientific experiment, with secretions of secondary or tertiary affections, the results have been negative; inasmuch as an ulceration similar to a primary affection has never been obtained; neither has any form of disease similar to that which has furnished the pus for inoculation succeeded.

2. Nevertheless, in order to exclude some experiments which have produced doubtful results, he frames his law as follows. The inoculation of secondary or tertiary syphilitic products on syphilitic individuals is always sterile. A law, which is doubtless true, but which has no reference to the contagious power of the secondary secretions, because, as Ricord himself presently proves, a patient who has been infected with syphilis cannot be affected a second time. The disease in this respect resembles small pox, etc. Also, in a note, and more lately in a lecture delivered in January 1862, Ricord allows that inoculations of the secretions of secondary sores have succeeded in producing syphilis in persons otherwise virgin from syphilis; but he maintains that the mucous tubercle is the only secondary eruption capable of secreting a contagious fluid; and that the blood is not infectious under any circumstances.

In conclusion, it may be assumed that Ricord is convinced that the virus producing the indurated sore does, when inoculated, always produce constitutional symptoms; and that when these are wanting the syphilitic virus has not been applied; but some other irritating contagious principle. Again, that the contagious principle is furnished most abundantly in the primary form of the disease; that the secondary forms are very defective in contagious power, the mucous tubercle being probably the only one of these forms possessing such a property. Also, that the blood, and with it the other physiological fluids, is incapable, when unmixed with a syphilitic secretion, of transmitting the disease. This opinion is contradicted by the observations of Diday, Rollet, von Bärensprung, etc., and by the experiments of Rollet, von Bärensprung, Gibert, and others.

Ricord is quite at variance with other observers regarding the fact of a period of incubation for the poison existing before any action takes place about the seat of inoculation. That Ricord is wrong in this respect, the two cases of von Bärensprung's already described show tolerably satisfactorily; and they are borne out by those of other experimenters.

The question of an incubation period for the virus passed over in silence in the last lecture; so we may conclude his views in this respect are unchanged.

The induration, according to Ricord, does not precede ulceration. This is again contrary to the observation of Rollet and others. Still the evidence on either side is not sufficient to allow of a positive conclusion being drawn. That a breach of surface is invariably necessary for absorption, Ricord thinks; but he is not so positive on this point as Sigmund and von Bärensprung. The infecting chancre Ricord holds to be inoculable on its bearer during a certain, probably very short, period of its existence; this quality, if real, is very difficult to reconcile with the long incubation the poison has already made in the system, so it is to be hoped that this characteristic will soon be determined to be falsely attributed to the infecting chancre. The mixed chancre may have been experimented with, and by its auto-inoculability have led Ricord into error.

The chancre with a soft base which is formed on a syphilised person is another stumbling-block; but its rarity, and the probability that when it transmits syphilis it is contaminated with the bearer's secretions, would permit us to suppose that after all the chancre formerly was only a simple chancre.

#### VI.—CLERC OF PARIS.

M. Clerc, surgeon to the St. Lazare Venereal Infirmary at Paris, and a former pupil of Ricord, has enunciated some speculations as to the origin of the contagious principle of the soft chancre. He is inclined to separate the infecting from the soft chancre as completely as Ricord or Rollet; but he thinks the contagious principle of soft chancres was originally the same as that causing syphilis, but that it has lost its power of producing a constitutional influence from being propagated on persons already syphilised, and who, therefore, no longer afforded a suitable ground for the reproduction of the syphilitic poison, consequently the irritative quality of the virus alone remains.

The simple chancre has, in his opinion, the characters assigned to it by Ricord, so that it is unnecessary to recapitulate them.

To the infecting chancre he does not give quite the same character as Ricord. Induration, he says, is more frequently absent than present in women, but generally present in men. The induration sometimes precedes, sometimes succeeds, ulceration; but these processes have no direct relation to each other. There is a stage of incubation of probably three weeks duration before the local symptoms declare themselves; its exact length is still undetermined. A characteristic diphtheritic exudation covers this ulcer, quite unlike the pus of the non-infecting chancre. Infecting chancres are, at no period of their existence, inoculable on their bearer; and for this reason, that the system is affected during the incubation period. M. Clerc has never inoculated persons virgin from syphilis with the poison of infecting chancres; but he has made experiments with infectious diseases having similar characters, such as vaccine, glanders, and sheep-rot. He has vaccinated children by means of a single puncture into the skin, and one hour after the inoculation destroyed the wound and surrounding tissue with solid nitrate of silver; but the children at the usual time had the symptoms of vaccinia, and a second vaccination failed in producing any effect. At the Veterinary School of Alfort, horses have been similarly inoculated with glanders, and the wound cut out one minute later, but the glanderous poison had already been absorbed; also, sheep were treated in like manner with the poison of the rot disease, with the same result. Considering the extreme rapidity with which these poisons are absorbed into the system, Clerc thinks that there is no period in which the syphilitic virus can be eradicated from the infecting ulcer.



The infectious nature of fluids exuding from second-  
sores is fully believed in by M. Clerc. The secre-  
ns probably owe their infectious power to admixture  
h the blood of the patient suffering from them, which  
od is itself capable of conveying the contagion. The  
eine pus does not contain the syphilitic poison when  
duced on syphilitic children, unless there be mixed  
h it some blood; then it will confer syphilis when in-  
lated on others. The pus of simple chancres acts  
ilarly when similarly treated; and then it produces  
mixed chancre of Rollet, which form Clerc thinks  
nevertheless clinically rare. There are as yet no data  
etermining the length of the time during which the  
ids of a syphilitic person are contagious. M. Clerc  
engaged on a treatise on syphilis, in which he will  
blish his observations and opinions of the nature of  
sease; in the meantime, he has read a few papers  
fore the medical societies of Paris on the subject, from  
ich, and from his oral communications to me, I have  
llected these particulars.

These descriptions of the opinions of some foreign  
ourers in this department of pathology have made it  
ident that the old views of syphilis are no longer sup-  
rted by the majority of those most familiar with  
nereal disease; and though a considerable amount of  
ith has been sifted from error, there yet remains a  
st deal to be done and undone before this most per-  
exing and intricate question is finally solved.

## Progress of Medical Science.

**INFLUENCE OF HYPERTROPHY OF THE HEART AND DIS-  
SES OF THE CEREBRAL ARTERIES IN THE PRODUCTION  
F APOPLEXY.** Dr. A. Eulenburg has investigated this  
bject statistically in a prize thesis presented to the  
edical Faculty at Berlin. In 42 cases of sanguineous  
rebral apoplexy, abnormal conditions of the arteries  
the base of the brain—hardening, calcareous deposits,  
d fatty degeneration—were found in 29: in 13 cases  
ly were the large cerebral arteries free from disease.  
9 of the 42 cases there was hypertrophy of the left  
ntricle. Of the 29 cases in which disease of the  
rebral arteries was present, there was also more or  
ss extensive endocarditis in 17, alterations of the  
lves of the heart in 19, and hypertrophy of the left  
ntricle in 6 only. Dr. Eulenburg hence draws the  
nclusion that disease of the cerebral arteries is a  
uch more frequent cause of apoplexy than cardiac  
ypertrophy. (*Virchow's Archiv*, and *Wiener Medicin.  
ochenschr.*, 6 September 1862.)

**HEMERALOPIA ACCOMPANYING INTERMITTENT FEVER.**  
r. G. Kozeluk relates the case of an Austrian soldier  
der his care on account of tertian ague, who on the  
ays of the paroxysms, towards sunset, was attacked  
ith hemeralopia—being then perfectly unable to see.  
othing abnormal could be discovered in the eyes on ex-  
amination by the ophthalmoscope. The intermittent  
ver was arrested by full doses of sulphate of quinine;  
nd the hemeralopia ceased at the same time. (*Spitals  
eitung*, 25 October 1862.)

**CARBUNCULAR ERUPTION OCCURRING IN THE COURSE OF  
YPHOID FEVER.** Dr. Labalbary relates the case of a  
oy aged 14, who had had a severe attack of typhoid or  
teric fever with cerebral complications. He had passed  
rough the most dangerous phases of the disease, but  
nvalence was not established, when a carbuncular  
ruption suddenly manifested itself on the fifty-third  
ay of the disease. Twenty-five or thirty carbuncles,  
arying from the size of a nut to that of a hen's egg,  
ppeared on the calves of the legs, on the buttocks, on

the back, along the whole length of the vertebral column,  
on the head, on the ankles, and even on the soles of the  
feet. They were very painful; and, on being laid open  
by the bistoury, each gave exit to three or four spoonfuls  
of pus on an average, and discharged a large core. The  
neighbouring tissues were livid, and had a gangrenous  
aspect. Dr. Labalbary applied Labarraque's disinfect-  
ing solution twice daily to the affected parts, and dressed  
them with dry charpie charged with powdered cinchona  
and vegetable charcoal. In a fortnight, the carbuncles  
disappeared gradually and completely; and, about a  
week later, the patient was quite convalescent; but his  
mental faculties remained dull for some days, he being  
unable to remember the names of persons and things.  
(*Gazette des Hôpitaux*, 16 Octobre 1862.)

**SALTS OF TIN IN GONORRHOEA.** Injection of trisnitrate  
of bismuth was two or three years ago recommended by  
some French surgeons as a remedy for gonorrhœa.  
The high price of this article has led M. Calvo to make  
some investigations into the efficacy of salts of tin; and  
he has arrived at the conclusion that the oxychloride,  
the phosphate, and the tannate of this metal may be  
advantageously substituted for bismuth. He uses  
eight *grammes* of oxychloride, six *grammes* of phosphate,  
or two *grammes* of tannate of tin, in one hundred  
*grammes* of rose-water. An injection is made three  
times a day. (*Union. Méd.*; and *Gazette Méd. de Paris*,  
25 Octobre 1862.)

**CIRCUMSCRIBED SWELLING OF THE STERNO-MASTOID  
MUSCLE IN NEWLY-BORN INFANTS.** Dr. Melchiori has  
called attention to an induration of the sterno-mastoid  
muscle which is sometimes found in young children.  
Four examples of it have come under his notice. Some  
time after birth, it is observed that the infant has diffi-  
culty in performing certain movements of its neck, and  
that at the same time it suffers more or less severe pain.  
On examination, there is found in the sterno-mastoid  
muscle a hard fusiform swelling, sometimes of rather  
large size. In all the cases which Dr. Melchiori ob-  
served, the swelling disappeared by resolution, and the  
muscle regained its functions. At first the disease ap-  
pears to be inflammatory, and emollients are indicated;  
afterwards, an expectant treatment is sufficient. Dr.  
Melchiori thinks that this condition may, perhaps, be  
attributed to compression of the muscle, and laceration  
of some of its fibres during labour. The editor of the  
*Gazette Hebdomadaire*, in noticing the remarks of Dr.  
Melchiori, mentions that he had lately seen a case of the  
kind. (*Omodei Annali*; and *Gazette des Hôpitaux*, 23  
Octobre, 1862.)

**THE PELVIC ARTICULATIONS DURING LABOUR.** Dr. La-  
borie ends a first memoir on this subject with the fol-  
lowing conclusions:—1. Although it is very generally  
admitted that the pelvic articulations acquire a certain  
degree of mobility during labour, the value of this mo-  
bility is much disputed. 2. All anatomists in the pre-  
sent day agree in ranging the sacro-iliac synchondrosis  
and the pubic symphysis among arthrodial joints; but,  
from researches made chiefly on the pelves of recently  
delivered females, Dr. Laborie believes that they present  
the characters in part of enarthroses, the articulating  
surfaces being convex in one direction and concave in the  
other, and in part of ginglymi, their movement being  
limited to one direction. 3. The influence exerted on  
parturition by the mobility of the pelvic articulations is  
very small or almost null at the inlet of the pelvic.  
4. It is only when the child has entered the pelvis proper  
(*petit bassin*) and when it presents at the outlet, that  
the mobility of the pelvic joints plays an important part.  
5. The mechanism of enlargement of the outlet is very  
simple. As its diameter is less than that of the inlet,  
provision must be made to allow the child to perform



the complex phenomena of evolution which take place in the pelvis. The oblique and the antero-posterior (*coccy-pubien*) diameters are readily increased through the relaxation of the sacro-sciatic ligaments and the mobility of the sacro-coccygeal articulation; hence all the resistance is produced by the transverse diameter. Yet the pressure exercised by the forces which push the head towards the ischiatic tuberosities is sufficient to widen the space. The articulations are relaxed by means of a force, which is the more powerful in proportion as its point of action is near the end of a long lever represented by the entire distance between the ischia and the articulations. This lever is 128 *millimètres* in length between the sacro-iliac synchondrosis and the tuberosity of the ischium; hence a separation of 2 *millimètres* at the lower part of the synchondrosis gives the end of the lever—that is to say, the transverse diameter—an additional length of nearly 2 *millimètres*; and there is every reason to believe that this increase may be even greater. 6. In primiparæ above 30 years of age, the mobility of the pelvic articulations may be destroyed, or greatly limited; hence the difficulty in labour is concentrated in the outlet of the pelvis, however well formed the woman may be. (*Gaz. Méd. de Paris*, 13 Sept., 1862.)

**EMPLOYMENT OF ICE IN HERNIA.** Dr. Dumas of Cette believes that the sudden cessation of the use of ice after an operation for strangulated hernia leaves the patient exposed to the danger of an intense local reaction, and without defence against severe inflammation; that, on the other hand, the continuation of the ice places the patient in a favourable condition by preventing peritonitis from declaring or extending itself if present. Hence, in two cases where the application of ice had not succeeded in bringing about the return of the herniated parts, and it was therefore necessary to use the knife, Dr. Dumas reapplied the ice after the operation. In the first case, this was done at the end of a few hours, on account of the occurrence of symptoms which denoted the advent of an attack of peritonitis; in the second case, the ice was applied immediately, intense inflammatory lesions having already been observed in the ruptured parts. In both cases, not only was the action of the cold perfectly harmless, but the threatening symptoms which had begun to manifest themselves disappeared, and the patients recovered. (*Montpellier Médical*, Juin 1862; and *Bulletin Général de Thérapeutique*, 15 Août 1862.)

**PULSATIONS OF THE SINUS OF THE SUPERIOR VENA CAVA.** At the meeting of the Academy of Sciences on September 22nd, M. G. Colin read a memoir in which he stated that, in mammalia, the two venæ cavæ, near their openings into the auricle, are possessed of a distinct contractile power, and perform rhythmic movements independent of those of the heart. In the upper vena cava, these are very extensive and energetic; in the lower one, they are weak and very limited. The sinus of the superior vena cava possesses a thick layer of striated muscular fibre, and is the seat of pulsatile movements of which the rhythm is not modified in animals examined alive or killed by division of the spinal cord behind the occipital bone. These movements are equal in number with those of the heart; the systole and diastole of the sinus coincide with those of the auricle. It is only in exceptional cases, where the action of the heart is irregular, that the isochronism between the pulsations of the sinus and those of the auricle is lost. The pulsations of the sinus do not depend on the shock communicated by the heart, nor on the contractions of the auricle, nor on the reflux of blood. On applying pressure by a ligature or forceps to the vessel close to the heart, the movements continue; but they become weak, and are arrested as soon as the vessel has reached a certain degree of distension. The systole of the sinus,

however energetic it may be, produces only a slight reduction of the diameter of the vein. At the moment when the contraction occurs, the blood in the entire length of the vena cava undergoes an undulatory movement, accompanied by a reflux from the heart towards the upper opening of the thorax; this reflux is weak and is distinct from what is called the venous pulse. The rhythmic contractions of the superior vena cava appear to regulate the flow of the blood into the heart and they seem especially useful in quadrupeds at the time when the head is inclined towards the ground in feeding. The lower vena cava is contractile for only about a tenth of the distance between the heart and the diaphragm: the pulsatile movements of this part are in great measure only the result of the reflux of blood. (*Gaz. des Hôpitaux*, 30 Sept. 1862.)

**THE URINE IN DISEASES OF THE BONES.** In the course of a series of papers on inflammation of the bones, Dr. Lorinser of Vienna gives the results of some observations made by Professor Kletzinsky on the chemistry of the urine and pus in cases of inflammation of bone.

In very acute cases of inflammation of bone, the urine presents marked peculiarities. There is not only, as ordinarily occurs in inflammations, a diminution of the chlorides, with a copious or increased excretion of urea, uric acid, extractive matter, and alkaline sulphates and phosphates, but the phosphate of lime is also greatly increased in quantity, and is not unfrequently found in the urinary sediments in the form of bone-earth. The chlorides diminish from their normal proportion (about 10 per 1000) often to as low as 1 per 1000; while the earthy phosphates increase from 3 to 10 parts in 1000, or even higher. In the further progress of acute osteitis, the chlorides again gradually increase; the urea and the urates and sulphates also diminish; but the proportion of the phosphates varies according as the disease is unattended with suppuration or any remarkable amount of osteophytic growth, or with necrosis and the formation of new bone. In cases of the first category—"dry inflammation of bone," as it is sometimes called—the phosphates, and especially the phosphate of lime, remain at a high figure until the inflammation ceases; and the latter often appear excreted in the form of amorphous bone-earth. If necrosis with suppuration and subsequent formation of new bone set in, there is a diminution in the quantity of the phosphates, and especially the phosphate of lime, which is employed in the process of bone-growth.

The manifestations of the phosphates in the urine correspond perfectly with the chemical characters of the diseased bone.

In the inflamed bone itself (without reference to new osseous growths) there is always a very marked diminution of the bone-earth, which during the exudation-stage of the inflammation is rapidly absorbed and carried away by the urine. The proportion of water in the bone is at the same time increased, and the animal matter is diminished. The normal proportion of carbonates to phosphates in the ashes of bone is destroyed, while that of magnesia to lime remains undisturbed. Albumen and chloride of sodium, which are scarcely to be found in healthy bones, are generally greatly increased in quantity; and tyrosin can also for the most part be detected.

As soon as new bone begins to be deposited, the excess of phosphate of lime in the system is used in its formation; and consequently there is a diminution in the excretion of the phosphates, especially the earthy phosphates, by the urine. The bony deposit does not at first show the normal condition of bone; but the "glutin" and especially the bone-earths, are far more abundant than in the inflamed and necrosed bone, and the excess of water is diminished; but the newly formed bone



contains decidedly less fat. The following analysis, taken from a patient aged 29, who had necrosis after acute inflammation of the tibia, shews the difference in the composition:—

	Necrosed bone.	Newly formed bone.
Water.....	71.7	32.8
Fat. ....	2.4	0.8
“Glutin” .....	12.3	26.4
Bone-earth .....	12.4	40.0
Other organic matters	1.2	A trace.
	100.0	100.0

In both instances, the proportions differ from those of normal bone; in which the amount of water is ordinarily 70, of “glutin” 30, and bone-earth 60 per cent.

In chronic inflammation of bone, the changes in the urine presented in acute inflammation are not perceived; there does not appear to be a notable diminution of the earthy phosphates, unless a sudden attack of acute inflammation set in. But the phosphates are increased in quantity in the urine as in acute osteitis, especially the earthy phosphates. If at a later stage of the chronic disease an energetic osteophytic development take place, especially if the weakened osseous tissue be again thickened, the quantity of earthy phosphates in the urine is diminished; but if none of this reparative reaction occur, the quantity of these salts goes on increasing. Hence, in all cases of chronic, especially lingering, inflammation of bones, and even in spinal curvature, knock-knee, etc., the examination of the urine affords most important indications as to the stage of the disease—a point often difficult to be determined. The same observation is applicable to the healing of fractures.

In long standing caries the earthy phosphates appear abundantly in the urine, mostly in company with some albumen, uroerythrin, and carbonate of ammonia (produced by decomposition of urea), and even tyrosin. In the stage of greatest exhaustion, the phosphates, with the urea and uric acid, are diminished, and the albumen is then generally accompanied with hæmatin.

In the so-called “phosphorus necrosis” (disease of lucifer-match makers), phosphites and hypophosphites appear in the urine; shewing that the disease is certainly not local, but must be connected with important changes in the blood itself.

A rather considerable excretion of phosphates, especially alkaline phosphates, takes place in suppuration. The phosphates, especially at the commencement of the suppuration, appear very abundant in the pus discharged from abscesses that have been opened; and they retain their high figure through the continuance or increase of the destruction of the bone up to the time of death. Even during extreme exhaustion, when the amount of phosphate in the urine is diminished, that in the pus is increased. The proportion of alkaline to earthy phosphates, which in normal pus is 7 to 1, often varies greatly with the stage and course of the disease, and the state of the patient's general health. In phosphorus necrosis, the alkaline phosphates, in the pus first discharged, are increased more than threefold; the pus also generally contains tyrosin as well as phosphites and hypophosphites.

In chronic, as in acute, inflammation of bones, there is an increase of the water and a diminution of the animal and mineral matters. In cases of long standing caries, with extreme exhaustion, the proportion is sometimes changed; while the mineral matters continue diminished, the animal matter is increased, so that there is an apparent diminution in the proportion of water, which is, nevertheless, still great. Albumen, which is almost absent in healthy bone, appears in abundance in chronic inflammation, especially in caries of long standing. The proportion of carbonates to phosphates, which

in normal bone is as 1 to 7.25, varies in chronic inflammation of bone from 1 in 4 to 1 in 12. In phosphorus necrosis there is not so great a deviation from the proper proportions of water, animal matter, and mineral matter, as in other forms of caries and necrosis. This, however, depends on whether the nutrition of the bone has or has not been suddenly interrupted by the phosphorus necrosis. In the former case, the composition of the bone will naturally be less altered than in the latter. (*Wiener Med. Wochenschr.*, 4 October 1862.)

**FIBROUS POLYPUS EXPELLED FROM THE UTERUS DURING LABOUR: SUCCESSFUL REMOVAL BY LIGATURE.** On October 30th, 1859, Dr. A. Valerius was called to a woman aged 32, who had just been delivered of her second child. It had arrived at the full term, and had died soon after birth. The woman told Dr. Valerius that labour pains had set in on the previous day; that the liquor amnii had been discharged at 10 p.m.; that, at 3 a.m. on the 30th, the womb had protruded (*i.e.*, the polypus had appeared externally); and that, two hours afterwards, delivery was effected with ease. On examination, Dr. Valerius found lying between the thighs of the patient a tumour as large as the head of a fœtus at full term, and attached to the interior of the uterus by a large thick pedicle. The patient said that she had experienced no inconvenience beyond retention of urine, which had appeared a year previously; and that she had menstruated regularly up to some time after she became pregnant. On the following day, Dr. Valerius placed a ligature round the pedicle, and repeated the process on the 4th and 10th of November. Mild constitutional treatment was adopted, and emollient and sedative applications were made to the abdomen. The case proceeded altogether in a satisfactory manner; and, on the 29th December, the woman's husband informed Dr. Valerius that the last ligature had fallen off on November 20th, and that his wife was able to attend to her ordinary duties, taking care, however, to avoid over-exertion. (*Annales de la Soc. de Méd. d'Anvers*; and *Gazette Médicale de Paris*, 18 Octobre 1862.)

**AN UNUSUAL COMPLICATION OF DIABETES.** M. Laségue has lately had under his care in the Hôpital St. Antoine, a man, aged 35, labouring under diabetes, and who died after suffering much pain in the abdomen. On *post mortem* examination, the lungs were found to contain tubercle undergoing the softening process; the kidneys were hypertrophied; the right lobe of the liver was hypertrophied, while the left was diminished. The mucous membrane of the stomach and intestines presented patches of inflammation. The lining membrane of the bladder also presented traces of inflammation, and here and there was thickened. The peritoneum below the umbilicus gave evidence of recent inflammation. The subperitoneal cellular tissue of the pelvis was the seat of a diffuse phlegmon; which in front extended several *centimètres* above the pubes, and also into the iliac fossæ and the coverings of the psoæ muscles. The phlegmon presented different stages at various parts. M. Laségue regards this case as unique in the history of diabetes. (*Gaz. des Hôp.*, 2 Sept., 1862.)

**GELATINIFORM (?) EFFUSION IN THE PLEURA.** In a clinical lecture, M. Bouchut described the case of a girl aged 11, on whom he had attempted to perform the operation of paracentesis thoracis on account of pleuritic effusion. Notwithstanding that he made punctures in two places, and introduced needles, etc., through the cannula to perforate any false membrane which might be present, no fluid escaped beyond a teaspoonful of yellow fluid. A similar case happened to him once before, about fifteen years ago. The patients in both instances did well. (*Gazette des Hopitaux*, 30 Sept. 1862.)



## DR. RADCLIFFE'S LECTURES

AT

## THE ROYAL COLLEGE OF PHYSICIANS.

DR. RADCLIFFE delivered the first of these lectures on Monday, November 24th, before a large and distinguished audience. After some introductory remarks, the lecturer stated that the facts which have been brought to light in the recent progress of scientific inquiry, render it absolutely necessary to re-examine two great problems in physiology; namely, the problem of muscular motion, and the problem of nervous action in so far as it concerns the property which the nerves possess of receiving and transmitting impressions; and that the main object of the physiological part of the lectures would be to set forth these facts, and to point out the conclusions to which they lead.

Beginning with the problem of muscular motion, Dr. Radcliffe first chose that part of the subject which concerns the action of electricity. In doing this, he was led into sundry interesting remarks upon animal electricity in general—the chief object being to show the reality of the phenomena and the steps by which the existing state of knowledge had been arrived at; and also to point out the fundamental importance of the facts in a physiological point of view. He quoted Humboldt to show that this great philosopher believed that the time would come in which physiologists would allow that they owed the knowledge of their two fundamental principles to Harvey and Galvani. He also made this quotation from Aldini, Galvani's nephew:—"As there is a metallic arc and a metallic pile in the mineral kingdom, there is also an animal arc and an animal circle in the animal kingdom, which may one day throw great light on the progress of medicine, and be productive of considerable benefit to the human race."

The rest of the lecture was occupied with an examination of the *electrical condition of living musculo-nervous tissue during a state of rest*; the chief propositions set forth being these:—

1. In living musculo-nervous tissue, during the state of rest, there is an electric antagonism between the longitudinal and transverse surfaces of the fibres—the longitudinal surface being positive, and the transverse section negative.

2. If living muscle or nerve be included in the circuit of a galvanometer, the needle of the instrument moves under the action of a continuous electric current if the two points of the muscle or nerve so included be in a state of electric antagonism, but not otherwise.

3. In living musculo-nervous tissue during the state of rest there are signs of statical as well as of current electricity.

4. There is reason to believe that the electrical condition of living musculo-nervous tissue during the state of rest is not current, but statical; and that the signs of current electricity, which are obtained when living musculo-nervous tissue is included in the circuit of the galvanometer in a particular way, are no more than secondary phenomena.

Dr. Radcliffe stated that very important consequences

followed from this view of the matter, which would be developed in the succeeding lecture; and that, among other things, it would be found to explain why living muscle during rest was in a state of elongation. On this occasion, however, he did not get beyond the statement of the bare facts; among which, we may say, were some in the highest degree curious and interesting, particularly some forgotten experiments by Humboldt, Aldini, and others.

In his second lecture, Dr. Radcliffe spoke of the *electrical condition of muscle and motor nerve during muscular contraction*, and strove to show that in all respects muscle and a nerve are obedient to the same law. The principal conclusions may be stated in the following three propositions:—

1. In rigor mortis all signs of electricity have disappeared from muscle and motor nerve.

2. In ordinary muscular contraction, the signs of electricity which previously existed in the muscle and the nerve belonging to it are greatly diminished.

3. In ordinary muscular contraction, the muscle and the nerve belonging to it are traversed and surrounded by an instantaneous current of high tension electricity analogous to the discharge of the torpedo.

Dr. Radcliffe entered into some highly interesting particulars in order to show that the history of nervous action during contraction is in all respects analogous to the history of the action which causes the discharge of the electrical organ of the torpedo; and that the discharge of this fish is nothing more than the instantaneous current of high tension electricity which attends upon the action of the nerves of the electrical organ no less and no more than upon the action of the nerves of the muscle; but the chief part of interest in the lecture was that in which the lecturer reconciled the contradictions of MM. Matteucci and Dubois-Reymond with respect to the electrical condition of muscle during contraction. These contradictions are matters of notoriety; and there can be no doubt that they have had a most unfortunate effect upon the advancement of the knowledge of animal electricity, for while they existed who could tell what to believe? It is not possible in this place to explain the way in which Dr. Radcliffe brings this reconciliation about; and it must suffice to say, that he maintains that the movement of winking in the muscular and nerve current, of which M. Dubois-Reymond supplies the proof, necessitates the development of the instantaneous current of high tension electricity, of which M. Matteucci furnishes evidence; inasmuch as it is a law of electricity, that electricity in motion must determine the development in and around the circuit of instantaneous current of high tension—the extra currents and the induced currents of Faraday. In a word, the lecturer showed that MM. Dubois-Reymond and Matteucci are both right, but neither wholly right; that, in fact, the investigations of these physiologists are mutually complementary, and, therefore, incomplete, unless taken together.

In the third lecture, Dr. Radcliffe treated of *action of artificial electricity in muscular motion*; the chief conclusions arrived at being these:—

1. Instantaneous currents of high tension electricity



e necessary to produce contraction; and continuous currents of low tension electricity have not this power.

2. The natural electricity of living muscle and motor nerve is weakened by that action of these instantaneous currents which produces muscular contraction; and the amount of the contraction is directly related to the degree of this weakening.

3. The remote action of a direct or centrifugal voltaic current upon a motor nerve is one which destroys rapidly, and *pari passu*, the motor power and the electricity of the nerve; and the remote action of an inverse or centripetal voltaic current upon a motor nerve is one which preserves the motor power of a nerve for a long time, exalts this power, and even renews it more than once after it has been destroyed by the action of the direct current, and which at the same time and in like manner preserves, exalts, and renews the electricity of the nerve.

4. The immediate effect of a direct or centrifugal voltaic current upon a motor nerve is one which at once favours the production of contraction, and diminishes the electricity of the nerve; and the immediate effect of the inverse or centripetal voltaic current upon a motor nerve is one which at once resists the production of contraction and augments the electricity of the nerve.

Dr. Radcliffe was upon the point of drawing conclusions from the facts with which he had been dealing in this and the previous lectures, when the hour came to close; and therefore he has not yet quite done with what he has to say concerning the action of electricity in muscular motion. What remains, however, he should dispose of in a few sentences; and this he must do, as there is still much to be said upon other physiological topics in the compass of the next lecture.

# British Medical Journal.

SATURDAY, DECEMBER 6TH, 1862.

## THE ADMISSION OF MEDICAL MEN TO THE PRACTICE OF OUR HOSPITALS.

THE hospitals of this country, as well as elsewhere, have always been considered of service to the profession and the public in two ways; viz., both as great schools of medicine, and as refuges for the sick and wounded. The programme, indeed, of these institutions, when they make appeals to the public for support, usually contains, amongst others, this inducement to generosity; namely, that the giver himself indirectly benefits from the existence of hospitals; that the skill and experience which the physician and the surgeon acquire by practice within their walls is distributed to those who live outside; and that novelties in practice and new remedies here find their true value tried and fixed for the benefit of the world at large. Everyone will, we suppose, freely admit the correctness of this general statement.

But is all the good which hospitals can yield in this direction—namely, as schools of medicine,—extracted from them? This is the question which we would here ask of our brethren; our remarks being especially addressed to those of them who reside in the provinces.

We have already discussed the subject of the proper period for tenure of office by medical officers of hospitals, illustrating the point by a rule adopted at St. Mary's Hospital, which will, we believe, eventually be considered as a model rule worthy of adoption by every hospital in the country. And, on this occasion, keeping in view the notion of hospitals being all of them centres of instruction for men of medicine, let us inquire whether the rules and customs generally adopted and pursued in our provincial hospitals are consistent with this idea, with the spirit of the times in which we live, and, above all, with that great spirit of fraternity which we so often boast of as distinctive of our professional life.

We believe that, as a rule, in this country, the doors of our provincial hospitals are not open to those medical men who are not medical officers of them; and that, as a rule, the visits of the physicians and surgeons of these hospitals are not attended by the medical men living in the hospital's neighbourhood; and we cannot but think that such a condition of things is one which requires the consideration of the profession. Any kind of prohibition which excludes, or tends to exclude, qualified medical practitioners from attending the visits and the operations performed in hospitals seems to us unjust and unwise in theory, and to be founded on too exclusive principles. Like all such unnatural conclusions, it is fraught with many evils, to which we will call attention. In the first place, it seriously impedes the advance of medical knowledge; next, it checks the aspirations of philosophic minds, is injurious to the welfare of the patients, and detrimental to the best interests of the hospitals themselves, and (in the way already referred to) to the interests of the public at large.

When so many weighty reasons strongly point out the propriety, rather we should say the necessity, for the free admission of medical men—of course, under due restrictions and regulations—to the practice of hospitals, it really seems difficult to understand how a contrary custom should prevail, or how it ever arose, and, more especially, how it has been maintained up to this time. We truly are, after some deliberation, unable to offer one single valid argument in favour of the excluding idea. We will not, for the credit of the profession, believe for a moment that hospital physicians and surgeons would fear the criticisms to which their practice might be subjected by their brethren; nor can we believe that governors of hospitals, at this time of day, are so benighted as to imagine that patients suffer or re-



ceive injury from such medical visitations; and yet, positively, we cannot imagine what other objections could be suggested.

But if there be no valid objections to thus throwing open the doors of provincial hospitals as they are thrown open in London and other large cities, let us see, in a few words, what are the great gains accruing to the public at large, and to medical science, from what we deem an act of liberality and justice. In the first place, we thereby fulfil one of the objects of our hospitals above referred to: we render them more completely schools of medicine, and diffuse more widely that kind of knowledge which can be gained, and only gained, in a hospital. A young man who has just taken his diploma, as we all know but too well, has only commenced his real medical education. Freed from the necessary impedimenta of his scholastic life, he has now time and leisure to gather up his variously acquired information, and apply it to its grand practical end, the cure of diseases. And at this moment, settled in a country town, with all the wish and energy and leisure requisite for the purpose, he finds that the natural field for the cultivation of his professional knowledge at this period of his life, the neighbouring hospital, is closed against him. How is it likely, we may ask, that, under such circumstances, a man should ever attain that knowledge of his art, which would render him fitted to occupy efficiently the important post of physician or surgeon to a hospital? How can the governors of hospitals expect to find at their hand such a man, when they thus effectually prevent him making use of those means which, if rightly used, would well prepare him for assuming the post? How, as a rule, do the governors of London hospitals find out their medical officers? Assuredly by a very opposite proceeding. They raise up their future men under their eyes; they note those who are eager to improve themselves by a study of disease in their hospital; they encourage such men to enter their wards; and when the day comes—when a vacancy occurs—they thus at once know where the right man for their place is to be found. How different is the case we are considering! The exclusive custom in this way becomes an act of the greatest injury to the welfare of our public hospitals; it impedes the progress and spread of medical science; and is also unjust to the members of our profession who reside around them.

And what valid reason, as we have asked, can be given for the exclusion? We fancy that whoever reflects upon the fact will be rather astonished that such an anomalous custom could prevail, than attempt to find arguments in favour of its maintenance. We should be glad to hear objections in this sense, if objections can be raised. Perhaps we may be told by exclusive-minded sentimental governors,

that the daily influx of a few medical men at the hour of visit might disturb the nerves and digestion of the patients; but the answer to them is this, that the daily visits of a large body of medical practitioners and students in London hospitals is found to be rather liked than otherwise by the patients. And, in the second place, incidental benefits, of no mean consideration, are also found to result from this kind of assistance at the medical visits. Medical men, like the rest of mankind, are naturally inclined to take things easy; and, like the rest of mankind, perform their duties none the worse for the application of a healthy stimulus. Thus, for example, their hospital visits must be punctual—a matter of no small importance, by the way, to the patients, and to the general economy of the hospital—if they know that medical visitors are awaiting their arrival. And, again, prescribing for their patients and operating under the eyes of men capable of judging of their proceedings, physicians and surgeons assuredly perform their duties with more zest and interest, with more pleasure to themselves, and, therefore, more to their patient's advantage. Under such circumstances, indeed, no physician or surgeon could perform his work otherwise than efficiently.

The fact that some provincial hospitals do admit properly qualified medical men to their wards is, we believe, a very exceptional one; and it only tends to prove the propriety of the general adoption of the practice.

At all events, it is certain that the physicians and surgeons of our hospitals have it in their power to bring about the alteration spoken of, and, as we venture to think, thereby bestow a great boon on the profession, and indirectly on the public.

#### A SURGICAL PROCEEDING IN THE HOTEL-DIEU OF PARIS.

IN a late number of the *Wiener Medicin. Wochenschrift*, Dr. Demel, an Austrian army surgeon, gives a sketch of what he calls the characteristics of surgery in Paris. He had been spending a few weeks in Paris, and took the opportunity of looking in at its hospitals. He was particularly curious to see in action M. Maisonneuve, of whose bold operative proceedings he had heard much. His first visit, therefore, was to the Hôtel-Dieu; and we give in summary what he says he saw there. Our readers will, perhaps, remember that we some weeks since gave a sketch of a scene which we headed "Surgical Brutality". What heading will fit the following specimen, we leave others to say.

"The visit began," says Dr. Demel; "and the first patient was the subject of a strange operation, which fully satisfied me of the boldness of Maisonneuve as an operator. The patient was a woman about forty years old, in good condition, but somewhat anæmic. Maisonneuve



neuve examined her abdomen, which was slightly distended. Strong pressure caused slight pain. Scarcely a word was spoken; the patient was told that an operation was necessary, and the poor soul immediately consented. Maisonneuve said not a word about the case. He could not discover that she was suffering from any disease which required an operation, and stood wondering what was to come next. Maisonneuve took a knife, and, without putting the woman under chloroform, made an incision about two inches long, parallel with, and about an inch and a half higher than, Poupart's ligament on the right side, through the abdominal walls. A few strokes of the knife sufficed; and a piece of intestine protruded from the wound. The knife was then laid aside, and the operator examined the intestine. A deep silence reigned in the ward; the eyes of those present were fixed on the fingers of the surgeon; but I could not help asking the assistant what the diagnosis was, and was told, 'Intestinal obliteration'. Maisonneuve's features evidently showed that he was in a difficulty, when, after this digital examination, and after having drawn down several inches more of intestine, and after a lengthened exploration in the abdomen with his index and middle fingers, he could discover nothing wrong. All at once he brightened up. He replaced the intestine, leaving an inch and a half of it in the wound; attached this portion by the means of two ligatures to the wound, and slit it up, covered the wound with charpie dipped in glycerine, and so left the patient, who bore the proceeding heroically." Five days later, the doctor found the patient in the dead-house. Maisonneuve himself commenced the *post mortem* examination, and then handed the knife to one of his assistants. "The whole mode of their proceeding here showed", Dr. Demel says, "that neither the surgeon nor his pupils had paid much attention to pathological anatomy. The intestines were scrutinised for some time, but no disease could be found; when suddenly Maisonneuve pointed to a piece of 'innocent' intestine lying across the womb, and said, 'Ah! there is the obliteration!' And thereupon, without another word, he departed, followed by the students. I remained behind, and satisfied myself that the only signs of disease were gangrene of the portion of intestine operated upon, and general peritonitis; and that nothing could be found which in the slightest degree justified the operation. I sought for adhesions, or ileus, or some internal strangulation; but could find nothing of the kind. I related the case (which is, however, rather fitted for discussion in a legal journal) to the German Medical Society at Paris, and learnt from the President, to my surprise, that such cases were not rare in Paris."

## THE WEEK.

PROFESSOR HOLLOWAY, he of the ointment and pills, this week figures in the Court of Common Pleas. He had, it appears, been anxious to extend to France the benefits of his industry; and engaged a "Dr. Sillen, a Swedish physician," to go to Paris and obtain a permit for the sale of his (the professor's) pills and unguent. For this service, if successfully conducted, Dr. Sillen was to receive £1000. This sort of thing, however, does not go down so readily in France as in England; government or police intervene. The pills were secret, and therefore forbidden remedies; and the ointment could not be applied until analysed.

"At Dr. Sillen's request, the defendant sent him two pots, with instructions for the use of the remedy, which

was to be rubbed into the skin 'like salt into meat'. An analysis was made, and the ingredients found to be lard, butter, turpentine, white wax, and yellow wax. Eventually a patent was, as the plaintiff said, by extraordinary exertions on his part, obtained for the ointment, under the title of 'Pommade dite Holloway'; but the defendant refused to pay the £500, and Dr. Sillen now brought his action. For the defence, it was said that a *brevet* was of no use to the defendant. The French law against secret remedies was relied upon. It was also urged that the *brevet* was taken out in Dr. Sillen's name, and for pommade, not ointment. Mr. Holloway was called, and stated that his ointment contained three only of the ingredients mentioned in the analysis, but other vegetable matters not alluded to. He further said, in answer to questions put by Mr. Brandt, that he was not a chemist, and could not analyse his own ointment. He believed it was possible to do so, but very difficult. A verdict was then entered for the plaintiff, with leave to the defendant to move the court."

ALL quackeries, in their public exposition, have a perfect resemblance. The medical quack's exordium, his tale and peroration, are always the same. First, he has a remedy which cures incurable diseases. Then the doctors—bigots and haters of novelties—of course laugh at his cure: Galileo, Harvey, Jenner, and Co., to wit. Then the quack exhibits his science, and astounds the multitude by a little gossip about blood-cells, functions, vital fluids, organisation, and so on. Next he invokes the name of the Divine Creator to show that the remedy which he has for diseases is highly legitimate, having been made by Divine command. Then he gives his exemplar to prove and illustrate his assertions. Mr. Blank, for example, after being given up by all the most eminent physicians of London, Paris, and other cities, is completely cured, after a few weeks trial of the remedy! Finally, all these pleasant items are put together in a twopenny pamphlet, and widely distributed among the people, for the sake of humanity; for, of course, the quack has no personal interest in the matter. These remarks are naturally suggested by a pamphlet lately published, which tells of oxygen as a curer of incurable diseases.

GRATUITOUS medical services are, it would appear, reaping their natural fruit in the colonies, as well as in the old country. We recommend the following, from the *Australian Medical Record*, to the consideration of our readers. The arguments apply here equally as well as there:—

"The *Argus* of Australia states that, 'In the year 1862, the legislature has voted £83,750 to charitable institutions. In other words, we propose to expend six times as much in public charity as we did six years ago, without any commensurate increase in the claims upon our bounty. At one time the labouring man who fell ill had no alternative but the hospital. Surgical advice was beyond his reach. Since then medical practitioners are to be met with in every township, and the number of really deserving cases presenting themselves for relief at our hospitals ought to be fewer, instead of more numerous, than heretofore. But, in truth, public benevolence is abused, and the charitable institutions subsidised by



the state are taken advantage of by a class of persons for whose benefit they were never intended. One case has come to our knowledge, in which an individual deriving a thousand a-year from the rental of suburban property, became an out-patient of the Melbourne Hospital; and it is well known to every medical man that numbers of persons in easy circumstances avail themselves of the medicine and advice gratuitously offered at the various hospitals in the colony. An act of gross injustice is committed both to the profession and to the public, inasmuch as it deprives the former of many patients who are perfectly well able to pay for advice and medicine, and it enhances the cost of both these to the rest of the community; since the members of the faculty are obliged to adopt a higher scale of charges towards their private patients, in order to compensate them (the physicians and surgeons) for the time and attention they gratuitously devote to the hospitals, in which they occupy honorary offices. Admirable as those institutions are in theory, and beneficent as they undoubtedly are in operation, they nevertheless tend in some degree to exercise a demoralising influence, by encouraging people to become the recipients of charitable assistance who ought to be perfectly independent of any such aid. No other body of men work so hard and do so much for nothing as the members of the medical profession. There is no reason for their doing this. Let them give their services to the poor, by all means, but not to those who are better off than themselves. They have only to make a stand against the present system of persons being allowed to seek relief at the hospitals without reference as to whether they are proper objects for it or not, to break it up; but if they allow it to go on, they will some day find themselves pauper doctors, with only pauperised patients to attend; for it is quite certain that if a person once becomes an hospital patient, he will never afterwards pay for medical attendance if he can possibly avoid it."

At the meeting of the Metropolitan Counties Branch on Tuesday last, the following resolution in reference to the late Sir Benjamin Brodie was proposed by Dr. Markham, seconded by Dr. George Webster of Dulwich, and unanimously carried:—

"That the members of the Metropolitan Counties Branch of the British Medical Association take this opportunity of recording the expression of their deep regret at the great loss sustained by the profession, by science, and by the entire community, through the death of Sir Benjamin Brodie, a member of the Association."

The following remarks on the virtues of alcoholic drinks, from the pen of so experienced a physician as Sir R. Martin, are worthy of much consideration. In his work on *Diseases in India*, he writes:

"It may be received as a truth, that during the first two years of residence at least, the nearer we approach to a perfectly *aqueous* regimen in drink, so much the better chance we have of avoiding sickness; and the more slowly and gradually we deviate from this afterwards, so much the more retentive shall we be of that invaluable blessing—health."

"We hear much amongst vulgar habitual toppers of the supposed prophylactic influence of spirits and cigars against night exposure, malaria, and contagion; but no medical observer, in any of our numerous colonies, has ever seen reason to believe in any such delusive doctrine, nor is there in reality the smallest foundation for it. All excitement is followed by a corresponding depression of the vital functions, and it is then that the toper is doubly liable to suffer."

COMPLAINTS amongst druggists have been for some weeks flying about, to the effect that a favoured druggist or two have got an unfair possession of some of the prescriptions of the forthcoming national *Pharmacopæia*. We trust that these complaints are groundless.

WE wish we could say that something of the same kind had taken place in London, at the opening of this year's medical session, which we read of as having occurred in Paris. Where is our chair of histology in London? "M. C. Robin opened his histological course before an immense auditory. The three lectures already delivered by him have been thoroughly appreciated by the students. The amphitheatre was crowded."

M. Depaul replaces M. le Baron Paul Dubois in the Midwifery Chair of the Paris Faculty of Medicine.

M. Hirsch presented to the French Academy of Sciences the skeleton of a fowl, which is absolutely black. The fowl was of the Cochin China breed. M. Flourens stated that he had a similar specimen of an ordinary fowl when acting as Cuvier's assistant.

M. Desgranges of Lyons has successfully performed ovariectomy. The case is thus described: "Multilocular cyst of the right side; one of the pouches filled with pus; ovariectomy; the results of the operation simple; cure complete." In this month's number of the *Edinburgh Medical Journal*, a successful case is also described by Dr. Keith.

On the 22nd inst., a large assembly of medical and other notabilities met at Charenton, to inaugurate the statue of Esquirol. "At a signal given by Dr. Parchappe, the veil which covered the statue falls; applause bursts forth; the music plays a symphony; and the assembly admires the last *chef-d'œuvre* of Armand Toussaint, who, alas! died before the ceremony was performed." We read also that, "notwithstanding the cold (below zero), a large number of ladies, of admirable courage, bravely sustained to the last the eight discourses pronounced to the glory of Esquirol."

Two students, who were arrested during the disturbance at the opening of the Faculty of Medicine at Paris, were sentenced by the police to a month's imprisonment and 100 *francs* fine. The Dean, having heard of this, immediately proceeded to the Minister of Justice to beg their release.

By a late order of the police, no private dissecting-rooms are to be opened in Paris, either for teaching anatomy, or for dissecting, or for the performance of surgical operations. Dissections and operations are to be practised only in the School of the Faculty of Medicine, and at Clamart.



M. Malgaigne has, we read, resigned his office of surgeon to La Charité, intending to devote himself exclusively to his course of operative surgery.

## Special Correspondence.

### EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

THE session of the University was opened by the principal with an able address, mostly on the Science of Physiognomy and the Views of Dr. Carus; which, however, were not of special interest to the members of our profession. The number of students matriculated seems to be about the average; but the medical classes are smaller than usual. The election of Lord Rector a few days ago occasioned considerable excitement in the student world; the claims of Mr. Stirling of Keir being supported by one large section; while those of Mr. Gladstone were maintained by another. The votes were taken in the several class-rooms by the professors; and the Chancellor of the Exchequer was reelected by a considerable majority.

The session of the Extra-academical Medical School was opened by Dr. Matthews Duncan with an able and interesting address on subjects of much interest to the medical student, but scarcely demanding notice here.

Dr. Gairdner's removal to the chair of Practice of Medicine in the University of Glasgow caused a vacancy in the physicianship to the Royal Infirmary, to which Dr. Rutherford Haldane, the pathologist, was appointed; while Dr. Grainger Stewart was appointed to the pathologistship. Dr. Haldane has commenced to lecture upon the Practice of Physic and Clinical Medicine. Before leaving, Dr. Gairdner was entertained at a public dinner by upwards of seventy of his professional friends, who thus desired to mark their appreciation of his merits. Now-a-days, the Glasgow people seem entitled to lay it down as a law that medical professors come, like the sun, from the east, as each vacant chair in their university is regularly filled by an Edinburgh lecturer. They have had Allen Thomson for Anatomy, Anderson for Chemistry, Lister for Surgery, and now Gairdner for Medicine. It is to be hoped that the students will not follow these distinguished teachers; and, indeed, it is not much to be dreaded so long as we retain the noble staff of professors who adorn our university.

There has been a great movement of late in municipal circles regarding the propriety of appointing an officer of public health, which ended in the appointment of Dr. Littlejohn, the Police Surgeon, and Lecturer on Medical Jurisprudence, to the post. (Whether an official already very abundantly supplied with work was the most suitable individual to select may be doubted; but unquestionably the appointment was a good one; and, if a man of thorough activity can fulfil the duties of both offices, Dr. Littlejohn will do it. His first report, which was published a few days since, amply proved the necessity which existed for the appointment of such an officer; for it showed that small-pox of a malignant type was raging in many of the poorer localities of the city, and

even to some extent among the better ranks. It recommended what is certainly of great importance and very desirable—the Compulsory Vaccination Act; an advantage which, your English readers may be surprised to hear, we do not enjoy in Scotland. The disease has broken out with considerable virulence in the Castle, and has affected many of the soldiers; and the managers of the various hospitals for the education of youth are taking every precaution to prevent its introduction into these institutions.

The first meeting of the Medico-Chirurgical Society was held on November 26th; and though the attendance was but scanty, the business was interesting. Mr. Spence, one of the surgeons to the Royal Infirmary, read an account of a case of amputation at the hip-joint which he had performed successfully in July last. The patient was a young woman who had suffered for some time from malignant disease in nearly the lower two-thirds of the femur. The disease was situated between the bone and the periosteum, and infiltrated the substance of the bone. She was weak, exhausted, suffered constant pain, but there was no affection of the glands; so that an operation seemed necessary. To secure immunity from the risk of the upper part of the bone being affected, and subsequently developing malignant disease, amputation was performed at the hip-joint. Of the amputation itself, there is little to be said, except that Professor Lister's tourniquet for compressing the abdominal aorta was used with marked success; and that the operation was performed in a brilliant manner. The patient made an excellent recovery, and is now enjoying good health. Dr. Gillespie, another of our hospital surgeons, gave an interesting account of a case of fracture of the sternum and abscess in the anterior mediastinum, with comminuted fracture of the lower jaw, followed by pyæmia, terminating in recovery. A question arose in the course of the discussion as to whether pyæmia had really existed in this case; one of the surgeons seeming to maintain that a fatal termination was a necessary symptom of that disease. As most authorities do not concur in this view, and as the symptoms of depression, feverishness, rigors, perspirations, feeble pulse, and the formation of secondary abscesses, were well-marked in this instance, there seems little reason to doubt that pyæmia really existed.

Mr. Syme has recently had some very interesting operations in the Royal Infirmary; of which the most remarkable was one in which he removed the entire scapula for a malignant tumour of large size seated in that bone. He had formerly, in the same patient, removed the head of the humerus on that side for malignant disease. At that time the scapula showed no trace of disease. Mr. Syme was for some time uncertain whether to remove the arm along with the scapula or not; but eventually decided upon leaving the arm, which showed no trace of disease, and which, Mr. Syme expected, might still prove serviceable to the patient; the shock of the operation, moreover, he imagined, would be less. Hitherto, the progress of the case has been, on the whole, satisfactory, and it is to be hoped that the patient will make a good recovery.



# Association Intelligence.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Adjourned General.]	37, Soho Square.	Tuesday, Dec. 9th, 4 P.M.
MIDLAND. [Quarterly.]	Board Room of the County Hospital, Lincoln.	Friday, Dec. 12, 7 P.M.

## NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*  
Worcester, November 10th, 1862.

## LANCASHIRE AND CHESHIRE BRANCH.

MEETINGS for the reading and discussion of papers on scientific subjects will be held as follows:—

On Thursday, the 18th December next, at Chester.

On Thursday, the 12th March next, at Manchester.

Gentlemen desirous of communicating papers or cases to either of the above meetings are requested to send notice to the Honorary Secretary.

A. T. H. WATERS, M.D., *Hon. Sec.*  
Liverpool, November, 1862.

## METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A SPECIAL General Meeting of this Branch, summoned by order of the Council, was held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Tuesday, December 2nd, 1862; ROBERT DUNN, Esq., President, in the Chair. There were also present twenty-one members.

The minutes of the last meeting were read and confirmed.

*The late Sir Benjamin Brodie.* Dr. MARKHAM proposed, and Dr. G. WEBSTER seconded, the following resolution, which was unanimously carried.

"That the members of the Metropolitan Counties Branch of the British Medical Association take this opportunity of recording the expression of their deep regret at the great loss sustained by the profession, by science, and by the entire community, through the death of Sir Benjamin Brodie, a member of the Association."

*The Therapeutical Inquiry.* Dr. STEWART proposed—  
"That the following gentlemen be appointed a Committee to aid in carrying out the therapeutical inquiry instituted by the British Medical Association:—Campbell De Morgan, Esq., F.R.S.; Dr. H. Gueneau De Mussy; Dr. Garrod, F.R.S.; Dr. Harley; Dr. Handfield Jones, F.R.S.; Thomas Hunt, Esq.; Henry Lee, Esq.; Dr. Markham; Dr. Routh; Dr. Edward Smith, F.R.S.; Dr. Stewart; and Dr. Hermann Weber: with power to add to their number."

Dr. RICHARDSON seconded the motion, which was carried unanimously, after a discussion in which Dr. Webster, Dr. Wynn Williams, Dr. Routh, and Dr. Markham took part.

*Gratuitous Medical Services.* Dr. GIBBON proposed the following resolutions.

"That, in the opinion of this Branch of the British Medical Association, the system of gratuitous medical

services, as given in most of our hospitals and dispensaries, is detrimental to the welfare of the profession, and unnecessary, if not prejudicial, to the promotion of science and humanity.

"That it be referred to the Council to consider what steps can be taken by the Association to suppress this ever-increasing evil."

Dr. JOSEPH SEATON and Mr. LORD seconded the resolutions; and, after a discussion in which Dr. Wynn Williams, Dr. Richardson, and Dr. Markham, took part, the further consideration of the subject was adjourned to Tuesday next.

## BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE Ordinary Meeting was held at the York House Bath, on Thursday evening, November 27th; W. J. CHURCH, Esq., President, in the Chair. There were also present forty-eight members and two visitors.

*Papers.* The following papers were read:

1. Case of Retroflexion of the Uterus. By W. M. Clarke, Esq.

2. Peculiar Case of Injury to the Subclavian Artery. By John Soden, Esq. Mr. Soden introduced the patient.

3. Case of Wound of the Vertebral Artery by Stabbing. By A. Prichard, Esq. (Read, in the absence of Mr. Prichard, by C. Leonard, Esq.)

4. A Case of Monstrous Birth. By Jas. Hinton, Esq.

5. Dr. Brittan made some observations on a case now under his care, where the diagnosis is very obscure.

## Reports of Societies.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, NOV. 3RD, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

THIS being the first meeting for the session, Dr. Babington delivered an address, in which he gave a highly interesting account of the life and labours of the late Honorary Secretary to the Society, Dr. McWilliam, C.B., F.R.S.

ON THE GEOGRAPHICAL COURSE OF PESTILENTIAL DISEASE.

BY G. MILROY, M.D.

After adverting to the great want of reliable and comprehensive data on this subject—the recent Geography of Epidemic Diseases Abroad—a want which could be more easily and satisfactorily supplied by Great Britain than by any other nation, through the medium of its consular agents in every foreign land, and of its numerous colonies scattered over the face of the globe, and to the consequent necessity of trusting merely to those imperfect scraps of information which from time to time find their way into the medical and other public journals, Dr. MILROY briefly traced the course of Cholera in the East during the last twelve months.

The disease has continued to rage in many parts of India, especially in the North-West Provinces. Peshawar, Kobat, and various other places, suffered severely during the summer. About the same time, Caubul, Candahar, and other districts to the west of the Indus, were infected; and the scourge was also present in Bus-sorah, at the head of the Persian Gulf, and in the pachalic of Bagdad along the course of the Tigris. Towards the end of 1861, it broke out at Bombay, and since then it has appeared in many parts of that presidency, more especially in the malarious province of Gugerat. Several places also in the Deccan, intermediate between Bombay and Madras, suffered. In Cochin



ina, the French troops had been very sickly, and numerous deaths had arisen from cholera. In China proper, and also in Japan, the pestilence had been excessively fatal; the mortality in Shanghai and Pekin, and in Negasaki and other towns in the latter country, said to have been very great. A fatal outbreak occurred during the summer at Jeddah on the Red Sea, and vast numbers of the Moslem pilgrims perished.

In the Western Hemisphere the yellow fever has been very fatal in many places in the Caribbean Gulf. Soon after the landing of the allied forces at Vera Cruz, it appeared among the Spanish, French, and British soldiers, and caused great mortality. In our small force of about six hundred men, upwards of sixty were swept away in less than two months; and as there was every prospect of the disease increasing as the summer heats advanced, it was wisely determined to re-embark the marines, and remove them to a cooler climate. The losses among the French and Spanish forces are believed to have been very large; but no authentic statement has been published.

During the present summer, Havannah and Nassau in New Providence, one of the Bahama Islands, seem to have been the chief seats of this malignant tropical fever. Several of our ships of war, and many of our merchant vessels, suffered severely. On the West Coast of Africa, which many persons have fancied to be the birth-place, in the first instance, of yellow fever, it prevailed with great fatality at several points on the Gold and Ivory Coasts, which have hitherto escaped its visitations—at least, for many years past. Loango also, and other places to the south of the equator, are said to have been infected during the year.

Passing from the tropics to the confines of the arctic circle, a short notice was given of the very fatal and persistent typhus and typhoid fevers, which had recently prevailed in Iceland; and of which, Dr. Hjaltelin, the inspecting medical officer of the island, has published an interesting but imperfect account in a late number of the *Edinburgh Medical Journal*.

#### ON ANOMALOUS EXANTHEMS.

BY BENJ. W. RICHARDSON, M.A., M.D.

Dr. RICHARDSON, in commencing his paper, said that it was his wish to take the sense of the meeting on the question, "Whether it is not time for the profession to come to some decision respecting the definition of certain exanthematous eruptions which at the present moment lie out of all known and acknowledged systems of classification?" After narrating the various and serious difficulties which lie in the way of the practitioner in the determination of the contagious as distinguished from the non-contagious exanthems, Dr. Richardson said that they were confined to two diseases, measles and scarlet-fever; and he then proceeded to describe cases in which doubts respecting the presence of these disorders were presented in a remarkable degree. Having completed this survey, he asked: What is the nature of the cases to which attention has been directed? The answer resolved itself into one of the following propositions:—1. Either there is a distinct and contagious epidemic which is not isolated in our nosologies, which has its own poison and its symptoms, and with the positive identity of which the profession is not acquainted; or, 2. There is a combined form of disease, of which scarlet-fever and measles are the elements; or, 3. There is an unrecognised form of the disease scarlet-fever; or, 4. There is some known disease which assumes an anomalous character, simulating the combination of measles and scarlet-fever above named; or, 5. There is some unknown form of accidental disease from absorption of organic poison with which we are not familiar—the disease being idiopathic and non-contagious.

The author next proceeded to discuss these several

propositions, with a view to eliminate such of them as did not answer to reasonable and fair scrutiny. After negating the first three propositions, he dwelt at some length on the fourth, and discussed Dr. Ross's view that there is a form of urticaria which puts on symptoms that are confounded sometimes with measles, sometimes with scarlet-fever, sometimes with both; and which he regards as the source of many of the doubts respecting scarlet-fever. In reference to this view of the question, Dr. Richardson observed that, in the cases he had named, he did not think that urticaria was the misleading disease. If so, urticaria is open to a definition so wide under the term species, that our formula must be revised in regard to it. If that be urticaria which is unattended with wheals and with itching of the skin, but which is attended with sore-throat and ulceration, and universal redness of the skin, and which sometimes terminates fatally, surely the old reading of urticaria must be replaced by one more distinctive in form and more extensible in symptoms.

Dr. Richardson next discussed the last issue: Is there some distinct disease, arising from organic poison which is not yet recognised, and which is the source of all our difficulties? He believed that there was, and he was of opinion that it had the following distinctive forms. It was an eruptive disorder, in which the skin and mucous membrane of the stomach and alimentary canal mainly, and perhaps exclusively, share. The disease had its origin in the alimentary tract, and was either primarily or secondarily connected with derangement of the nerves of organic life. The surface eruption, both on the skin and mucous membrane, was due to a loss of the controlling influence of nerve over blood-vessel. The disease was not contagious (the poison being fixed in character), except by direct inoculation. The disorder showed no tendency to produce disease of the kidney or uræmia.

Unlike scarlet-fever and measles, it was variable in its course; it might terminate at once, and favourably, by active purging or vomiting, by which means offending matters were thrown out of the canal; it might continue until it terminated in death.

It was probably most common in persons disposed to rheumatism.

The prime seat of the disorder seemed to be in the alimentary canal. In the irregular digestion of some particular forms of food, some product, probably of the character of a non-volatile acid, was yielded, and, being absorbed from the canal into the blood, was the poison on which the symptoms depended.

From the disease not being contagious, and from the fact that it arises in the body from malassimilation, it might be very appropriately named *idiopathic rosalia*.

Dr. Ross remarked, that he had himself recognised the peculiar form of disease described by Dr. Richardson many years ago, and had called professional attention to it. He looked upon it as a species of urticaria, to which opinion Dr. Richardson objected. He (Dr. Ross) admitted that, in ordinary acute urticaria, the heat and itching were intense—symptoms which were not observable in the affection under consideration; yet Dr. Ross thought that there was an alliance between the two diseases. This particular form of exanthem was generally mistaken for scarlatina, sometimes for measles. It was characterised by a diffuse scarlet rash, associated with red fauces, as in scarlet-fever; but without enlargement of the tonsils. The elongated papillæ of the tongue, characteristic of scarlet-fever, he had not noticed in this affection, though the surface of the tongue would occasionally become smooth and red. In about two days the scarlet rash would change colour, becoming crimson; and then it was that the practitioner, fancying he had made a mistake in diagnosis, would conclude the case to be one of measles—an opinion which would be strengthened by observing, on a closer examination,



that the diffused rash was in large patches, and that the circumference of the patch was mottled and concentric. The eyes would be watery. In some of these cases, he had noticed that towards the circumference of the patch there was a small white spot—one or two; while in other cases, and in other patches on the same child, these spots did not exist. These papules had a marked resemblance to urticaria; hence he was induced to call the disease by that name. This disease was by no means uncommon, and occasionally prevailed epidemically, like scarlet-fever or measles, and was almost invariably mistaken for one or other of them. It was owing to the non-recognition of this affection that there were so many reputed cases of secondary attacks of scarlatina and measles. It was not severe, according to his experience; and the eruption rarely lasted more than four days. He had never met with a case running so grave and fatal a course as one described by Dr. Richardson, and considered that the unfortunate ending of the case referred to must have been owing to complications.

Mr. RADCLYFFE directed attention to the fact that Dr. Copland had described, under the head "Rubeola", an anomalous exanthematous affection similar in many respects to the majority of the cases described by Dr. Richardson, and which he (Dr. Copland) considered to be a hybrid combining many of the chief characteristics of scarlet-fever and measles. The most extraordinary and the gravest case related by Dr. Richardson, Mr. Radclyffe had seen in conjunction with him; but he had looked upon the case at the time, and still regarded it, as an anomalous instance of scarlet-fever; the anomalousness arising from irregularity of the circulation depending upon cardiac disease. The most singular feature of the case was, that the eruption, which had appeared early and was pretty equally diffused over the body and limbs, was interrupted by large, and, late in the disease, irregular patches of seemingly healthy skin. The edges of the patches were singularly well defined. At times, the circulation in the extremities was so imperfect that they became cold and shrivelled, as in the extreme collapse of cholera; the patches upon the limbs assuming a livid aspect. One of the patches sloughed. Dr. Mason Good has stated that occasionally the eruption of scarlet-fever is broken by patches of the character described. Assuming that there was a distinct and hitherto unrecognised disease such as Dr. Richardson described, Mr. Radclyffe objected to the term *rosalia* being applied to it, this term having already been made use of by Dr. Mason Good as the synonym of scarlet-fever, and being recognised as a synonym for that disease.

Dr. CAMPS objected to the phraseology of Dr. Richardson's argument, particularly his use of the words "identity" and "analogy"; and demurred to the conclusion.

Dr. J. EDMUNDS said, that during the last few weeks he had seen no fewer than three children in which, on the first day, a full and universally diffused lobster rash had led him unhesitatingly to pronounce the cases to be scarlet-fever; yet, a day or two later, unmistakable catarrhal accompaniments developed themselves, and the rash became so dark, patchy, and altogether characteristic of measles, that he had been under the necessity of explaining away the discrepancy to the minds of the family by designating the cases mixed ones. His experience did not enable him to follow Dr. Ross in comparing scarlatinoid eruptions with urticaria. Certain febrile conditions attended by a scarlatinoid blush, and sometimes also by mild sore-throat, were difficult to be distinguished from scarlet-fever; and he had been accustomed to treat them with the precautions due to the more serious disease. He believed that these conditions resulted from the infection of organic matters, and were precisely analogous to fish-poisoning. Dr. Richardson proposed the name *rosalia idiopathica* to designate cases

of this class. He (Dr. Edmunds) thought that *septa toxæmia* would be a more preferable term. The receding eruption of scarlet-fever he had often seen to present a mottled appearance. He would take the opportunity of pointing out a fact which he was not aware had been previously noted; to wit, that epidemics of scarlet-fever were peculiarly frequent and fatal in newly built houses. He was unable to conjecture the cause; but the fact was interesting in its bearing upon the relations between scarlet-fever and rheumatism, and upon the theory which Dr. Richardson had propounded viz., that scarlet-fever depended upon the formation of an organic acid analogous to the lithic, which acid poisoned the sympathetic system. The analogy was further borne out by the fact that an unusual prevalence of rheumatoid disease of the limbs attended these cases of scarlet-fever.

Dr. RICHARDSON having replied, the meeting adjourned.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 11TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CASE OF SCROTAL ELEPHANTIASIS IN WHICH THE TUMOUR WAS REMOVED.

BY JOHN WIBLIN, L.R.C.P.ED., F.R.C.S., SOUTHAMPTON.

THE subject of the following history, George F., aged 40, was a native of Southampton. He was a man of sallow complexion, but in other respects seemingly of healthy aspect; married, but without family. From the age of sixteen, he had worked as an ordinary labourer, with the exception of two years engaged in the coasting trade. His habits had at all times been temperate; and, according to his own statement, he had suffered from serious illness once only, in childhood. He became ruptured on both sides in 1844, and wore a double truss for three years. After this period, the rupture on the left side rapidly increased in size, and a special truss was fitted to it, but with little advantage; and about a year subsequently, he abandoned the use of the instrument altogether. In 1848, he contracted syphilis, for which disease he took corrosive sublimate, under the superintendence and by the advice of a druggist, over a period of six months, when he considered himself perfectly cured. About three months after he had become the subject of syphilis, the foreskin and integuments of the penis began to enlarge, and he constantly experienced a dull aching pain at the extremity of that organ. From this period, the scrotum also gradually increased in size, becoming hard, brawny, heavier, and more pendulous. When first examined, the abnormal growth of the scrotum and prepuce had attained the following dimensions:—Preputial growth: length, sixteen inches; circumference, thirteen inches. Scrotal growth: vertical circumference from the symphysis pubis, following the *raphé*, to within two inches of the anus, three feet six inches; horizontal circumference, three feet ten inches; lateral circumference, four feet two inches.

Six months after he had contracted syphilis, a squamous eruption appeared (vitiligo), which continued more or less to the time when he came under observation, and affected chiefly the scalp, nape of the neck, arms, body, and the hypertrophied scrotum. Recently, the scrotum and prepuce had increased rapidly in size. The swelling had become extremely burdensome, painful in some spots, and in others, particularly where friction was unavoidable in walking, ulceration had ensued, giving rise to a peculiarly offensive secretion. The tumour weighed over fifty pounds. The prepuce presented a nodulated appearance, and the extremity was curved or involuted. Through the external opening the finger could be rea-



ly introduced, to the extent of five or six inches, and the extremity of the canal formed by the elongation of the prepuce, the glans penis could be readily detected. The scrotal portion of the diseased structures was also nodulated in parts, with smooth intervals, and here and there the surface was scarred with cicatrices of old and recent standing, the result of the vitiligo. On the right side, and at the most dependent part of the growth, a large quantity of fluid was believed to exist; on the left side, a very large hernial swelling was easily recognised, which was thought to be reducible.

It was determined to remove the diseased mass. To diminish the risk arising from hæmorrhage, a clamp suggested by Mr. Spencer Wells was made. This clamp consisted of two moveable parallel bars, connected by a screw at each extremity. Means were also adopted to diminish, as far as practicable, the amount of blood within the tumour. An iron bar, to which was attached a sliding hook, with tackle and fall for elevating and depressing the mass as circumstances might require, was fixed to the ceiling of the room occupied by the patient. On the morning of the day of operation, at eight o'clock, the tumour was elevated above the level of the body, and kept in this position, covered with ice, until two P.M. The patient was then gradually brought under the influence of chloroform, and the operation was carried out in the following manner, the hernia being previously reduced, as it was thought, and the clamp applied.

The elongated and thickened prepuce was first slit up to the point where the glans penis had previously been ascertained to be imbedded in the morbid mass. A perpendicular incision, about eight inches long, was then made along the dorsum penis to the symphysis pubis. An attempt was now made, but unsuccessfully, to introduce a staff into the urethra. The penis was seized, and easily detached from its surrounding adhesions, and dragged upwards out of harm's way.

An incision was now made on the right side, fourteen or sixteen inches in length, from the lower end of the perpendicular cut to the most depending part of the scrotum. The forefinger of the left hand was then thrust deeply into the wound, and on it was directed a stout long-pointed bistoury, to open out the deep-seated structure, the thickness of which averaged from four to five inches. Large quantities of serum flowed at each stroke of the knife. The right testicle was found towards the middle of the second incision; it was seized, dissected out, and drawn up to near the right inguinal ring, and given into the charge of an assistant. A similar method of procedure was attempted on the left side; but here the confusion of parts was such that the testicle was wounded before it was recognised, and the hernial sac opened. Within the sac were found several coils of intestine, which had, however, escaped all injury from the knife. The pressure of the clamp was immediately diminished and efforts made, but in vain, to reduce the gut. It was then determined to remove the diseased mass in two portions. The tumour was transfixed from before backwards by a long catlin, the point of which was brought out in the centre of the perineum. Then the whole of the mass on the right side was swept away. Next the hernial sac was carefully separated from the surrounding structures, and with a few strokes of the knife the left portion of the tumour was speedily removed. About ten or a dozen ligatures were required to arrest the bleeding from several very small arterial branches; the opening in the hernial sac was closed by three stitches; many points of the exposed surfaces were drawn into tolerably good apposition by a few sutures, and finally the parts were dressed with lint saturated with oil.

The operation occupied twenty minutes; tying the vessels, bringing the edges of the wound together, and dressing, twenty-five minutes more. The loss of blood was estimated at from thirty to forty ounces. This trifling hæmorrhage was to be attributed to the effective manner

in which Mr. Spencer Wells regulated the pressure of the clamp, and to the rapidity with which Messrs. H. Smith, Mason, Carr Jackson, and Osborne followed every stroke of the knife, and controlled the mouths of the bleeding vessels. The solid portion of the tumour after removal weighed nearly thirty pounds.

After the operation there was considerable and persistent irritability of the stomach. On the 23rd, slight pain in the abdomen was complained of; on the 24th, the stomach was more tolerant of food, but the pain in the body continued; on the 25th, tympanitis occurred, the irritability of the stomach increased, the respiration was disturbed, and the whole system disordered. The wounds were bared for the first time, and the hernial sac and penis were found to be covered with healthy pus. A little turpentine was added to the dressing. During the night all the unfavourable symptoms became worse, and death took place on the following morning at ten o'clock.

Early on the 27th, the abdominal cavity and the contents of the hernial sac were examined. In the former no abnormal appearance was found, except an enormously distended condition of the intestines. The hernial sac was filled with large coils of small intestine, firmly matted together by old adhesions, and the cæcum and appendix vermiformis were tightly bound to the upper and outer portion by fibrinous bands of long standing. There was no strangulation of the gut, but the lowermost portion of the protruded intestine was gangrenous. This was no doubt, the cause of death.

Dr. WIBLIN terminated his paper with a summary of the most noteworthy cases recorded of scrotal elephantiasis.

SUPPLEMENT TO A PAPER ENTITLED "AN ANALYSIS OF 162 CASES OF OVIOTOMY WHICH HAVE OCCURRED IN GREAT BRITAIN," PUBLISHED IN VOLUME XXXIV OF THE MEDICO-CHIRURGICAL TRANSACTIONS. BY ROBERT LEE, M.D., F.R.S.

Dr. LEE briefly stated that his experience during the last eleven years, in regard to ovarian disease, convinced him that the published records of ovariectomy did not truthfully represent the statistics of the operation; successful cases having been made known, and the unsuccessful ones kept in the background. In none of the cases which had occurred under his own eye had he thought it right to recommend the operation; and he considered the slow progress made by many of the cases to have been a justification of the course pursued by him.

Dr. TYLER SMITH, Dr. SAVAGE, and Mr. SPENCER WELLS, all spoke in defence of the performance of ovariectomy. Mr. Wells referred especially to the principal objections stated by Dr. Lee: viz., that women suffering from ovarian disease may live for a long time under palliative treatment; secondly, that it is often impossible to determine whether a tumour be really ovarian, and if so, whether it can be removed; and, lastly, that ovariectomy is a much more dangerous operation than published statistics would lead us to believe. But it was difficult to imagine a life of more hopeless misery than that of a patient with ovarian disease; and nothing could be more painful than to watch, day by day, a poor creature, who was beyond the aid of surgery, sinking into her grave, worn out by protracted suffering. Yet this was the fate to which Dr. Lee would condemn hundreds of poor women who might be restored to perfect health by ovariectomy. The alleged difficulty of diagnosis, and the distressing mistakes which have been recorded, were errors of a bygone age. It would be almost impossible for any one acquainted with the ordinary practice of percussion, or who had ever heard the placental murmur, or the sounds of the foetal heart, to repeat mistakes which had been made. In the earlier periods of pregnancy, doubts would sometimes arise; and where ovarian disease complicated pregnancy, an occasional error might be unavoidable;



but, in the great majority of cases, the diagnosis of ovarian disease might be brought as near to a positive certainty as could reasonably be hoped for in any department of surgery. The only logical conclusion which could be drawn from the mistakes due to the ignorance or carelessness of some surgeons, or from the very rare errors which might be unavoidable to the most careful and the best instructed, was not the condemnation of a useful operation, but the endeavour to improve our means of diagnosis. It would be quite as logical to decry lithotomy because a neither careless nor incompetent surgeon might, possibly, cut into a bladder which did not contain a stone; or to condemn the ligature of arteries, because some one had tied an artery to cure an aneurism which did not exist; or to raise any outcry against the excision of joints, because a joint had been cut out which afterwards appeared to be little diseased, as to denounce ovariectomy because some surgeons had made mistakes. The mortality, undoubtedly, was high; but it was high because we are often driven to operate in cases where the patient has been so broken down by the disease that the hope of success is very faint. If only favourable cases were operated on, a very large proportion would recover. But it was said that the mortality is greater than the profession believe, because unsuccessful cases are concealed. This might be said of every other surgical operation. In estimating the mortality of every operation,—lithotomy, amputations, herniotomy, and so on, it is always necessary to make some allowance for probable error, due to the non-publication of unsuccessful cases; but, with regard to ovariectomy, so much attention had been directed towards it, that we probably had a larger proportion of cases published, compared to the number of operations performed, than could be collected respecting any other operation. He would join most warmly with Dr. Lee in denouncing the conduct of any man who could bring forward his successful cases, and keep his fatal cases wholly or partly concealed. But it was a libel on the profession to suppose that such an offence was common enough to throw discredit upon an operation which had done honour to English surgery.

Dr. LEE, in a long reply, reiterated his objections to the practice of ovariectomy, and his disbelief in the published statistics.

#### WESTERN MEDICAL SOCIETY.

NOVEMBER 21ST, 1862.

##### VESICO-UTERINE FISTULA. BY JAMES LANE, ESQ.

THIS term was used to designate an abnormal communication between the bladder and uterus; situated always, in the cases hitherto observed, at some part of the canal of the cervix uteri. Such a condition, of course, implied a complete incontinence of urine, as in the more common case of a vesico-vaginal fistula. Vesico-uterine fistulæ were extremely rare; very few had been recorded by British writers; and abroad Mr. LANE knew of only one surgeon, M. Jobert de Lamballe, who had paid much attention to the subject.

The author then gave the history of a case of this kind, lately under his care in St. Mary's Hospital—the first in this country, as far as he knew, in which any operation had been attempted. The patient, whose age was 45, was admitted in May 1862. Four months previously, she had been delivered of her second child, after a labour of twenty-four hours duration, which time she had passed the whole of her urine involuntarily. On a careful examination, the vagina and vaginal portion of the uterus were found to be perfectly sound; but, on introducing the finger into the os uteri, which was rather larger than natural, an opening could be felt on the anterior surface leading towards the bladder, while a sound introduced into the bladder through the urethra could be brought into contact with the finger in

the cervix uteri. The nature of the case having been thus ascertained, it remained to determine whether any remedial measures were practicable. M. Jobert had suggested two plans of operation. The first consisted in making free lateral incisions in the os and cervix uteri, so as to enable the surgeon to get at the fistulous opening, and apply the necessary sutures. The incisions, he says, should be carried completely through the lower part of the cervix, until they penetrate into the loose cellular tissue of the broad ligament. This operation was rejected by Mr. J. Lane as too hazardous; but he believed it might have been possible to get at the fistula, without incurring much risk, by making lateral incisions of less extent, and by dividing that portion of the uterine neck which intervened between the fistula and the upper end of the vagina. There was, however, the alternative—a preferable one, as it seemed to him—of the second operation suggested by Jobert, which consisted in closing the os uteri by paring its edges and uniting them by suture, leaving the fistula itself uninterfered with. The effect of this would be to prevent the escape of urine externally, though that fluid would still, of course, penetrate into the uterine cavity. Menstruation must subsequently be performed through the bladder, and future pregnancy would be impossible; but these disabilities would, the author thought, be more than compensated for by the greater safety and certainty of the proceeding.

He then described the details of the operation, which was performed on May 14th, and proved perfectly successful. At the end of a week, the lips of the os uteri were found to be firmly united. At the end of a fortnight, the patient was able to dispense with the catheter altogether, and had perfect control over her urine. A few days later, she left the hospital quite well. It was worthy of remark that, three days after the operation, a discharge of blood took place through the bladder, and continued for three days; it was evidently the re-establishment of menstruation. That function had since been performed regularly through the bladder, without pain or inconvenience.

On looking into the literature of this subject, the author observed, that the first recorded instance of a vesico-uterine fistula appeared to have been given by Madame Lachapelle. The opening, four lines in diameter, was situated in the neck of the uterus. The patient was considered incurable. Another had been given by Professor Stoltz of Strasbourg. In this, besides the vesico-uterine fistula, there was another opening situated posteriorly, between the neck of the uterus and the peritoneal cavity. This patient died. A third case is related by Jobert in his treatise, in which he succeeded in closing the fistula by means of the large lateral incisions already alluded to. Dr. Simpson met with a vesico-uterine fistula, caused by an abscess between the two organs. He dilated the os uteri, and applied nitrate of silver to the fistula, under which treatment it closed. Dr. Leishman of Glasgow published another case in 1861. Here, after a time, the incontinence ceased; but a discharge of blood took place at monthly intervals from the bladder, from which it would appear that spontaneous obliteration of the cervical canal had taken place below the fistula.

These were all the cases which the author at first was able to meet with. He, however, wrote to M. Jobert, asking him whether he had seen any other cases besides that related in his treatise published in 1852, and was somewhat surprised to hear that he had operated in as many as thirteen cases, of which eleven were cured. After his first operation, M. Jobert appears to have given up the attempt to get at the fistula itself, and to have been contented, like the author of the paper, with the easier and safer, though physiologically less perfect operation, of closure of the os uteri. The great majority of M. Jobert's cases appear to have terminated



atisfactorily. The patients obtained perfect control over their urine; and menstruation was performed regularly, and without difficulty, through the bladder. It was remarkable that in most of them, as in the case related in the paper, menstruation had taken place a few days after the operation, although from the occurrence of the accident to the time of the operation it had not made its appearance.

## Correspondence.

### GLAIRINE AND BAREGINE.

LETTER FROM EDWIN LANKESTER, M.D., F.R.S.

SIR,—My attention has been drawn, by a review of the work of Dr Althaus *On the Spas of Europe*, in the last number of our JOURNAL, to some remarks on baregine. You observe, that "Science has not yet decided what is the real nature of this substance." Having twenty years ago directed my attention to this substance, and found it in many of the mineral springs of Great Britain, I beg to enclose for your perusal and republication, if you think proper, an extract from a work which I wrote on the Mineral Springs of Askern.

Although Askern is not a place of great resort, it possesses very powerful sulphurous springs; and, having been located in its neighbourhood for some months, I took much interest in the physical and chemical phenomena they presented. I was enabled to trace to its origin the sulphuretted hydrogen of these springs, and described several forms of plants and animals which are developed under the influence of this gas. Since then, I have had no reason to doubt the conclusion to which I came with reference to the origin of the baregine and glairine, described by Anglada and other continental writers. I do not, however, believe that these substances possess any medicinal activity, but regard them rather in the light of impurities.

I am, etc., EDWIN LANKESTER.

8, Savile Row, W., November 24th, 1862.

"If, at any time, the sides of the wells, or the pipes through which the sulphurous water is conveyed, or the bottoms of the cisterns, be examined, there will be seen adhering to them a white flocculent substance, which, in the course of a little time, changes its colour, and becomes grey, or blackish. If this, in the early period of its existence, be submitted to the microscope, it will be found to consist of a mass of single delicate fibres; but, as it increases in age, these fibres give rise to smaller ones, which surround them in verticilli, constituting the plant known by the name of *Conferva nivea*. As this substance grows rapidly, so it appears to decompose rapidly, and the water in which it is kept has frequently an oily-looking film, which, on being examined by the microscope, presents no traces of organisation. Whilst this film is forming, the water gives off a gas of a nauseous odour, which, although sulphurous, has a different character from sulphuretted hydrogen. This decomposing matter has been described by continental chemists as *glairine*. Professor Anglada, who wrote largely on it, supposed it to be the result of chemical changes; he examined it at the sulphurous springs of the Pyrenees, and points out no less than seven forms in which he had found it to occur. During the summer of 1840, I visited the sulphur springs of Edinburgh, Moffat, Gillesland, Middleton, and Croft, and in all I was enabled to detect the so-called *glairine* of Anglada, and saw it, I believe, in most of the forms mentioned by him.

"This substance, however, does not constitute the whole of the deposit around the sides of the sulphur wells; for, whilst evaporation and the escape of carbonic

acid gas from the water are constantly taking place, the saline matter is deposited, in small quantities, upon the growing and decomposing organic matter, and can be discovered amongst it by its crystalline character. When it is collected in this state, and sulphuric acid is poured upon it, a powerful effervescence ensues; chloride of barium indicates the presence of sulphates. On throwing it on the fire, it gives out a smell of sulphurous acid gas, an evidence of the presence of sulphur, which can be accounted for in two ways. In the first place, it appears to enter into the composition of the vegetable substance, and is probably the element that determines its existence and character, as it has never been found where sulphur is absent; in the second place, a small quantity of sulphur may be precipitated by the decomposition of the sulphuretted hydrogen, and fall down with the salts on the organic matter. Thus far, then, this substance, according to the state in which it is procured, may be composed of mineral and vegetable matters; but many writers who have examined it, have supposed it to be of animal origin, and have called it *animal extractive*, *zoogene*, and *baregene*; that it may exhibit the character of an animal product, occasionally, I have no doubt; as I have invariably seen, on keeping it for a short time, that animalculæ are generated in it in very great abundance. I have before alluded to an animalculæ which produces a rose-coloured deposit, and which I have found with the vegetable and mineral ingredients at the bottom of the water. In the sulphur wells of Harrogate, the deposits on their sides may be seen to consist of almost regular layers of dark vegetable substance, then the red animalculæ, and over these the saline matter, and so on successively. This may perhaps account for the red colour which Anglada has observed glairine frequently assume. I also found a rose-coloured glairine at Moffat, depending on the existence of infusory animalcules; but these were of a much smaller size, and evidently of a different family from those found by me in the Askern and Harrogate waters.

"The chemical examination of this substance proves that it contains sulphur, nitrogen, and carbon: these are sometimes active elements; but, whether they exist in this organic matter, in sufficient quantity to produce a decided effect, remains, I think, to be proved. If the glairine be developed, as I believe it to be, subsequently to the exposure of the water to the air, it can have no effect in the water; but, if it be held in solution, as maintained by Anglada, then it may have considerable influence on the remedial properties of the water."

### THE THERAPEUTICAL INQUIRY: TREATMENT OF TÆNIA.

LETTER FROM ALEXANDER FLEMING, M.D.

SIR,—One of the members of our Therapeutical Committee (Dr. Webster of Dulwich) is anxious that the anthelmintic value of kousso in the tapeworm should be tested by our Association, at the same time with that of the oil of male-fern. Allow me to state, therefore, that I shall be happy to receive returns of cases in which the kousso has been used, and to request the members to enter such cases in the schedule, but to be careful to distinguish them from those in which the oil of male-fern has been employed.

The usual mode of exhibiting kousso is to mix half an ounce of the powder of the flowers with half a pint of warm water. After this mixture has stood for twenty minutes, it is to be well stirred, and taken at bedtime; the patient having omitted the dinner and evening meals of that day. If the bowels are not moved freely on the following morning, a dose of castor oil should be given. Half an ounce is the dose for an adult. In a child of two years, one drachm may be given; of four years, two drachms.



In experiments with kousso out of the body, Küchenmeister found that it killed the tapeworm most rapidly when applied in the form of a decoction in milk; and I should be glad if some trials were made with it prepared in this way. Half an ounce may be boiled in half a pint of milk, and given as above directed.

I am, etc., ALEXANDER FLEMING.

Birmingham, November 29th, 1862.

### THE NEW PHARMACOPŒIA.

LETTER FROM JOHN ELLAM, L.R.C.P.LOND.

SIR,—I had the pleasure of hearing Dr. Stiff read his elaborate paper on the Metrical System before the Nottingham Medico-Chirurgical Society, in which he recommended its adoption to the Medical Council, side by side with the English weights and measures, in the forthcoming *Pharmacopœia*. Since the publication of the paper in the BRITISH MEDICAL JOURNAL, his suggestion has received the able support of Drs. Parkes and Aitken; and it has also met with your concurrence, as well as that of other influential members of the profession.

The objection alluded to in your last week's article—that a certain amount of calculation would be required to convert the English weights into the metrical—would in reality prove no difficulty, as it has already been done in the Report recently issued by the House of Commons upon weights and measures.

As it is understood that the new *Pharmacopœia* is to be published in English only, I beg to offer a suggestion which I have not seen made; viz., to print it in Latin and English in separate columns, leaving it optional with the prescriber which he employs. I am convinced, however, that if the professional men of this country were canvassed, they would give in their adhesion to the time-honoured method of using Latin prescriptions and formulas. Further, as Latin is the language of communication amongst scientific men throughout Europe, the *Pharmacopœia* would be better understood and more useful to foreign physicians and pharmacutists, and would lead to less error and confusion on their part, than if published as proposed by the Committee.

I am, etc., JOHN ELLAM, L.R.C.P.Lond.,  
President of the Nottingham Medico-Chirurgical Society.  
Nottingham, December 1st, 1862.

### THE DECIMAL SYSTEM.

SIR,—There can be no objection to placing the metrical weights in parallelism with those of the ordinary apothecaries' scale in the new *Pharmacopœia*; but I cannot help feeling that the ultimate entire abolition of our present grains would be highly undesirable, as such a very large proportion of the doses of the medicines at present in use are familiar to us as of so many grains, or such and such a fraction of a grain. If the ounce (as well as the drachm and scruple) be not used in prescriptions and formulæ where grains are mentioned, we shall, in effect, be using a decimal system, although the different places in the enumeration may not have specific names. But I would suggest a compromise, by dividing the pound of 7000 grains into seven equal portions of 1000 grains each, to be called a septima (*pars septima libræ*), and to contain ten equal parts of 100 grains, each of these to be called a hecatum (centum being objectionable, as tending to confusion); each hecatum divided into ten parts of ten grains each, called oboli; and each obolus to contain (as above) ten grains. The table would then be as follows:—

10 Grains	= 1 Obolus.
10 Oboli	= 1 Hecatum.
10 Hecata	= 1 Septima.
7 Septimæ	= 1 Libra (or lb.)

The last denomination would scarcely be required in prescriptions, being used chiefly in the laboratory or dispensary.

If my suggestion meets with approval, I will address you again (with your permission) on liquid measures; and am, etc., A FIRST DIVISION UNDERGRADUATE.

Clun, Salop, December 2nd, 1862.

### CHLORINE MIXTURE.

LETTER FROM W. W. MORRIS, ESQ.

SIR,—As Mr. Hodson gives no particular directions for the preparation of chlorine mixture in the treatment of scarlatina, and as probably some members of the Association may not be familiar with it; as, moreover, uniformity is desirable in our experiments,—I venture to suggest for his approval, and that of your other readers, the following formula, which is nearly identical with that of the Middlesex Hospital; differing, however, from it, having three times as much water; thus ensuring a more perfect solution.

#### *Liquor Chlorinii.*

R Potassæ chloratis ʒij; acidi hydrochlorici ʒij; aquæ destillatæ ʒvj. Ut fiant ʒviij, misce et solve.  
Dose (for an adult), ℞xv.

The extempore prescription for the mixture would then be:—

R Liquor chlorinii ʒij; aquæ ad ʒviij. Misce.  
Dose for an adult, ʒj every three hours; for children, from ʒj to ʒss. I am, etc., W. W. MORRIS.

Clun, Salop, December 1st, 1862.

### ITALIAN SURGERY.

SIR,—In the last number (November 29th), of the BRITISH MEDICAL JOURNAL, there is a short article entitled "Garibaldiana." I was much pleased with reading it, and feel quite confident that the Italian surgeons will unite with me in thanking you for the kind manner in which you have spoken of us. It is a well known fact, that Professor Palasciano of Naples, who at an early period examined Garibaldi's wound, positively stated that the ball was lodged in the hurt joint, although it was not allowed to him by the attending surgeons to probe the wound as he desired, for basing his statement on the ground of a physical diagnosis. In affirming this, I shall not lessen in any way the praise due to Professor Nélaton, for having ascertained the position where the ball lay. Certainly the time when he probed the wound was favourable to determine the precise position of the ball. I think, therefore, that our French brethren will not have so much reason to exalt the French surgery above the English and Italian surgery; because the Italians were the surgeons who, in the first place, maintained that the ball was in the wounded joint, and an Italian surgeon extracted it. With regard to English surgery, it ranks so high, as not to heed any of the remarks that may be made on this subject through the French medical press. I have lived in London one year, and during that time I have had many opportunities of seeing surgical operations in the various hospitals, and it will afford me much pleasure, on my return to Italy, to speak in the highest terms of the science and skill of the British operators. As to us Italians, I must add that while, on the one hand, we conscientiously upraise the knowledge and skill of foreign surgeons, we, on the other, do not value enough our own abilities; nay, we sometimes lower them. The present surgeons in Italy are worthy followers of our past authorities in surgery. The saying *l'Italia farà da se*, as you have justly remarked, must be applied to its surgery, as well as to its political constitution. I am, etc., G. V. C.

London, November 29th, 1862.



Medical News.

UNIVERSITY OF LONDON. Second M.B. Examination, 1862. Pass Examination.

- First Division.
- Bayldon, John, B.Sc. Surgeons' Hall, Edinburgh  
Griffiths, Thomas, University College  
Hewlett, Richard Whitfield, King's College  
Huxley, James Usher, King's College  
Jeaffreson, Horace, St. Bartholomew's Hospital  
Morton, Thomas, King's College  
Parson, Edward, King's College  
Powell, William, London Hospital  
Shepherd, James, University College  
Smith, Thomas Starkey, University College  
Squire, Alexander J. Balmanno, University College
- Second Division.
- Dale, Wm., Leeds School of Medicine and Middlesex Hospital  
Dawson, Richard, University College  
March, Henry Colley, St. Thomas's Hospital  
Marsdin, Frederick, King's College  
Stockwell, Frederick, St. George's and Bath United Hospitals  
Tibbits, Edward Thomas, University College

Examination for Honours.

- Physiology and Comparative Anatomy.
- Huxley, James U. (Scholarship and Gold Medal), King's College  
Squire, A. J. B. (Gold Medal), University College  
Morton, Thomas, King's College

- Surgery.
- Smith, Thos. S. (Scholarship and Gold Medal), University College  
Hewlett, Richard Whitfield (Gold Medal), King's College  
Griffiths, Thomas, University College  
Huxley, James U., King's College  
Morton, Thomas, King's College  
Powell, William, London Hospital
- Equal

- Medicine.
- Smith, Thos. S. (Scholarship and Gold Medal), University College  
Huxley, James U. (Gold Medal), King's College  
Griffiths, Thomas, University College  
Squire, Alexander J. B., University College  
Parson, Edward, King's College

- Midwifery.
- Parson, Edward (Gold Medal), King's College  
Huxley, James U., King's College  
Smith, Thomas S., University College  
Squire, Alexander J. B., University College  
Griffiths, Thomas, University College  
Morton, Thomas, King's College
- Equal

M.D. Examination. Pass List.

- Fagge, Charles Hilton, Guy's Hospital  
Galton, John Henry, Guy's Hospital  
Mackenzie, Morell, London Hospital  
Ramsbotham, Walter Basnett, University College  
Rutter, Joseph, University College  
Walecott, Robert Bowie, St. Thomas's Hospital

UNIVERSITY OF CAMBRIDGE. First M.B. Examination.

- Steward, G. W., M.A. Welch, T. D., M.A.

Second M.B. Examination.

- Sturges, Octavius, B.A.

APOTHECARIES' HALL. On November 27th, the following Licentiates were admitted:—

- Aspray, Charles Owen, Newton Road, Bayswater  
Bastian, Henry Charlton, Burton Crescent  
Biddle, Daniel, Wotton-under-Edge  
Cesar, Richard Thompson, Hadlow, Tunbridge  
Cornish, Philip A., Modbury, Devon  
Curtis, Collins, Great Northern Hospital  
Stewart, Charles John, Montague Place, Kentish Town

At the same Court, the following passed the first examination:—

- Power, William Henry, St. Bartholomew's Hospital

APPOINTMENTS.

- JAMES, William W., Esq., appointed Surgeon to the Devon County Prison, at Exeter, in the room of the late C. K. Webb, Esq.  
O'KELLY, Martin T., M.D., appointed Physician to the Clongroes College, Kildare, in the room of the late C. Clarke, A.B., M.B.  
PARSONS, Charles, Esq., elected House-Surgeon and Apothecary to the Salisbury Infirmary, in the room of F. P. Darke, Esq.  
SHIELL, Thomas W., M.B., appointed one of the Staff of the Maryborough Lunatic Asylum, Queen's County.  
WHITE, George, M.D., appointed House-Surgeon to Gray's Hospital, Elgin.

ARMY.

- FITZPATRICK, Staff-Assistant-Surgeon J. A., to be Assistant-Surgeon 1st Foot, *vice* W. Chalmers.  
LEVER, Staff-Assistant-Surgeon R. C., M.D., to be Assistant-Surgeon 7th Hussars, *vice* G. M. Slaughter.  
MARLOW, Surgeon B. W., M.D., 28th Foot, having completed 20 years full-pay service, to be Surgeon-Major.  
MORPHEW, Staff-Surgeon A., to be Surgeon 1st West India Regiment, *vice* E. A. Brien.  
WHITE, Staff-Assistant-Surgeon C. J., to be Assistant-Surgeon 12th Lancers, *vice* E. M. Wrench.

To be Staff-Assistant-Surgeons:—

- CHALMERS, Assistant-Surgeon W., 1st Foot.  
SLAUGHTER, Assistant-Surgeon G. M., 7th Hussars.

YEOMANRY CAVALRY.

- LOGAN, J., M.D., to be Honorary Surgeon Royal Kettering Troop.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

- BARNES, J. W., Esq., to be Assistant-Surgeon 2nd Middlesex A.V.  
MALLET, F. B., M.B., to be Assistant-Surg. 27th Lancashire R.V.

To be Honorary Assistant-Surgeon:—

- EMPSON, C. F., Esq., 38th West Riding of Yorkshire R.V.

NEW MAYORS. The following members of the medical profession have been elected Mayors for the ensuing year:—

- |                           |            |
|---------------------------|------------|
| CONGDON, W. G., Esq. .... | Marazion.  |
| COUCHMAN, R., Esq. ....   | Bedford.   |
| HOLDSWORTH, S., M.D. .... | Wakefield. |
| TRURAN, Thomas, Esq. .... | Truro.     |

DEATHS.

- BATTY, Robert, Esq., Surgeon, at Kingston, Jamaica, aged 34, on November 8.  
BRIEN, Edward A., Esq., Surgeon 1st West India Regiment, lately.  
CLARKE, John, M.D., Assistant-Surgeon 13th Foot, lately.  
CROZIER, William, Esq., Professor of Anatomy and Physiology in the Calcutta Medical College, on board the *Simla*, in his passage to England, on November 12th.  
HOOPER. On November 29, at Hoddesdon, Herts, aged 68, Frances, wife of \*John Hooper, M.D.  
LITCHFIELD, W. Vincent, Esq., Surgeon, at Isleworth, aged 35, on November 28.  
PAGE, William, Esq., Staff-Assistant-Surgeon, lately.  
THOMPSON. On December 1st, at Westerham, aged 62, Harriet, wife of \*Charles M. Thompson, Esq.  
WILKINS, William M., Esq., Surgeon 41st Foot, half-pay, lately.  
WOAKES. On November 23rd, at Luton, aged 50, Anna Maria, wife of Edward Woakes, Esq., Surgeon.

FORT PITT HOSPITAL, it is decided by authority, goes to Netley next February. The Army Medical School, of course, goes thither to.

BROMPTON HOSPITAL. In the interests of the in-patients, and on the strong recommendation of the medical committee, the committee have recommended the appointment of an honorary dental surgeon to the hospital.

THE PUCKETT FUND. Mr. Griffin has received Five Guineas from Dr. Sprott Boyd, of Sydney. Dr. Boyd was formerly a resident at Weymouth. The fund now amounts to £1050:15:6.—Mr. Griffin has also received Ten Shillings from Dr. W. Woodward, of Worcester, towards the Poor-Law Medical Reform Association.

WELL-PAID MEDICAL SERVICES. Mrs. Mead, widow of the late Mr. C. C. Mead, Assistant-Surgeon to the European Hospital, Bombay, has been presented by the Hon. Rustomjee Jamsetjee Jeejeebhoy with a sum of 15,000 rupees, in acknowledgment of the medical services, extending over several years, rendered by her late husband to the Jamsetjee family.

VACANCIES. The following appointments are vacant:—Physician to the St. George's and St. James's Dispensary; district surgeon of Greenock; medical officer to the Rathmullan Dispensary, county Donegal; physician's assistant and junior house-surgeon at the Manchester Royal Infirmary and Dispensary; and medical officer for the Belturbet Dispensary, district of the Cavan Union.



**THE DISTRESS IN LANCASHIRE.** Dr. S. D. Lees, Mayor of the Manor at Ashton-under-Lyne, has issued a circular calling upon his professional brethren and the public to assist the General Relief Committee in relieving the distress in his district. "A large distribution of clothing is now being made, yet thousands of garments are still required to meet the pressing wants of the starving operatives. Cast-off garments of useful quality, contributions of money by post-office orders, cheques, postage-stamps, or any other assistance, will be thankfully received." Parcels may be directed to Dr. Lees, Chairman, General Relief Committee, Ashton-under-Lyne.

**SERIOUS ACCIDENT.** Staff Assistant-Surgeon William Thomas Paliologus was lately precipitated down one of the trenches at Fort Pitt, Chatham, a depth of about thirty feet, from missing the path owing to the extreme darkness, and there being no fence or other protection. He was discovered about three hours afterwards, with one of his legs broken and otherwise seriously injured. He was immediately removed to the hospital, and attended to by the medical staff. As frequent similar accidents have lately occurred, it has been suggested that the authorities should erect a fence or some other barrier, and thus prevent the recurrence of what might have been a fatal catastrophe.

**PRESENTATION OF AN ADDRESS TO DR. MACFARLANE.** On Saturday, a number of members of the medical profession of Glasgow and the West of Scotland met in the Faculty Hall, Glasgow, for the purpose of presenting an address to Dr. John Macfarlane, late Professor of Medicine in the University of Glasgow, on the occasion of his retiring from public life. The address was signed by one hundred and ninety members of the Faculty, and was contained in a chaste gold plated box, bearing the following inscription:—"On his retirement from public life, the enclosed address, expressive of their esteem and affection, is presented by a numerous body of medical practitioners of Glasgow and the West of Scotland, to Dr. John Macfarlane, late Professor of the Practice of Medicine in the University of Glasgow." The address was presented by Dr. Lyon, the chairman, and replied to in feeling terms by the respected professor.

**UNIVERSITY OF EDINBURGH: NUMBER OF STUDENTS.** The number of students matriculated at this date (22nd November) is 1400. They are distributed as follows among the different Faculties—Arts, 600; Medicine, 470; Law, 259; Divinity, 71. Last year, at the corresponding date, the total number of matriculated students was 1292; but as the Divinity students were not enrolled in the general album of the University, an addition of 71 must be added to the numbers of 1861, in order that a comparison may be instituted between the two years. The numbers for last year would then stand as follow:—Total number, 1363; Arts, 604; Medicine, 494; Law, 194; Divinity, 71. It will thus be seen that there is a falling off in the number of medical students to the amount of 24. We understand, however, that the number of first year's students is considerably larger than last year.

**THE ROYAL SOCIETY.** On Monday last, in consequence of St. Andrew's Day falling on a Sunday, the anniversary meeting of the members of this society was held in their rooms, at Burlington House, Piccadilly. There was a large attendance of members. The President for the year, Major-General Edward Sabine, R.A., D.C.L., delivered an address, in which he adverted in feeling and appropriate terms, to the loss the society had sustained in the death of Sir Benjamin Collins Brodie, Bart., one of the most distinguished surgeons of modern times, who last year resigned the presidential chair. He also directed attention to the various branches of science in which progress had been made during the past year,

and to the recent Australian explorations. The Copley medal was awarded to Mr. Thomas Graham, M.A., D.C.L., the Master of the Mint, for his Researches in the Diffusion of Liquids. The Rumford medal was awarded to Professor G. R. Kirchhoff for his labours in Spectrum Analysis. One of the royal medals was awarded to Dr. Romney Robinson, the Astronomer Royal of Ireland, for his Catalogue of 5345 Stars, which cost him the labour of twenty-eight years, and other works connected with astronomy; and the other to Professor A. W. Williamson, Ph.D., Professor of Chemistry in University College, and Examiner in Chemistry in the University of London, for his Researches in Organic Chemistry. Officers for the ensuing year were elected, and the fellows of the society dined together in the evening.

**GROWTH OF POPULATION.** In the first three quarters of the present year the excess of births over deaths in Great Britain has been 248,537, a natural increase greater by 16,063 than in the first nine months of 1861. Although marriages have decreased in England this year, the marriage-rate has been maintained in Scotland, apparently indicating that the general prosperity of that part of the kingdom has not been so seriously affected by the war in America. The marriage-rate in Scotland, however, is always greatly below that of England—a remarkable difference between countries so closely allied; nevertheless, the proportion of legitimate births to the population is as high in Scotland as in England, Scottish marriages being more fruitful than English. There has been an unusual proportion of male births in Scotland this year, rising in the third quarter to 107 boys to every 100 girls; in several country parishes the proportion has been 3 to 2, and even 2 to 1. Scotland has also differed this year, from England in another respect; the mortality, low in England, has in Scotland been high throughout the year owing to the unfavourable effect of the damp, cold, rainy weather in that northern clime.

**LEPROSY IN THE EAST INDIES, ETC.** The inquiry which has been recently instituted by the directions of the Duke of Newcastle into the prevalence of this sad and loathsome disease in our colonies in different regions of the globe is about to be extended, at the suggestion of his Grace, to the several presidencies of India, where the malady is known to exist in various districts to a considerable degree among the lower orders of the native population. Most of the countries in the East continue to be infested with it to a greater or less extent, generally speaking in proportion to the physical and moral degradation of their people. In China it is very common; there are numerous leper-houses in most of the large towns. In the Philippine Islands, in Borneo, Java, and indeed in almost all the islands of the Indian ocean, including Madagascar, Mauritius, and the Isle of Bourbon, the disease is frequent among the coloured and black races; and the same remark holds true of most of the islands on the west coast of Africa—among the cape de Verd, Canary, and Maderia groups; also of the Azores, and even of Iceland and of the shores of Greenland. The geographical extent of the disease is, perhaps, greater than that of any other like disease. As it is understood that Lord Russell has intimated his willingness that the interrogatories on the subject, prepared by the College of Physicians at the request of the Colonial Secretary, should be transmitted to all Her Majesty's Consuls abroad with the view of eliciting information from foreign countries as well as from all British possessions in different regions of the globe, there is good reason to expect that the inquiry will prove highly interesting and instructive, and may lead to many salutary suggestions bearing on the hygienic and social condition of the peoples among whom the disease prevails. |



## Varieties.

**THE SOLDIER'S GREATEST PERIL.** The experience of this war confirms that of nearly all campaigns, that soldiers are in far greater danger from the diseases incident to camp life than from the weapons of the enemy. There are many surprising facts illustrating this in the story of the English and French armies. The 92nd English Regiment lost more officers and men in four months from the climate of Jamaica than by the enemy in an active war of twenty-two years, in which it was twenty-six times in battle. The French sent 309,268 officers and men to the Crimean war, of whom 200,000 were under medical treatment, 50,000 being for wounds and 150,000 for diseases. Among these soldiers there were 69,229 deaths, of whom only 7,500 were killed on the battle-field or not afterwards heard of, being eight deaths from other causes to one in battle. It is the deliberate opinion of Scriver, an intelligent investigator, that the losses occasioned by the most murderous battles do not equal one-fourth of the total losses to which an army is ordinarily subjected. (*Boston (U.S.) Paper*).

**THE VICHY WATERS.** The following is from the pen of Dr. Lee of Philadelphia:—There are, in all France, one hundred and sixty-five mineral springs of greater or less celebrity; the most important of which, already stated, belong to and are controlled by the Government. Vichy may undoubtedly be placed at the head of these, if we consider the reputation it enjoys, and the number of invalids who annually resort thither to make trial of its waters. The Emperor may be said to have taken it under his especial patronage, as the Empress has that of *Eaux-Bonnes*, for he occasionally takes up his residence at Vichy in July, and protracts his stay till late in August, or rather, till the great national fête of the 16th of the month. It is well known that he has been somewhat of an invalid for several years past, and it is generally believed that he finds the use of the waters extremely beneficial. Some idea may be formed of the popularity of the waters, when I state, that up to the 15th of September, 1861, 16,440 strangers had visited the place, and up to the 20th of August of the present year, 15,483 patients had registered their names, besides 1324 servants who accompanied them. These, as the register shows, came from every country in Europe, and a considerable number from North and South America, and the West Indies. There can be no doubt that some fashionables are attracted thither by the presence of the Emperor, but the vast majority to try the medicinal effects of the waters. There is nothing attractive in the appearance or situation of Vichy; it is a hot, dusty place, far more so than our Saratoga, while its surroundings are far less agreeable. It consists of the old and new town; the streets of the former narrow and irregular, while the houses are mean and ugly, but the new portion is better laid out, though still without much order or regularity, the houses being built of the same light-coloured sandstone which is universally used all over France. It lies on the left bank of the Allier, a moderate sized river, in summer occupying a tenth part of its ordinary channel; nine hours by express train from Paris on the Orleans line of railway. It has numerous grand hotels; everything is grand in France; even the principal spring here goes under the name of *Grande-Grille*! The price of board, including rooms and the use of the salon, is from one to three dollars or more per day, according to extent of accommodations. A patient, however, as at our own watering places, can adapt his expenses to his means. All the hotels have a *table d'hôte*, but the patient can resort to a restaurant, and thus live at less than half the expense. There are some establishments chiefly patronised by the fashionable, who resort thither for gambling or amusement, such as the hotels Guiller-

min, de Paris, Germont, etc. Lodgings generally have to be secured in advance; one-half the residents seem to be in the confectionary line, for their shops are filled with pastilles and sugar plums, made of Vichy salts, sugar, and flour, or gum and *sucré d'orge*, a "digestif alcalin," very much in vogue. The springs, nine in number, were first taken possession of by Napoleon I. in 1810, who opened a park, and authorised the acquisition of the necessary land. The large establishment was erected in 1820, but it was not till 1845 that the government took entire control of the waters. The second thermal building was erected in 1858. These are large and commodious, and display considerable architectural taste. There are three hundred and six bath rooms, and thirty-nine separate rooms for *douche* baths, which seem to be greatly in vogue. In 1863 the government sold 100,520 bath tickets, and sent out 361,000 bottles of the water. In 1857, 170,405 tickets were given out, including 27,000 gratuitous, and 700,000 bottles of water sold; in 1861, 280,000 bath tickets sold, and 1,250,000 bottles of water sent out and sold, and all this in addition to the immense quantity of the dry salts, extracted from the waters, and the *pastilles*, made for the government from the same salts, and distributed over the kingdom. Thus it will appear that these mineral waters are a source of no small revenue to the government, and are annually becoming more and more profitable. (*American Medical Times*.)

**ALCOHOL IN HOSPITALS.** There are among the governors of the Bridgewater Infirmary some teetotallers who go beyond the question whether alcohol is food or medicine, and would proscribe it altogether as a poison. They are horrified by the cost of alcohol administered to the patients. They seem to see doctors, patients, matron, and apothecary involved in a dance of death to the tune of "Drops of Brandy," and are nowise mollified by the fact that the average duration of patients in the house for cure was twenty-six days against an average of thirty-three. At the annual meeting where these opinions were expressed some interesting details were given by Mr. Haviland, one of the surgeons, relating to the consumption of alcohol in hospitals. It appears that the average amount of expenditure in fermented liquors in the following metropolitan, borough, and county hospitals stands thus:—King's College, 9s. 1½d.; St. George's, 6s. 6½d.; Middlesex, 8s. 6d.; Charing Cross, 8s.; London 7s. 7½d.; Westminster, 6s. 11½d.; Dorset County, 8s. 3d.; Exeter, 6s. 10d.; Cambridge, 5s. 3d.:—making an average of 7s. 5½d. per case. The average in Bridgewater Infirmary amounts only to 6s. 6½d. The low average of St. George's compared with King's College is remarkable; it is noteworthy that the institution in which Dr. Todd's influence was strongest stands highest on the list. There is one institution at which the expenditure stands at what must be considered a peculiarly low point; Truro Infirmary expends only 1s. 3¾d. on each case for alcoholic liquors. Dr. Barham, physician to this charity, can only suggest, in explanation, that the class of patients admitted are drawn from rural, sea-side, and upland districts in rather large proportion, and are in few instances derived from unhealthy town districts. But the school of treatment by the physicians, and the number and severity of accidents involving exhausting loss of blood in the surgical wards, are considerations probably more to the point. The alcoholic standard of these various hospitals might serve as a starting-point for several medical inquiries of considerable interest in the present diversity of opinion and practice.

**ACCLIMATISATION OF SPONGES.** M. Lamiral, whose departure for the coast of Syria with a view to obtain sponges for transplantation we mentioned in April last, has now returned, and presented a detailed report of his proceedings to the Société d'Acclimatation. M. Lamiral distinguishes three kinds of sponges for which there is a demand—the fine and soft sponge, called *abiand*; the



fine and hard sort, called *achmar*; and lastly the common sort, called *cabar* by the Arabs. These sponges are found in the Levant within the thirty-sixth and thirty-third degrees of latitude—that is, between Alexandretta and Saida. When the sponge is first gathered at the bottom of the sea, it is covered with a black but transparent gelatinous substance, resembling vegetable granulations, among which microscopic white and oviform bodies may be distinguished. These are the larvæ destined to perpetuate the species. When arrived at maturity, they are washed out by the sea-water which incessantly flows through the sponge; they then swim along, by the aid of the vibrating cilia or hairs with which they are provided, until they reach a suitable rock, to which they attach themselves, and there commence a new life. This emigration of the larvæ from the parent sponge occurs about the end of June and beginning of July. The fine qualities of sponges are chiefly found at a depth of fifteen fathoms or thereabout; the common sponge lies at depths varying between twenty and thirty fathoms. At Tripoli (on the coast of Syria, not of Africa) M. Lamiral engaged some divers, who commenced operations on the 21st of May. The sponges gathered were immediately placed in boxes, through which a stream of sea-water was constantly made to flow, the animal matter being, of course, left on them, and protected from injury. These sponges arrived at Marseilles on the 17th of June; thence they were taken to Toulon and the islands of Hyères, where stone troughs, with five sponges in each, were sunk in different places. The success of the experiment will not, of course, be known until next season.

THE ZOOLOGICAL GARDEN IN THE BOIS DE BOULOGNE. It is generally believed by foreigners that this is exclusively appropriated to the acclimatisation of animals, but this is a mistake. It is likewise devoted to the cultivation of plants. Among the alimentary plants successfully cultivated during the present year are to be seen several varieties of the potato from Australia, Bolivia, the Cordilleras, and Peru. Some of the roots weigh as much as six pounds. None of these plants have been attacked by disease. Another remarkable vegetable is the bean-tree (*dolichos lignosus*) from China, and a new species of spinach (*chenopodium quinoa*), with numerous leaves, which afford a nutritious food for milch cows. The seed, when ground, is well calculated for cake, bread, or soup. It is likewise excellent food for poultry. There is also the Malabar spinach (*basella intermedia*) and the New Zealand spinach, which grows the faster as the weather is hotter, and is the more valuable as it arrives at perfection at a season when spinach is most scarce. There is the *cucurbita pepo*, the young fruit of which is excellent in various sauces. There are likewise to be seen various timber trees, such as the *quercus castaneifolia*—the oak with chestnut leaves, on which silk-worms feed; the *loga rhamnus tinctorius*, from which a valuable green dye is produced; and the *rhus vernicifera*, which produces pure Japan varnish. These are a few of the five-hundred species of trees successfully cultivated. There are likewise flourishing a great variety of medicinal, industrial, and ornamental shrubs. The directors are very liberal in supplying horticulturists with seeds of these various plants.

FRENCH MINERAL WATERS. "There is no country in the world," writes Dr. Lee of Philadelphia, "where mineral waters are held in higher estimation than in France. This is shown by the fact, that the preservation and management of all the important mineral springs are under the direct control of the government, and form a distinct bureau under the minister of agriculture, commerce, and public works. They are now under the immediate charge of M. Nanta, Chief of the Division of Mines and Manufactories. He is aided by a *Consulting Hygienic Committee* consisting of nine members, of which M. Rayer, Dean of the Faculty of Medicine and Physician in ordin-

ary to the Emperor, is president. Thirteen other physicians of eminence are designated by government to aid in the deliberations and consultations relating to mineral waters; and their names are annually published in connection with the other officers of State. Besides this, the *Imperial Academy of Medicine* has a permanent standing committee on mineral waters, consisting of six of its most distinguished members, besides a leading chemist. Besides these, there is an *Army Council of Health* under the minister of war, who have a voice also in regard to the use of mineral waters; of this, M. Vaillant is President and Medical Inspector. The Government, moreover, to show its faith by its works, has established nine Thermal Military Hospitals, viz., at Vichy; Bourbonne-les-Bains; Baresges; Amelie-les-Bains; Bourbon-l'Archevêque; Plombières; Guano (Corsica); Hamman-Mezkhoutine (Algiers), and Bains de la Reine (Algiers). To these hospitals, both officers and soldiers, labouring under certain kinds of chronic disease, are sent by the Government until cured, or death has relieved them of their sufferings. Resident medical inspectors and adjunct inspectors are appointed also to all the important mineral springs of France. Besides, there are physicians resident at Paris, whose chief office is to prescribe what mineral waters are best suited to individual cases; these now number forty-seven, besides ten chemists specially devoted to the analysis of these waters. These statements are, perhaps, sufficient to show in what estimation mineral springs are held in France. I may add, however, that in 1861, a prize was offered of one thousand francs for the best work on mineral waters; and the French Academy of Medicine, at a special sitting, awarded it to Dr. Durand-Fardel, whose work is now a leading authority on the subject; nine silver or bronze medals were also awarded to other writers, and honourable mention made of four more. An Annual of mineral waters and marine baths is also published at the commencement of every year, and has a large circulation."

PHYSICAL CONDITION OF THE SUN. By what agency is the light and heat of the sun maintained? What is it that feeds that vast furnace to which we owe vegetation, and in a great measure our very existence? An agency affording it the necessary aliment there must be, otherwise it would soon be exhausted. This question has long engaged the attention both of astronomers and natural philosophers, and various theories have been proposed with a view to solve it. The most plausible explanation appears to be that there is an incessant flow of cosmical matter and aëroliths towards the sun, which absorbs them, and is thereby enabled to continue its emission of light and heat. This view, first propounded by Mr. Waterston, has since been modified by Mr. Thompson, who supposes that the cosmical matter destined to feed the sun has to make its way through a resisting medium, the density of which constantly increases as its strata approach the sun. Thus the friction arising from the rapid motion of each particle through this medium will render the particle itself incandescent, and the heat thus generated will contribute its quota to the temperature of the solar sphere. In a recent paper addressed to the Academy of Sciences, M. Faye strongly opposes these theories, first, because supposing a resisting medium to exist, this medium must move with the sun, in which case it may be proved that a body circulating within this medium will not fall into the sun; and then, because nothing has been done to try the possibility of such an hypothesis by tangible experiment or observation; while, on the other hand, what has been observed proves rather the contrary—for how, our author asks, could motionless clouds be seen during total eclipses in any atmosphere supposed to be traversed in every direction by cosmical particles with such velocity as to go round the sun in less than three hours? This latter argument, it must be admitted, is a telling one; but M. Faye stops here, and does not ven-



to hazard an opinion of his own upon the matter. (*Lignani's Messenger*.)

OPERATION DAYS AT THE HOSPITALS.

DAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Loek, Clinical Demonstration and Operations, 1 P.M.

DAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

NESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

RSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

AY. .... Westminster Ophthalmic, 1.30 P.M.

RDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

DAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland Radcliffe, "On Certain Diseases of the Brain and Nervous System."—Medical Society of London, 8.30 P.M. Clinical Discussion. Dr. Thudichum, "On a Case of Rapid Wasting Palsy from Structural Disease of the Spinal Marrow"; Dr. Brinton, "A New Auroscope, practically shewn"; Mr. Hulke, "Fibro-Cellular Polype from the Ear"; Ivory Peg used in a Case of Ununited Fracture"; Dr. Jephson, "A Case of Myelitis successfully treated"; and other papers.

DAY. Junior Medical, 8 P.M. (King's College). Mr. Yeo, "On Ovariectomy."—Royal Medical and Chirurgical, 8.30 P.M. Mr. Jardine Murray, "Case of a Double-handed Woman"; Mr. Spence Wells, "History of Ovariectomy, with his personal experience in Fifty Operations."

RSDAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland Radcliffe, "On Certain Diseases of the Brain and Nervous System."

POPULATION STATISTICS AND METEOROLOGY OF LONDON—NOVEMBER 29, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 971 } { Girls.. 863 }	1834 1745
Average of corresponding weeks 1852-61 .....		1879 1445
Barometer:		
Highest (Fri.) 29.643; lowest (Wed.) 29.402; mean, 29.543.		
Thermometer:		
Highest in sun—extremes (Fri.) 72.3 degs.; (Sun.) 41 degs.		
Shade—highest (Fri.) 51.5 degrees; lowest (Sun.) 24.8 degs.		
Mean—37.1 degrees; difference from mean of 43 yrs.—4.1 degs.		
Range—during week, 26.7 degrees; mean daily, 11.3 degrees.		
Humidity of air (saturation=100), 89.		
Direction of wind, N.E. & S.E.—Rain in inches, 0.10.		

TO CORRESPONDENTS.

All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

—We believe that the sum paid to the surgeon referred to for two journeys, was £1000.

RD.—The following "professional "card" has been forwarded to It is a printed note, and has, we understand, been pretty widely distributed:—

"Crawley Villa, Crawley, Oct. 1, 1862.

"Dr. Starr, formerly of Leamington, and for several years chief medical officer to the Warwick Dispensary, presents his compliments, and begs to inform ——— that he has taken a permanent residence at Crawley, near the station; and that he is at all times ready to render his professional services, wherever they may be required. N.B. Medical advice given to the poor of the neighbourhood from 10 to 11 A.M."

AN EXCELIENT PROPOSAL.—SIR: The hand and heart of the medical man is always open to the wants of the poor, and by no profession is gratuitous assistance rendered so constantly and ungrudgingly as by ours. Now, too, when a great calamity casts its dismal shadow over a large district of the north, we have not been behind; the cry of the "elemming" operative has been heard, and responded to. I cannot, however, help thinking that, having acted as individuals, we may now advantageously and successfully act as an Association, in the following way. Let each associate, during the next week or fortnight, ask from his patients the small sum of one shilling, or even less; and, when the amount reaches a sovereign, transmit it to a central fund; there would thus be easily raised before Christmas more than £2000, which might be called the "British Medical Relief Fund." Perhaps you, as Editor of our JOURNAL, would consent to be our Receiver-General; and the whole amount could thus be easily transferred to the Mansion House Committee. Trusting this suggestion will commend itself to the associates, and secure from them prompt and earnest action.

I am, etc., WM. LEGGE.

Wiveliscombe, Somerset, December 1st, 1862.

[We shall be most happy to take charge of any sums forwarded to us for the purpose indicated in this note. EDITOR.]

A SENIOR PRACTITIONER writes as follows about the *Silent Friend*.

"I doubt whether any young medical man of short standing has an adequate knowledge of the actual mischief done by the *Silent Friend* seamps. In the course of a professional life, now not short, I have remarked, as a general principle, that venereal patients resort to young practitioners, and onanists to seniors. I see no end of the latter class. Every man and mother's son of them has a filthy book on the subject. In fact, I now never ask the question. But when I commence my advice, I put in the first place a peremptory order to burn the book, and refuse to go further without a promise to that effect."

JOURNALS WANTED.—The Publisher of the BRITISH MEDICAL JOURNAL is in want of the numbers for August 15th, 1857, and June 5th, 1858. Perhaps some member who does not bind his volumes will kindly forward his copy of those numbers.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

PHILIP H. WILLIAMS, M.D., General Secretary.

Worcester, December 1862.

COMMUNICATIONS have been received from:—Dr. HANDFIELD JONES; THE HONORARY SECRETARY OF THE JUNIOR MEDICAL SOCIETY; Mr. HAYNES WALTON; Mr. G. RIGDEN; Dr. EDWARD COPEMAN; Mr. T. M. STONE; Mr. R. S. FOWLER; Dr. WILLIAM NEWMAN; Mr. W. W. MORRIS; THE HON. SEC. OF THE MEDICAL AND CHIRURGICAL SOCIETY; Mr. W. G. CONGDON; Mr. RICHARD GRIFFIN; Dr. MAYO; Mr. T. S. FLETCHER; Mr. BODINGTON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. G. V. CIACCIO; Dr. TENISON; Mr. ELLAM; THE REGISTRAR OF THE MEDICAL SOCIETY; Mr. F. JORDAN; and Dr. MITCHINSON.

BOOKS RECEIVED.

1. Treatise on Continued Fevers. By C. Murchison, M.D. London: 1862.
2. An Address delivered at Queen's College, Birmingham. By John Postgate. Birmingham: 1862.
3. Practical Notes on Diagnosis, etc., in Cases of Delirium Tremens. By T. Laycock, M.D. Edinburgh: 1862.
4. Lectures on Surgery delivered in St. Bartholomew's Hospital. By William Lawrence, F.R.S. London: 1863.
5. Chemistry. By William Thomas Brande, D.C.L., F.R.S.; and Alfred Swaine Taylor, M.D., F.R.S. London: 1863.
6. The Coexistence of Tubercle and Cancer. By D. R. Halldane, M.D.



**Aërated Lithia Water. —**

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARRON'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.  
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**General Council of Medical**

EDUCATION and REGISTRATION of the UNITED KINGDOM, 32, Soho Square, London, W.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1863, as directed by the 27th Section of the Act will contain those names only which appear on the General Register as existing on the 1st day of January, 1863.

It is particularly requested that claims for the Registration of first or additional Qualifications, and notices of alteration of Residence may be sent to this Office as soon as possible.  
October 1862.

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**CHLORODYNE.**

Its use in Fever highly recommended, a case of Sarcinæ CURED and other notices of its high remedial value presented, with an especial CAUTION to the Profession.

**Caution about Spurious Imitations, etc.**

CAUTION.—J. T. DAVENPORT received from Dr. J. COLLIS BROWNE, M.R.C.S.L., Ex-Army Medical Staff the sole discoverer and inventor, his RECIPE for this invaluable preparation, which has never been published or made known; hence there can be no other maker, and anything compounded as Chlorodyne besides a spurious imitation and deception.

**TESTIMONIALS.**

"I have now for fifteen months used Dr. J. COLLIS BROWNE'S CHLORODYNE, and am fully persuaded of its value as a remedial agent in FEVER, to allay restlessness and severe headache, and to procure sleep, its effects have been most satisfactory. It appears to me to be indicated in all cases where there is depression of NERVOUS POWER. In fact, in the hands of a judicious surgeon who has used it a few times, it is capable of being most extensively and usefully prescribed. In a case of obstinate and severe VOMITING, arising from SARCINÆ in the Stomach, associated with an Amyloid Tumour in the Liver, which had resisted treatment for many months, I used Chlorodyne most successfully. The first dose stopped the Vomiting. Small doses were continued, at intervals of a few hours, for six weeks. The vomiting having entirely ceased, it was then discontinued, and although six months have elapsed there has been no return of the symptoms. The Tumour has somewhat diminished in size; and gives no uneasiness. I have also given it in some cases of Phthisis, with marked relief especially in the early stages. I spontaneously offer my opinion as to its merits, for I think it has only to be tested and it will be used by all medical men.

"HENRY J. STORMONT, Esq., Surgeon, Cheshunt."

"Having ordered from our Druggists 'CHLORODYNE,' I was not only DISAPPOINTED IN ITS EFFECTS, but annoyed when I received a SPURIOUS Compound. I have been in the habit of using your CHLORODYNE with great advantage to my patients and satisfaction to myself. I have just discharged, well, out of this Hospital, a woman who had pyæmia after hour-glass contraction of the uterus; I feel quite certain that her recovery was caused by taking a dose of CHLORODYNE three times daily, or when the rigors were severe. I have had several cases where inflammation set in after instrumental delivery or extraction of the placenta, and never had a recovery before when the cases were so severe as the case mentioned; but I did not know the value of your medicine.

(Signed)

"JAS. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath."

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From J. E. ERICHSEN, Esq.

6, Cavendish Place, Cavendish Square, Oct. 1st, 1861.

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JOHN ERICHSEN,

Professor of Surgery at University College, and Surgeon to the Hospital.

From W. FERGUSSON, Esq.,

Professor of Surgery at King's College, and Surgeon to the Hospital, 16, George Street, Hanover Square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double Action Syringe and think very highly of it. Yours faithfully,

Mr. Twinberrow, Edwards Street.

WM. FERGUSSON

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# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### LIVERPOOL NORTHERN HOSPITAL.

#### CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. WATERS, M.D.,  
Physician to the Hospital.

[Continued from page 4.]

CASE XXII. *Double Bronchopneumonia: Recovery.* Margaret McCaffrey, aged 25, a thin spare woman, a domestic servant, was admitted into the Hospital on January 1st, 1862. She stated that she had been unwell for about three weeks with cough and pain in the shoulder, and that she had been confined to her bed for a week, but no treatment had been adopted.

She was first seen on January 2nd. The pulse was 116, and small; the respirations 60 per minute. The face was dusky, and the skin rather hot. She complained of little or no pain. The lungs were resonant in front, and the ribs rather prominent. There was slight dulness over the lower part of the back of both lungs. The respiration in front was loud, with sonorous râles; behind there was fine crepitation, with subcrepitant râles. She was ordered turpentine fomentations to the chest, with the eighth of a grain of antimony in a saline every three hours, and an ounce and a half of brandy at night.

On the 3rd, she had slept but little, and was troubled a good deal with cough. There was no expectoration. The pulse was 120; the respirations 52. There was no change in the physical signs. She was ordered four ounces of wine daily, an ounce of brandy at night, and strong beef-tea.

On the following day, she said she felt better; there was no pain in the chest, except when she coughed. The countenance was less dusky. The pulse was 124; the respirations 44. The crepitation at the back of the lungs was less extensive. She was ordered to take the mixture every four hours, and to continue the wine.

On the 5th, the pulse had fallen to 100; the respiration was 40. Fine crepitation was only heard at the base of the right lung. She was ordered to take the medicine every six hours; and to have daily six ounces of port wine, and an ounce of brandy, with beef-tea, etc.

On the 6th, her pulse was 100; respirations 40. She appeared to be improving. The antimony was omitted.

On the 7th, a relapse took place. The pulse was 110; respirations 54. She had not slept, and complained of pain. The face was flushed; crepitation was well marked in the right axilla. The saline mixture, with one-eighth of a grain of antimony, was again ordered every four hours, and the wine was continued.

On the 8th, the pulse was 98; respirations 54. She had slept a little, and complained of less pain. She was ordered a grain of opium twice a day, and an ounce of brandy at night.

On the 9th, the pulse was 98; the respirations 48. There was very little crepitation, and no dulness.

On the 10th, the pulse was 94; respirations 40.

On the 11th, the pulse was 100; respirations 36. The tongue was clean; there was no dulness and no fine crepitation to be heard anywhere. The antimony was stopped; and a saline, with carbonate of ammonia and chloric ether, was ordered.

From this date, she made steady progress under the influence of good diet, wine, etc. Her cough troubled

her for some little time; but on the 23rd, the notes state that the breath-sounds were normal over both lungs, except that the expiratory sound was slightly prolonged. There was no dulness. She took bitter tonics, and subsequently iron; and was discharged from the Hospital on February 13th.

CASE XXIII. *Acute Pleurisy, with Effusion, attended with Albuminuria, and following Scarlet Fever: Recovery.* M.—, a domestic servant, aged 18, a somewhat pale anæmic looking girl, was attacked with scarlet fever on March 16th, 1862. The fever was violent, but the rash was not well marked; and there was but little affection of the throat.

On the third day of the eruption, the urine was smoky, scanty, and highly albuminous.

On the eighth day, the fever had subsided; the urine was almost free from albumen; and the patient was apparently progressing satisfactorily.

On the following day, she was attacked with inflammation about the throat and the glands of the neck, and the urine became more albuminous and smoky. She improved under treatment during the ensuing week, but the urine remained albuminous. There was some anasarca, but to no great extent.

On the fifteenth day of her illness (viz., March 30th), she was seized with acute pain in the left side, with great dyspnoea, and inability to lie down. The pulse was quick; the skin hot; and there was great thirst. She was ordered a glass of port wine (about two ounces) three times a day, and turpentine fomentations to the side.

On April 1st, the pulse was 110; respiration was painful and hurried; and there was still a sharp pain in the right side.

On the 2nd, there was dulness at the base of the right lung, with friction-sound higher up; the pulse was 100; and there was orthopnoea. Acetum cantharidis was painted over the side; she continued her wine, with a grain of quinine and three grains of ammonio-citrate of iron, twice a day; and she had a small opiate at night.

On the 3rd, she had passed a good night, was free from pain, and improving.

On the 4th, there was still dulness at the lower part of the lung; but there was no extension of inflammation. The urine was still smoky and albuminous, and of specific gravity 1011. She was ordered ten grains of gallic acid twice a day, to continue her wine, and to have ten minims of laudanum at night.

On April 6th, she was sufficiently well to be removed from the house she was in, and was taken to the Northern Hospital. She steadily improved from this date; the chest-symptoms rapidly subsided; and the fluid in the pleura soon became absorbed. She continued to take gallic acid in somewhat large doses, wine, and good diet. One application of tincture of iodine was made to the chest. The albuminuria was somewhat persistent, and did not altogether subside till after a treatment, partly with gallic acid and partly with iron, of nearly seven weeks. She then left the Hospital quite well.

[To be continued.]

PREPARING GLUE FOR READY USE. To any quantity of glue use common whisky instead of water. Put both together in a bottle, cork it tight, and set it by for three or four days, when it will be fit for use without the application of heat. Glue thus prepared will keep for years, and is at all times fit for use, except in very cold weather, when it should be set in warm water before using. To obviate the difficulty of the stopper getting tight by the glue drying in the mouth of the vessel, use a tin vessel, with the cover fitting tight on the outside, to prevent the escape of the spirit by evaporation. A strong solution of isinglass made in the same manner is an excellent cement for leather.



# Original Communications.

## A SUDDENLY FATAL CASE AFTER LABOUR.

By T. L. PRIDHAM, Esq., Bideford.

ON October 2nd, I was called to attend E. T., of florid complexion, aged 24. She was in labour for her first child, which was illegitimate. Her pains had been entirely confined to the abdomen from the commencement of her labour, and were described as "very cutting." She had been in labour about ten hours; it was about midnight when I first saw the patient. She had great apprehensions as to the safety of her delivery, more particularly as her mother had always severe times, accompanied, as she said, with convulsions. I had not been in the room more than a quarter of an hour before a pain came on in the lower part of the abdomen, which was quickly followed by the first convulsion, which lasted about a quarter of an hour, passing off with foaming at the mouth; and during the convulsion her tongue had been severely bitten. The pulse was then at 120 in a minute, free and bounding. The pupils were much dilated. Before I had time to tie up the arm, in order to bleed my patient, another pain came on, which was immediately followed by a convulsion not less severe than the first, though not of so long duration. Thirty-five ounces of blood quickly flowed, by which a decided impression was made on the system, as the pulse fell considerably, and she became faint and pale. Her bowels had acted freely during the day, and she had passed her urine just before I arrived. I lost no time in examining the stage of the labour, and found the head presenting above the brim of the pelvis, the os uteri three parts dilated, and the membranes entire. I at once ruptured the membranes, and proceeded to turn the child; but in the attempt I encountered an almost insurmountable barrier in consequence of the irregular action of the muscles of the uterus, which, about its centre, embraced the body of the child so firmly that I was obliged gradually, and with much difficulty, to introduce my fingers, and lastly my hand between the child and the band I have already described, to reach the upper chamber, as it were, of the uterus, in order to get hold of a foot, the contraction still acting most powerfully on my arm. The convulsions, which now occurred about every twenty minutes, had become less severe and of shorter duration since the abstraction of blood. They were still preceded by pains in the abdomen, during which time I, of course, relaxed in my efforts to turn. I should here remark, that perfect consciousness did not return after the first convulsion; although, when the patient was addressed by me in a very decided manner, she would give a confused answer to the question put.

I was much struck with the remarkable expression of the countenance of the patient whilst in pain, which gave, instead of the evidence of suffering, a kind of idiotic smile. My efforts to turn and deliver were fruitless, as the contraction still continued as firm as ever; the convulsions, however, gradually subsided, and by three in the morning had quite left her, as well as the abdominal pain. At this time, I made another effort to turn, and got down both feet; but the evolution of the child could not be effected, as the irregular action of the muscles of the uterus had not given way, and the body of the child remained perfectly fixed in its original position.

I now gave a full dose of laudanum, hoping that its effect would act beneficially in relaxing the unnatural contraction of the muscles of the uterus, which the bleeding had failed to do; and having, with difficulty, replaced the feet in the upper chamber of the uterus, I

waited for two hours, during which the patient had some sleep, which was interrupted by occasional slight pains.

At this juncture, feeling my apprehensions increasing as regarded the safety of my patient, I requested the assistance and advice of Dr. Felce, a medical friend who happened to be in the neighbourhood. Having made a careful examination, he was of opinion that all efforts at turning would be fruitless. Under existing circumstances, it was deemed advisable to repeat the dose of laudanum, and wait. Up to this time, the pulse was favourable, and the patient had taken nourishment; there were short intervals of sleep. It now became evident that pains in the back existed, as she called for support in that direction; this gave us great hopes that all would end well.

Three hours afterwards, I made another examination, being resolved, as the powers began to fail, to deliver by some means or other; and, to my great satisfaction, I found that the head had descended into the hollow of the sacrum. As the efforts were becoming very feeble, I at once delivered by means of the forceps, under the influence of chloroform. It was evident that the child had been dead some days. The uterus contracted well, and no hæmorrhage followed; she took in food; and her consciousness in a great measure returned; and so far we were thankful to feel that our anxieties in a great measure were over.

Shortly after her delivery, a sudden change appeared to come over her countenance; and, without further warning, life was quickly extinct. I should state that the blood taken from the arm was greatly buffed and cupped.

It is worthy of notice, that the state of the atmosphere during the time of labour was most oppressive, and lightning and thunder occurred at intervals during the night. I allude to these circumstances, as men of note, such as Denman and Smellie, have spoken of the probable influence of a great amount of electric fluid in the atmosphere in attacks of puerperal convulsions; then, again, Ramsbotham, in his able work on *Obstetric Medicine and Surgery*, says, in speaking of the remote causes of convulsions in childbirth (page 451), that, amongst other causes, he attributes those of the death of the child and the depressing passions; but the most frequent is some deranged state of the uterus itself—probably, the nervous system—and consists in some irritation propagated from that organ to the brain. I should mention that the poor woman had become greatly dejected by being informed that the father of her child was a married man, to whom she was to have been united on the very day this unexpected circumstance was communicated to her. It is most probable that all the combined circumstances which I have related acted on the sensorium, resulting in the fearful convulsions which so often are the forerunner of death in childbed, as there was no paralysis or evidence of lesion of the brain whatever. I can only regret that it was not in my power to procure a *post mortem* examination, in order to prove that puerperal convulsions may be produced from exciting causes remote from the brain.

## PUBLIC HEALTH IN THE CITY OF CANTERBURY DURING THE YEAR 1861.

By GEORGE RIGDEN, Esq., Surgeon to the Canterbury Dispensary.

As I have already described the geology, drainage, water-supply, and other local peculiarities of this city, in the *Journal of Public Health* for July 1856, with other observations upon these subjects; as well as on the general sanitary state of the city for several preceding years, in the *BRITISH MEDICAL JOURNAL* for August



—it is now unnecessary to recapitulate them. I need, therefore, upon this occasion, to give a more detailed report of the sanitary state of the city during the year 1861; the census of that year enabling me to make a more accurate analysis of the births and deaths according to the ascertained population of the city, then amounting to 21,323. There were registered, as occurring during the year, births of 298 male children and 324 females, or at 29 births to 1000 persons living; and of deaths, 213 males and 213 females, or about 21 deaths to 1000 persons living. The death-rate was 42 in the month of January, 41 in February, 33 in March, 39 in April, 32 in May, 35 in June, 31 in July, 22 in August, 40 in September, 40 in October, 43 in November, and 50 in December. Of these—

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.	
													M.	F.
Under 10 years of age ..	27	16	11	12	8	11	14	10	25	11	15	25	90	95
Between 10 and 20 years ..	0	4	5	4	2	1	1	1	2	4	1	1	16	10
Between 20 and 40 years ..	4	9	8	4	4	9	6	2	4	3	5	7	35	25
Between 40 and 60 years ..	1	2	3	10	8	3	2	1	3	5	7	7	32	20
Between 60 and 80 years ..	4	9	8	7	9	9	5	6	4	13	13	4	48	43
80 years .....	6	1	3	2	1	2	3	2	2	4	2	6	14	20

The causes of death, as verified in each case from the medical certificate, were: 73 from zymotic diseases; 6 from diseases of uncertain or variable seat; 81 from tubercular diseases; 39 from diseases of the nervous system; 25 from diseases of the organs of circulation; 30 from diseases of the organs of respiration; 51 from diseases of the organs of digestion; 7 from diseases of the urinary organs; 5 from diseases of the organs of reproduction; 27 from infantile debility; 17 from atrophy; 10 from age; 7 from external causes; and 14 deaths, upon which inquests were held, are registered as the result of natural causes. Of the zymotic diseases—

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Measles .....									1		1		2
Scarlet Fever .....			1			1						7	9
Continued Fever .....	1			1		1		2	2	3			10
Croup .....	5		3	4	3					1	3		19
Diphtheria .....	3		1								2		6
Rhœa .....	1						2	9	3	1	1		17
Erysipelas .....				1									1
Small-Pox—unvaccinated....					1	3							4
Enteric .....							1				1		1
Cholera .....	2										1		3

The causes of deaths from tubercular diseases were: 39 from pulmonary consumption, and in a large majority between the ages of twenty and thirty years; 14 from tabes mesenterica; 4 from tubercular meningitis; 10 from general scrofula. The tables of the daily mortality in connexion with the daily meteorological phenomena observed in this city during the year prove the remarkable contrast between the summer and winter months, in regard to the number of deaths; and although there are, probably, other additional reasons for this diversity, it is manifestly evident that the rise and fall of the thermometer has a very important influence. The publication of these tables may be useful, for other inquirers to compare the similar observations recorded in other localities. The city of Canterbury is composed of twenty-three parishes or parts of parishes; but of these eight only contain more than 1000 inhabitants each; viz., St. Mary's Northgate, with 5092; St. Mildred's, with 2322; St. Paul's, with 1933; St. Alphage, with 1153; St. Peter's, with 1188; St. George's, with 1254; St. Dunstan's, with 1394; and St. Gregory's, with 1426.

The following table will explain the relative increase of population in these parishes since the census was taken in 1851, the relative number of births and deaths in proportion to the population, and the relative proportion of deaths occurring in children under five years of age.

Parishes.	Increase of population since 1851.	Births to 1000 inhabitants.	Deaths to 1000 inhabitants.	Proportion of deaths under 5 yrs.
	per cent.			per cent.
1. St. Mary's Northgate ..	65	27	20	41
2. St. Mildred's ..	15.5	32	21	46
3. St. Paul's ..	15.8	30	17	44
4. St. Alphage ..	4.9	35	30	45
5. St. Peter's..	diminished by ten.	33	21	40
6. St. George's ..	5.7	19	15	21
7. St. Dunstan's ..	11.9	29	13	42
8. St. Gregory's ..	11.5	36	27	51

1. The parish of St. Mary's Northgate is situated partly upon the lowest, and partly upon the higher, but no part upon the highest, level. Its drainage, although not absolutely perfect, has been very much improved within the last few years, and is now as good as the general drainage of the city. It includes within its boundaries the military barracks, containing, upon an average, 1700 soldiers. Its resident household inhabitants are in a great measure composed of the poorer classes.

2. St. Mildred's, like St. Mary's Northgate, is situated partly upon a low level and upon the banks of the river, and partly upon a higher level. It does not include any large establishment, but is composed of a mixed population of the very poorest and the middle classes of society.

3. St. Paul's is situated upon the higher level, and is generally considered to be well drained. It includes within its boundaries three large establishments—the Missionary College and the County Jail, containing together about 150 inhabitants, nine-tenths of whom are adult males, and who add but very little either to the birth or death rate of the parish; and the Kent and Canterbury Hospital, to which invalids are brought from various parts of the county, as well as from the city parishes. Therefore, to render the death-rate of the city parishes more accurate, the deaths occurring in the hospital have been referred to the parishes in which the patients previously resided, and in which, in all probability, they contracted their diseases. The general household inhabitants of this parish are composed of rich and poor in about equal proportions.

4. St. Alphage (which, in comparison with the other parishes, has suffered from the highest death-rate) has no large establishment within its boundaries. It is situated entirely upon the lower level, and immediately above that portion of the river where an obstruction is placed to the natural flow of the water; its subsoil is, consequently, at all times in a state of considerable saturation. Many parts of the parish are, or were until very lately, imperfectly drained; and its inhabitants, not by any means the poorest in the city, have a more contracted area to each than exists in either of the other parishes.

5. St. Peter's is situated entirely upon the lower level, and has no large establishment within its boundaries. Its inhabitants are composed of rich and poor in about equal proportions, and its situation renders it subject to the same baneful influences of the obstructed river as exist in St. Alphage; but, unlike the latter parish, its area in proportion to its inhabitants is considerably more extended.

6. St. George's is situated entirely upon the highest level, and has no large establishment within its boundaries. It is well drained, and inhabited by a population



DAILY METEOROLOGICAL PHENOMENA OBSERVED IN CANTERBURY in 1861, AND THE NUMBER OF DEATHS IN EACH DAY. Population, 21,323. Total number of births, 622 ; of deaths, 448.

JANUARY.								FEBRUARY.								MARCH.										
Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.
	1.	2.	3.							1.	2.	3.							1.	2.	3.					
1	46	46	34	29.08	S.W.	30		2	1	41	41	35	30.06	S.	0		3	1	45	45	39	29.74	S.	4		
2	30	29	29	29.75	E.	51		1	2	38	36	36	30.45	W.N.W.	0		1	2	39	41	37	29.77	W.	12		
3	29	29	29	30.06	E.	51		0	3	35	33	33	30.42	W.S.W.	0		1	3	50	52	40	29.53	W.	25		
4	30	30	25	30.00	N.W.	51		2	4	38	39	35	30.00	S.W.	0		0	4	41	41	40	29.81	W.	25		
5	32	32	30	29.85	S.E.	52		1																		
6	24	22	22	29.90	W.N.W.	52		0	5	42	42	38	29.74	S.S.W.	0		3	5	38	38	34	30.16	S.W.	25		
7	27	27	22	29.83	W.	52	0.52	3	6	44	44	42	29.40	S.	0		0	6	47	47	37	29.88	S.W.	25		
8	19	14	13	30.16	S.E.	0	Fro-	0	7	44	44	44	29.45	S.	0		1	7	43	44	41	29.85	W.N.W.	27		
9	15	9	9	30.17	S.E.	0	zen.	3	8	42	42	42	29.50	S.E.	2		1	8	49	50	44	29.95	W.	27		
10	17	13	12	30.15	S.E.	0		4	9	39	38	37	29.45	E.	2		0	9	42	43	39	30.26	W.	27		
11	27	27	13	30.17	S.E.	0		3	10	39	39	37	30.00	N.N.E.	4		0	10	47	48	38	29.96	S.W.	27		
12	32	32	27	30.07	S.E.	0		0	11	34	34	32	29.86	N.	4		2	11	41	42	40	29.29	W.	35		
13	31	31	31	29.72	S.E.	7		4																		
14	25	21	21	29.60	E.S.E.	7		0	12	29	28	28	29.55	W.	5		2	12	38	38	35	29.26	W.	46		
15	27	28	20	29.84	S.E.	7		3	13	33	33	28	29.50	S.	7		0	13	37	39	37	29.53	N.W.	63		
16	24	24	24	29.94	N.E.	7		0	14	33	30	30	29.98	S.	17		0	14	35	35	31	30.13	S.W.	68		
17	32	33	24	30.05	N.	7		1	15	44	45	29	29.63	S.W.	28		3	15	45	47	31	30.01	S.W.	69		
18	32	32	32	30.12	W.	10		2	16	46	46	42	29.55	S.	31		3	16	39	39	34	29.99	S.W.	69		
19	35	37	32	30.08	S.	10		1	17	47	47	45	29.74	S.	31		2	17	37	37	33	29.90	S.W.	73		
20	35	37	32	30.07	S.W.	17		1	18	45	45	40	29.55	S.	32		1	18	36	37	30	29.34	S.W.	1.12	1.12	
21	38	38	36	30.32	S.W.	20		0	19	45	45	43	29.56	S.	32		0	19	43	45	37	28.88	S.W.	6		
22	33	33	32	30.24	S.W.	20		0	20	43	43	42	29.58	W.	38		1	20	41	43	37	29.55	W.S.W.	10		
23	35	35	31	30.12	S.W.	20		2	21	47	47	43	29.46	S.	53		1	21	38	40	34	29.20	W.	38		
24	36	36	33	30.02	S.	20		1	22	45	45	45	29.60	S.S.W.	77		0	22	37	39	33	29.51	W.	38		
25	43	44	36	29.93	S.	21		2	23	47	47	45	22.52	S.E.	81		2	23	45	46	42	29.78	S.S.W.	38		
26	45	44	44	30.06	W.	25		0	24	45	44	44	29.64	N.	82		1	24	46	52	32	29.77	S.	38		
27	46	46	44	30.14	S.W.	25		2	25	42	42	40	30.03	N.	1.10	1.10	3	25	45	49	46	29.84	N.E.	53		
28	43	42	41	30.16	S.W.	25		0	26	38	37	37	30.02	N.	0		3	26	48	48	44	29.66	S.	53		
29	38	34	34	30.14	S.	25	0.25	2	27	39	38	35	30.00	S.	0		5	27	48	50	39	29.46	S.	53		
30	39	39	34	30.03	S.	25		1	28	43	43	37	29.66	S.	4	.04	2	28	51	51	47	29.36	S.	55		
31	38	38	38	30.08	S.	25		1										29	45	45	43	29.62	W.N.W.	56		
Total.....							77	42	Total.....							1.14	41	Total.....							1.79	38

APRIL.								MAY.								JUNE.										
Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.			Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.
	1.	2.	3.							1.	2.	3.							1.	2.	3.					
1	44	45	35	29.62	E.N.E.	0		1	1	49	49	44	30.17	N.W.	0		1	1	59	61	56	29.88	W.S.W.	5		
2	43	44	33	29.62	S.	5		1	2	50	52	44	30.17	W.	0		0	2	58	62	52	29.77	N.W.	5		
3	45	47	42	29.62	S.S.W.	17		1	3	51	52	46	30.03	W.	0		3	3	53	53	45	29.93	E.	94	0.94	
4	47	49	42	29.70	S.S.W.	22		3	4	43	42	40	29.92	N.	3		2									
5	45	48	38	29.73	W.	22		1	5	44	44	41	30.02	N.	5		1	4	55	54	52	29.96	S.	56		
6	45	45	43	29.99	N.	22		1	6	45	45	41	29.93	N.	5		0	5	54	56	48	29.96	S.	78		
7	45	46	41	30.11	N.E.	22		2	7	47	47	41	29.93	N.W.	5		1	6	54	54	50	29.94	N.	85		
8	44	48	38	30.24	N.E.	22		1	8	45	44	40	29.86	N.	5		1	7	52	52	50	29.86	N.E.	95	0.95	
9	44	44	40	30.39	N.E.	22		1	9	44	44	39	29.73	S.E.	5		1	8	52	52	50	29.84	N.E.	2		
10	41	45	32	30.40	N.E.	22		0	10	48	48	42	29.63	N.E.	5		0	9	55	55	47	29.73	N.E.	2		
11	41	41	31	30.36	N.N.E.	22		1	11	47	47	44	29.54	N.E.	57		3	10	55	55	47	29.70	W.	15		
12	45	46	41	30.30	N.N.W.	22		3	12	56	62	45	29.63	S.	72	0.72	2									
13	45	45	42	30.20	N.	22		1	13	48	47	47	30.00	N.	13		5	11	57	63	52	29.97	S.W.	17		
14	47	44	44	30.18	N.N.E.	23		2	14	48	53	37	30.28	W.	13		0	12	61	62	56	30.10	S.W.	17		
15	45	43	41	30.17	N.N.E.	24		1	15	54	56	46	30.26	S.	13		1	13	63	72	52	30.14	E.	17		
16	48	52	43	30.25	N.E.	24		1	16	58	65	48	30.13	N.W.	13		0	14	65	71	57	30.05	E.	17		
17	47	47	37	30.26	N.E.	24		0	17	56	56	54	30.01	N.	13		0	15	66	71	58	29.96	E.	17		
18	45	45	41	30.20	N.E.	24		0	18	48	47	45	30.13	N.	13		1	16	59	58	57	29.96</				



TABLE OF METEOROLOGICAL PHENOMENA (continued).

JULY.							AUGUST.							SEPTEMBER.							
Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.		Day.	Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	
1. 2. 3.							1. 2. 3.							1. 2. 3.							
29 60 53	30 03	w.	0		2		1 64 65 58	30 03	S.S.W.	0			1	1 57 60 47	30 08	S.	0			0	
							2 65 69 55	29 82	S.S.E.	0			1	2 61 62 53	29 93	W.N.W.	0			2	
30 61 58	29 92	w.	1		1		3 60 62 55	29 73	S.W.	16			0								
38 60 54	22 90	w.	1		2		4 64 66 59	29 95	S.W.	17			1	3 60 60 58	29 80	S.S.W.	5			2	
30 61 58	29 64	S.	1		1		5 64 69 55	29 95	S.S.W.	17			2	4 60 60 54	29 90	S.W.	5			0	
30 62 55	29 33	S.	8		1									5 64 66 54	29 94	S.W.	5			1	
30 63 54	29 42	S.	6		0		6 62 66 58	29 98	W.	17			1	6 66 66 62	29 84	S.S.W.	5			0	
30 61 59	29 40	S.	30		3		7 61 65 52	30 03	S.	17			0	7 57 57 53	29 78	W.S.W.	8			1	
30 67 55	29 67	w.	45		1		8 65 65 61	29 73	S.	21			0	8 56 57 50	30 00	W.	8			3	
							9 65 66 59	29 86	W.	27			0	9 61 63 56	29 91	w.	11			2	
39 60 55	29 74	w.	67		0		10 65 70 63	29 93	W.	27			0								
31 66 56	29 87	S.W.	68		2		11 65 65 59	30 00	S.W.	27			0	10 58 58 52	29 90	N.W.	11			0	
38 57 50	29 83	S.W.	70		1		12 69 70 59	29 77	S.	27			0	11 56 58 48	29 90	N.	11			2	
32 64 54	29 71	S.	70		2									12 53 52 45	30 00	E.	11			2	
33 64 54	29 55	S.	76		2		13 67 68 63	29 77	S.W.	36			0	13 61 61 51	30 11	S.	11			2	
30 64 58	29 50	S.	94		2		14 66 69 58	30 00	S.	36			3	14 56 58 52	29 81	S.W.	17			3	
31 61 57	29 63	w.	95		1		15 67 66 62	29 80	S.S.W.	75			0	15 53 53 46	29 71	S.W.	17			1	
							16 64 61 59	29 80	S.S.W.	75			0	16 55 51 52	29 76	W.N.W.	20			0	
62 62 54	29 60	S.W.	1 02	1 02	1		17 57 60 51	29 93	S.S.W.	1 10	1 10		1								
61 62 54	29 85	S.W.	2		0		18 61 65 55	30 05	S.	0			1	17 53 53 47	29 99	W.N.W.	20			1	
62 62 58	29 80	S.	2		0		19 62 65 59	29 90	W.S.W.	0			1	18 49 49 40	30 12	W.	20			4	
62 62 57	29 73	S.W.	2		1									19 54 54 49	30 07	S.W.	20			1	
63 63 61	29 67	S.W.	2		3		20 58 60 52	29 96	S.W.	0			1	20 58 59 50	29 87	S.	22			0	
66 67 58	29 73	S.	2		1		21 57 61 51	30 08	S.W.	9			0	21 53 50 46	29 83	S.W.	24			2	
63 65 57	29 75	S.	2		0		22 56 60 49	30 17	S.W.	9			0	22 54 54 50	29 53	S.W.	1 04	1 04		2	
							23 63 63 49	30 06	S.W.	9			1	23 57 58 53	29 32	S.W.	37	0 37		2	
68 66 59	29 58	S.	4		1		24 59 59 56	30 03	W.	10			2								
62 63 55	29 81	S.	4		1		25 57 58 52	30 06	W.N.W.	10			0	24 52 54 50	29 40	S.W.	56	0 56		2	
65 66 60	29 73	S.S.W.	6		0		26 63 64 56	30 08	W.	10			2	25 52 52 50	29 30	S.S.W.	22			1	
64 66 61	29 51	S.W.	6		0									26 52 52 49	29 50	W.	76			0	
60 64 53	29 70	S.W.	6		1		27 64 67 56	30 18	W.	10			2	27 45 45 40	29 86	S.	76			2	
58 59 52	29 73	S.W.	6		1		28 63 65 54	30 12	S.S.W.	19			1	28 56 51 44	29 86	S.S.E.	76			1	
58 65 52	30 00	S.W.	17		0		29 64 64 57	29 80	S.W.	19			0	29 58 60 55	29 85	S.S.W.	87			1	
							30 62 63 57	30 07	W.	19			1	30 58 60 50	29 88	E.	87	0 87		0	
62 66 59	29 77	S.W.	17		0		31 57 59 49	30 21	S.W.	19		0 19	0								
61 65 53	29 94	S.S.W.	17		0																
Total.....				1 19	31		Totals .....					1 29	22							2 84	40

OCTOBER.							NOVEMBER.							DECEMBER.						
Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.		Day.	Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.	Day.	Therm.	Barometer.	Wind.	Rain-gauge.	Fall of rain in inches and decimal parts.	Number of deaths on each day.
1. 2. 3.							1. 2. 3.							1. 2. 3.						
61 61 58	29 75	S.	2		4		1 45 44 43	29 33	S.W.	50			3	1 45 45 44	29 83	S.W.	11			2
61 61 58	29 75	w.	9		0		2 37 37 34	29 14	S.W.	57			1	2 36 32 31	30 34	S.W.	11			1
55 54 52	30 05	E.	9		3		3 36 36 33	29 55	W.N.W.	96	0 96		1							
57 59 51	30 06	E.	9		3		4 33 32 29	29 91	S.W.	1			2	3 33 29 28	30 23	S.E.	11			1
53 53 50	29 95	S.E.	9		4									4 31 27 27	30 14	S.E.	11			0
60 60 52	30 07	N.	9		1		5 51 51 32	29 76	S.	5			1	5 40 41 27	29 68	S.	19			1
60 61 60	30 05	S.E.	12		1		6 47 49 40	29 55	S.W.	1 15	1 15		3	6 37 37 33	29 70	S.S.W.	24			1
							7 38 37 36	29 36	S.W.	0			1	7 52 53 37	29 17	W.S.W.	72			2
3 58 58 54	29 92	S.	12		2		8 36 33 32	29 28	S.W.	0			0	8 50 51 43	29 47	S.W.	82			3
3 63 63 58	29 84	S.	12		1		9 37 35 53	29 30	W.	0			0	9 48 49 45	29 80	S.	89			1
0 53 51 50	29 94	S.W.	15		0		10 44 44 32	29 82	S.	32			3							
1 62 64 50	29 47	S.	17		2		11 40 40 40	29 50	S.W.	94	0 94		0	10 49 49 43	29 80	S.	1 07	1 07		1
2 55 56 49	29 88	S.S.W.	35		1									11 48 45 45	29 96	W.	10			1
3 57 57 56	30 00	S.	35		2		12 42 42 37	29 71	S.	4			2	12 49 49 41	29 95	S.	10			1
4 58 60 57	29 96	S.	35		1		13 39 38 36	29 68	S.W.	83	1 07	1 07	2	13 50 50 49	29 95	S.	10			0
							14 40 40 36	29 20	W.	86			1	14 45 43 43	29 82	S.W.	15			1
5 52 50 48	30 03	S.E.	35		2		15 39 39 37	29 33	W.	86			0	15 47 47 43	30 05	W.	15			2
6 54 57 47	30 08	N.W.																		



composed in a great measure of the more wealthy classes.

7. St. Dunstan's is entirely upon the highest level, and is reputed to be well drained. Its population is composed of rich and poor in about equal proportions; but, its area being larger, it is not in any part densely inhabited. It fairly ranks with St. George's, as being the most favourable to health.

8. St. Gregory's is situated a little above the lower, but considerably below the upper level. It has no large establishment within its boundaries; but its area is very densely populated, and principally by persons in the poorest class of society. Its death-rate, next to that of St. Alphege, is the highest in the city.

The meteorological phenomena were recorded daily at eight o'clock A.M., in the Cathedral precincts. The first column of the thermometer shews the height of the mercury at the time of observation in an instrument hanging against a wall; the second in an instrument hanging against a tree; the third, the lowest degree to which either instrument had fallen in the previous twenty-four hours; the thermometer hanging four feet from the ground. The direction of the wind was indicated by the vanes on the Bell Harry Tower.

## Transactions of Branches.

### BATH AND BRISTOL BRANCH.

#### PRACTICAL DIFFICULTIES IN THE DIAGNOSIS OF ACUTE PHTHISIS.

By EDWARD LONG FOX, M.D., Physician to the Bristol Royal Infirmary.

[Read September 25th, 1862.]

LOUIS, speaking of phthisis, says:—"Cerebral symptoms supervening at the outset, or at least slight delirium at night, might deceive the observer, and lead him to suppose the patient affected with typhoid fever. But typhoid fever is not accompanied at the outset with cough and dyspnoea—at least, with dyspnoea of any considerable severity; and the prostration of strength, one of the principal phenomena of the affection, is much more marked when the febrile action is violent, than it was in the cases (of phthisis) under consideration. Again, subjects labouring under typhoid fever present, a few days after the invasion, a more or less obvious alteration of the features, and the functions of the organs of sense; and the skin soon becomes the seat of the peculiar lenticular pink macula—symptoms not observed in phthisis. Hence, if a state of uncertainty may, under the peculiar circumstances supposed, exist at all, each additional day tends to remove it, and the diagnosis becomes a matter of positive demonstration within a short period. These cases, however, it must be admitted, require the greatest attention on the part of the physician, for their diagnosis is difficult, and it is really important not to commit an error on the subject; for the treatment of acute phthisis is not the same as that of typhoid fever, and the prognosis also differs in the two cases."

In the wards of a large hospital, where examples of each disease come before one in sufficient numbers, it is easy to confirm Louis's statement as to the difficulties of the question; less easy, however, to depend on the differential symptoms on which he insists. I propose, therefore, very briefly to bring together some of the points of similarity and the very few points of difference which exist between the two diseases; and to illustrate with a case or two the anatomical lesions on which much of the similarity depends.

There would be very little difficulty in the matter, if

Trousseau's views of the semeiology of acute phthisis were correct for the disease as seen in this country. We will, however, take in order the symptoms he mentions and compare them with those of fever.

#### Acute Phthisis.

1. "Intense headache." (Trousseau.) This is not an invariable symptom in either disease.

2. "Often stupor." (Trousseau.)

3. "Slight delirium, becoming often more or less violent." (Trousseau.)

4. "Subsultus tendinum." (Trousseau.)

5. "Face injected; not with red patches of hectic." (Trousseau.) Quite as commonly it has seemed to me to be dusky.

6. Heat of skin and acceleration of pulse." (Trousseau.) This is a point of difference, as the heat of skin is seldom so intense or persistent as in fever.

7. "Belly supple and not tense." (Trousseau.)

8. "No gurgling in right iliac fossa." (Trousseau.) This statement of Trousseau's is not correct for those cases in which there is intestinal ulceration. In them, this symptom is quite as marked as in fever.

9. "No diarrhoea." (Trousseau.) Diarrhoea is, however, very intense in some cases, especially where there is intestinal ulceration. This ulceration is common enough, existing, according to Louis, in five-sixths of all phthisical cases, and probably in a still larger number of cases of acute phthisis, although seldom proceeding to the extent seen in the patient whose case I shall relate immediately. Ulcerations are as frequent in the large intestines as in the small; but the tuberculous granulations that may generally be seen at the base of the ulcerations of the ileum are much more common there than in the colon. Perforation is more common in the colon in acute phthisis than in fever.

10. "No rose-coloured spots." (Trousseau.) Is this always the case? I have seen more than once on patients in acute phthisis lenticular rose-coloured spots, quite as well marked as those of fever.

#### Typhoid Fever.

1. Intense headache.

2. Often stupor.

3. Delirium that may be slight, and may be maniacal.

4. Subsultus tendinum.

5. Face dusky.

6. Heat of skin and acceleration of pulse.

7. Belly tense, tub-shaped, *ballonnée*, and not supple.

8. Gurgling in right iliac fossa.

9. Diarrhoea may be absent in fever, even where there is extreme ulceration of the intestines. Generally, however, it is present; but neither in its presence nor in its degree is it the least test of the extent of lesion. Ulceration of Peyer's patches is universal. Ulcerations are less frequent in the large intestine than in the small in fever.

10. Generally rose-coloured spots; but they are absent in a considerable percentage of cases.



11. "The disease generally commences with rigors." (Trousseau.)
12. "*Râles* may exist all over the chest." (Trousseau.)
13. "Cough at first dry; afterwards with mucopurulent expectoration." (Trousseau.)
14. "Dyspnœa very marked." (Trousseau.) In many cases this is not very intense at first.
15. "Emaciation analogous to that of fever, but seldom equalling that of chronic phthisis." (Trousseau.)
16. "Fatal event occurs from asphyxia or from nervous accidents." (Trousseau.) It often occurs also from the exhaustion of diarrhœa, from perforation, from peritonitis, and still more often from want of vital power in the vitiated blood.
17. Is it contagious? The numerous instances of people dying of phthisis after nursing their relatives in it, though worthless in the way of proof, have no doubt built up a certain popular belief in the contagious properties of acute phthisis. We probably all shrink from allowing a child to sleep with a phthisical nurse. My friend, Dr. Budd, tells me he once attended a family in Bristol in which one daughter died of phthisis; another who slept with her then died; then a third who slept with the second; and then a fourth who slept with the third. These young ladies did not come one after another in age. These, however, are merely interesting isolated cases. The Italians often burn the bedclothes of those who have died of phthisis, and isolate phthisical patients in the wards of their hospitals. Facts, however, are insufficient to enable us to speak positively. My own opinion, based on the consideration of the identity of nature between acute and chronic phthisis, the latter being certainly non-contagious, and of the many cases of acute phthisis in which the friends and attendants escape contagion, compared with any other acute disease known to possess contagious properties, is, that this disease is non-contagious.
18. In addition to these points, we may see the dry brown tongue, the sordes on the lips, and the crops of sudamina, in patients with acute phthisis, as in fever.
- It may, then, be stated generally that the nervous phenomena, and many of the thoracic and abdominal symptoms, are often the same in the two diseases in the first week or fortnight of the attack; and that the less persistent heat of skin, the shape and suppleness of the

11. Generally commences with rigors.

12. *Râles* may exist all over the chest. Sometimes, indeed, the thoracic symptoms mask all others for the first few days of fever.

13. Cough generally dry; but I have had one case lately, which was admitted as acute bronchitis, and even placed in a steam-bed. The bronchitic condition was so intense that there was some fear for her life; and it was not until the fifth day after admission that the chest began to improve, coincidently with the appearance of the rose-coloured eruption and diarrhœa.

14. Very little dyspnœa, except in such cases as the one quoted above.

15. Emaciation considerable.

16. Fatal event may occur from all the causes that induce it in acute phthisis. It seldom occurs from asphyxia, except where the lungs are extensively affected with the low form of pneumonia, which is not uncommon in fever.

17. Fever is decidedly contagious.

abdomen, the hereditary history, and the absence of contagious properties, are the meagre points for our guidance in diagnosing acute phthisis from typhoid fever.

Of course, I do not mean to say that all these symptoms constantly occur to hedge us round with difficulties. The absence of some of them will often save all hesitation in the diagnosis. But as I am sensible of having been in error more than once myself on this question, and have seen others of larger experience fall into the same error, the subject has seemed to me worthy the attention of the profession in this district, where fever is generally so rife, and where mistakes of this nature, in cases in which no *post mortem* examination is made, will essentially depreciate the value of our fever statistics.

In connection with this subject, I add the two following cases.

CASE I. George Blanning, aged 15, who had had two attacks of rheumatic fever, and had a loud regurgitant *bruit* of the mitral valve, was admitted into the Bristol Infirmary in an almost moribund condition, April 15th, 1862. He was in a state of semi-stupor, and could give no account of his illness. It seemed probable, however, that he had been ill enough to be in bed for at least a week. The skin was rather hot; the tongue dry; pulse 108, weakish. He had no cough. No moist sounds were heard in the lungs. No particular dulness existed over the chest. The stupor occasionally gave place to a low delirium.

On the fourth day after admission, his belly was profusely sprinkled with rose-coloured spots, very like those of typhoid fever. He had no abdominal symptoms. There was no tenseness of the abdomen. The urine was healthy. He died on the eighth day.

The lungs were found crepitant throughout; but a large amount of miliary tubercle was diffused throughout their whole extent. There was no softening anywhere. The bronchial glands were very tuberculous. The mitral orifice was very large, admitting four fingers. Miliary tubercle was sprinkled all over the peritoneum, the spleen, and the kidneys. The whole of the intestinal canal was perfectly healthy.

This is an interesting case, apart from the rose-coloured eruption, as being an example of acute phthisis in a subject with regurgitant mitral disease, and, therefore, with great venosity of blood.

CASE II. Mary Bassett, aged 25, was admitted into the Infirmary, June 12th, 1862, having been ailing with cough and amenorrhœa for three months. There was the very slightest trace of softening of tubercle at the apex of the left lung. She lived just two months; the emaciation and the extent of tuberculous mischief in the lungs advancing *pari passu*. During the last month, she suffered much from diarrhœa; and she had gurgling over the region of the ileo-cæcal valve, but no tenseness of the abdomen. I only mention this case for the sake of the morbid anatomy, as, of course, there was never the slightest obscurity in the diagnosis.

We found the lungs universally tuberculous, with cavities at the upper parts; with tubercle in the kidneys; with tuberculous ovaries, and a peculiar tuberculous condition of the cavity of the uterus (which I shew). There was an ulcerated condition of the ileum just above the valve (which I shew with a photograph), and almost the whole of the colon was ulcerated in an extreme degree, the disease having in six places formed large perforations (which I shew), through one of which the right ovary had found its way into the intestine.

In such a case—a case that might occur with much less disease of the lungs—we might have considerable difficulty from the extent of intestinal symptoms consequent on so grave a lesion.

I would remark that Dr. Henry Kennedy, of Sir Patrick Dun's Hospital, from his observations of the similarity of lesions between the two diseases, suggests the query,



"Can it be possible that ulcers of this (typhoid) fever are mainly due to the existence of the strumous constitution?" He, however, makes the suggestion in accordance with his ideas of the identity of typhus and typhoid fever. Holding, as I do, that affection of Peyer's patches is universal in all cases of typhoid fever, strumous or otherwise, I can allow no community of nature between typhoid and acute phthisis; but the occasional similarity of symptoms between the two diseases is worthy of notice.

#### FIVE YEARS' EXPERIENCE IN MIDWIFERY.

By JOSEPH HINTON, M.R.C.S.Eng., Hinton, Bath.

[Read September 25th, 1862.]

THE difficulties of midwifery are variable. In the great mass of cases, nature can and does hold her own; indeed, I believe this of the general run of cases, except, perhaps, the unsettled question of supporting the perinæum; and here I would simply say, my reason is unconvinced by late efforts to set aside the practice. I consider it, in natural labour, the only wise assistance that the careful accoucheur need render to his patient. Some practitioners in extensive practice rarely meet with cases requiring any other aid.

In my earliest days of private practice, I remember attending a young woman in her first labour. The pains were very violent, and had continued for many hours without any advance; and I requested the assistance of a medical friend, believing it was necessary to apply forceps. My friend dissuaded me; and strengthened his position by remarking that he had attended 1500 cases and never needed them. The case in question justified his opinion, as, after a very severe labour, she was delivered by natural efforts alone. It may have been merely a coincidence; but she never rallied from the confinement, and in a few months died of phthisis.

During my residence in the iron districts of Wales, I suppose about 3000 cases occurred connected with the works. In all instances of difficulty, I was summoned by the midwife in attendance; and I can, therefore, state that the severe cases were less numerous than I anticipated; below what I should consider the average; certainly, considerably less than it has been my lot to encounter during the past five years of my residence at Hinton.

It may appear somewhat presumptuous that, with my limited means of meeting with difficult cases of midwifery, I should venture to occupy your time with my experience; yet I am disposed to consider that experience very unusual.

In round numbers, I may place all the cases that have fallen to my share during the last five years, from May 1857 to May 1862, as amounting to the small number of 150. The cases requiring interference amount to eighteen. I intend very briefly to notice these; in some simply referring you to the accompanying table; giving to others a more lengthened notice. I may add that I have not added cases of *post partum* hæmorrhage, or difficulties arising after the birth of child and placenta.

The cases are numbered as they occurred in practice.

CASE II. May 25, 1857. —, aged 22. I was called unexpectedly to this case; she had been delivered of the child some time, but the placenta resisted all attempts at traction. It proved very firmly adherent; and I was obliged to detach it forcibly. She recovered favourably.

CASE XXII. Dec. 22, 1857. —, aged 40. It was a first pregnancy. The pains were very violent; but the head, although low down, appeared arrested. After giving nature a fair trial, I applied the forceps, and labour was quickly terminated. The mother and child recovered.

CASE XXIV. Jan. 13, 1858. Mrs. —, aged 46. First pregnancy. I was requested to visit this patient a fort-

night previous to labour. She had been suffering from flooding; and on examination, I found that she had posterior partial placenta presentation. The loss of blood was so great, that ultimately I was forced to plug the vagina. In due course, when the os uteri was dilatable, I turned the child and delivered it; the delivery of the head being tedious, and the child still-born. She was most anxious that the child should live; and not hearing any cry, she roused sufficiently to implore me to save its life. Believing her troubles at an end, I endeavoured for a few moments to reanimate the child. Whilst thus occupied, I glanced at the mother, and was struck by the increasing pallor of countenance. On examination, I found hæmorrhage still existing. The placenta proved to be diseased, and most firmly adherent, requiring forcible removal by the hand. My patient was now at a very low ebb, scarcely conscious, with uterine inertia, requiring constant pressure and cold to restrain in any degree the hæmorrhage. About ten hours after delivery she was seen by Mr. Soden, with a view to determine whether any effort at transfusion should be made. At that time, she was more conscious, and not wholly pulseless, and the uterus was tolerably firm. It was determined not to attempt transfusion, but to persevere with stimulants, etc. She progressed very slowly up to the time of my leaving, twenty hours after delivery. About eight hours after, immediately after conversing with her nurse, with scarcely sufficient warning to call her husband, she had a kind of convulsive sob and expired. Here I was disposed to believe that, owing to the very deficient condition of the circulation for so many hours, a coagulum might have formed in the cavities of the heart.

CASE XLVIII. Nov. 13, 1858. —, aged 45. The patient had had one or two children previously, one of which, I believe, was delivered by aid of instruments. The labour pains were exceedingly violent; so much so that in her straining efforts several of the conjunctival vessels gave way; but the head remained arrested at the brim, a large *caput succedaneum* formed, and, after waiting several hours, I applied the long forceps, and, with some difficulty, delivered her of a living child. She recovered favourably.

CASE LI. Jan. 9, 1859. —, aged 30. I was sent for suddenly to this case, and found that she had been flooding several days. On examination, I found that the hæmorrhage was caused by the presentation of the placenta, which was partially attached to the os uteri, at this time quite dilatable. It being a case of breech-presentation, I had not far to go in search of the feet; and, bringing them down, I expedited delivery. I did not appear to myself to use any extra force in the operation. The child was small; the head had a curious feel, which, on inspection, proved to be from the womb having also passed out of the vagina, still firmly holding the head in its embrace. I now endeavoured to lessen the size of the head by a variety of instruments, etc., that first came to hand. During these efforts, the uterus suddenly slipped off, and with the rapidity of lightning was out of sight. She recovered perfectly, without any unfavourable symptom.

CASE LX. April 8, 1859. Whilst my friend Mr. Parsons was again getting to work after his illness, I received a request to attend a case for him. The patient, a young woman, was in labour with her first child. The presentation was facial; and severe labour did not alter the position; nor did it advance the progress of the head. After several hours, I turned and delivered the child; it was born dead. The mother made a good recovery.

CASE LXVIII. July 13, 1859. —, aged 47. She had been in labour many hours without the head passing the brim. Signs of exhaustion appearing, I applied the forceps, and delivered her of a male child. She had phlegmasia dolens, but recovered perfectly.



CASE LXXIII. Aug. 7, 1859. —, aged 35. One of her sisters; one of whom had been delivered with forceps a week or two before my entering on the practice, and whom I propose to designate as Sister A; calling my own case Sister B. My patient had been married eleven years without being pregnant. The head was very large. Nature's efforts were vain; and these becoming weaker, I delivered her of a living child by the aid of forceps. In the delivery, the perineum was slightly lacerated; but she recovered favourably.

CASE LXXV. Aug. 10, 1859. The patient was the mother of two children, since which she had miscarried frequently. She now considered herself about seven months advanced in pregnancy; but believed the child dead. She had been flooding for several days; at times rather profusely. I found the placenta presenting, and removed it. Soon after, I also removed a small male foetus, which had been dead some weeks. Most alarming syncope came on about an hour after delivery, and for some time death seemed imminent. I administered stimulants, also a port wine injection, and she rallied. There was no hæmorrhage subsequent to delivery to account for the syncope. She has miscarried frequently since; but never carried a foetus as long even as this one.

CASE LXXXI. Oct. 28, 1859. Sister C, aged 21, being the third sister of the four already alluded to. It was her first pregnancy; the head was very large. Labour was allowed to go on forty-eight hours; the head was unyielding, and became impacted. I then had recourse to forceps; but all the efforts I dared use, failed to advance the labour. Leaving the forceps applied, I opened the perineum, and then extracted the child by the aid of the forceps. She did well; and I have since delivered her of a small female child, the labour being perfectly natural.

CASE LXXXIV. Nov. 22, 1859. —, aged 20; concealed hæmorrhage. This case I have previously read of at one of our meetings. She was nearly pulseless when I first saw her. As soon as the os was dilatable, I endeavoured to deliver with forceps; but was obliged to perforate. This patient died about an hour after delivery. This case was delivered in the same room as Case XXII, my first forceps case.

CASE CVII. Sept. 16, 1860. —, aged 21. First child. A midwife had been with her, on and off, for several days. I found the head fixed, evidently very large. I delivered her with forceps. The child was still-born, but rallied. The patient recovered favourably.

CASE CXII. Nov. 19, 1860. —, aged 20. Perhaps, I am scarcely justified in calling this a difficult case; but as on this occasion I did that which I had never done before or since, I venture to add it. The case was simply one of extreme rigidity of the os, which did not yield to full doses of antimony, followed by copious emesis; I then incised the os in three or four places with bistoury. The relief was speedy; and the labour quickly progressed. She has since had another child; the labour was quite natural.

CASE CXXIV. June 8, 1861. —, aged 20. The child was large; the pains very violent, but ineffectual; the head did not enter the pelvis. Delivery was attempted with forceps, but failed. The head was then perforated, and delivery terminated. The child was very large. The mother recovered tardily.

CASE CXXVI. June 26, 1861. —, aged 33. The patient, the second wife of the husband of Case XXIV, was in labour for several days. When the pains were fully established, they had no power to make the head enter the pelvis. I gave natural efforts a fair trial; but the head did not move. Mr. Skeate was now sent for; but before he arrived, urged by my poor patient, I had applied the forceps, and the labour was terminated. Knowing their anxiety for a living child, I used most persistent efforts to avoid craniotomy. In one of these efforts, aided by a pain, the head was suddenly born, la-

cerating the perineum. The child was scarcely alive, but recovered, bearing a severe mark of the forceps, not invisible at the present day. The mother recovered favourably; and the perineum was not surgically interfered with.

CASE CXXVII. July 6, 1861. Mrs. —, aged 23, in labour with her first child. The labour was protracted, although the pains seemed fully equal to delivery. The pelvis was somewhat small. My instruments had been left at the house of the last case, and I resolutely set myself to wait and avoid sending for them; for you will perceive that this made the third instrumental case out of four consecutive cases, within twenty-eight days. However, my patient began to show symptoms of exhaustion; and I sent for the instruments, and terminated the labour with the forceps. The child was very fine, alive; the mother recovered speedily.

CASE CXXXVIII. Nov. 3, 1861. —, aged 28, the Sister D of the four sisters. She was married two or three years without being pregnant; and having her sisters' performances in mind, seemed most anxious to escape it. She went on tolerably through her pregnancy, and had a fair though sharp labour, but the child, which had been felt distinctly in the morning, was dead. A considerable quantity of dark clotted blood followed the child. I could not remove the placenta without introducing the hand. It was firmly adherent over the greater portion of its surface. There was hour-glass contraction of the womb, and the delivery was very difficult. The patient recovered without any bad symptoms.

CASE CXL. Dec. 27, 1861. Mrs. —, aged 29, of very weakly constitution. Her first labour was perfectly natural, without any symptoms of kidney-disorder. I was called to see her about six weeks before she expected to be confined, and found her depressed in mind, generally anasarcaous, even to the face and upper extremities; her natural pallor of countenance was greatly increased; her nights were restless; and her urine very scanty and highly albuminous. I recommended dry cupping over the kidneys, gentle doses of antimony, and warm bathing. At the end of a fortnight, she was very much improved. The urine was more abundant, and much less albuminous. She expressed herself as better than she had been for weeks. In the afternoon of this day, she was suddenly seized with violent vomiting and spasms. She had had two or three hours of the same a week before, which then passed off. I did not see her till 4 p.m., and found her sitting supported in bed; very cold; pulse feeble. She was complaining of spasms in the bowels, and headache; which latter, I thought, might arise from the vomiting. As in these spasms she occasionally cried out about her back, I suggested that labour might be coming on; but this she could not imagine. I urged an examination, and performed it very unsatisfactorily as she sat up in the bed. Still, I was more disposed to fancy it was not labour. Suddenly, without any further warning, a violent convulsion ensued, and almost immediately a second. After this, power of deglutition and speech was lost. All this time, the extremities continued of icy coldness, although every effort was made to warm them. After a short pause, a still more violent fit came on, the room shaking with her movements. In this she continued for at least a quarter of an hour; and she appeared rapidly dying. I then took eight ounces of dark blood from the arm; and, turning her on her side, found the os of the size of a half-crown, and dilatable. I immediately performed version, and with difficulty delivered her of a dead child. After the venesection, the convulsions did not recur. She appeared as if she might rally after the birth of the child, although somewhat insensible; she took a teaspoonful of brandy and water, but a slight degree of hæmorrhage turned the scale, and she sank about two hours after delivery, an attempt at transfusion having failed.



My summary of severe cases runs thus:—

Placenta prævia .....	3
Placenta simply adherent.....	2
Concealed hæmorrhage .....	1
Convulsions and turning .....	1
Face presentation and turning .....	1
Forceps cases .....	7
Craniotomy cases .....	2
Rigid os uteri .....	1

In the fatal case of placental presentation, I believe my anxiety to carry out the parental desire for a living child, caused maternal death; for, had I removed the placenta, leaving nature to accomplish delivery herself, I believe the mother would have been safe.

Of my case of convulsions, I am disposed to think that if I had treated my patient with less consideration, rigidly adhering to text, and disregarding her weakly constitution—if I had at first sight of her removed some blood from the system, in addition to the general remedies, the result might have been different. Had I known that, instead of six weeks of probationary treatment, I should only have two, my plans would have been altered. The marked improvement that took place during this short time, justifies me in believing that had she been correct in her reckoning, the case might have terminated more favourably.

Of my actual instrumental cases, ten in all, an average of one in every fifteen cases, I can only say, that I endeavoured to avoid the use of instruments; nor did I employ them until I considered that nature, assisted by ergot, had enjoyed a fair trial. I most heartily coincide with every word of the concluding paragraph of Dr. Swayne's paper on the Statistics of Forceps Operations. I believe their careful employment far less injurious in many cases than continued delay. My old master, the late Dr. Lever, in his lectures, used to remark—"Why is it, gentlemen, that the statistics of Guy's Hospital on this point bear favourable comparison with any other public institution? It is because we do not wait for bad symptoms; we prevent them."

In conclusion, I should like to ask the members of the Branch whether they have ever seen used the *leniceps*, an invention of one of the French accoucheurs, Dr. Mattei. It appears to me an instrument that might often be employed instead of the forceps.

GRAND JURIES AND LUNACY. At an Irish assize, Baron Fitzgerald told the grand jury that one of the prisoners was a lunatic, charged with killing another inmate of a lunatic asylum; but that they had nothing to do with the question of lunacy, which would be considered at the proper time, if the prisoner were found guilty.

THE PORTUGUESE MAN OF WAR. Dutertre, in his interesting account of the Antilles, gives a curiously detailed account of the galley or frigate, as the French sailors term the *physalia*. When full grown, he says the bladder-body is of about the size of a goose's egg, and when the shore becomes crowded with shoals of these creatures, it is, he says, a certain sign of coming storms. He describes the sensation of the sting as similar to the pain caused by a splash of boiling oil, and recommends brandy beaten up with the powdered berry or nut of the mahogany-tree as the best remedial application, but says that, at best, treatment can do no more than reduce the pain, and that the effect will not, under any circumstances, entirely subside till after sunset, considering himself very lucky in having been stung as late in the day as two p.m., so that he had less time to suffer than those who had received stings earlier in the day. Lebbord, in his *Voyage aux Antilles*, gives an engraving of the *physalia*, but not a very good one, and Savigny, in his account of the wreck of the *Medusa*, describes the agony of sailors seized while in the water by the tentacles of the "ortie de mer." (*The Intellectual Observer*.)

## Reviews and Notices.

HEALTH IN THE TROPICS; OR SANITARY ART APPLIED TO EUROPEANS IN INDIA. By W. J. MOORE, L.R.C.P.Ed., M.R.C.S.Eng., Bombay Medical Service. Pp. 318. London: 1862.

MR. MOORE has undertaken a necessary and at the same time a very creditable task: that of describing in a concise form the precautions to be observed for the preservation of health in India. In doing this, he has endeavoured to fill, to the best of his ability and opportunity, a deficiency which, as he informs us in his preface, has been pointed out by Sir Ranald Martin.

The work consists of twenty-nine chapters, with the following headings:—1. Introductory; 2. Causes of Zymotic Disease; 3. Malaria; 4. Shewing that in all Ages Sanitation has been required, and its Neglect followed by Disease; 5. Shewing that Sanitation is more demanded in Tropical Climates than in any other; 6. Shewing that Preventive Means only will materially lessen Tropical Mortality; 7. Shewing that the Onus of Continued Sickness, Mortality, and Expense, from Preventable and Mitigatable Diseases, must henceforth rest on those who neglect the Spirit of the Orders of Government, and do not attend to the Recommendations of the specially educated Sanitary Officer; 8. Sanitary Condition of Indian Stations; 9. Hill Sanitaria; 10. Marine Sanitaria; 11. Choice of Stations in the Plains; 12. Clearing; 13. Barracks; 14. Hospitals; 15. Conservancy; 16. Water; 17. Cholera; 18. The Soldiers' Diet; 19. Intemperance; 20. Scurvy; 21. Prophylactic Medicine; 22. Syphilis; 23. Dress; 24. Employment of the Spare Hours of the European Soldier in India; 25. Camps and Marching; 26. The Despatch of Troops by Sea; 27. European Colonisation in India; 28. The Condition of the Anglo-Indian Soldier's Wife, Widow, and Children; 29. Remarks on Quarantine.

No one who is at all acquainted with the details of the sickness and mortality of the British inhabitants of India, can doubt that the study of the subjects comprised in the preceding list is of the utmost importance, not only to the class of persons specially concerned, but also to the state. Mr. Moore calculates that the total annual loss per thousand through death is 65.66, and from invaliding 29.40, making altogether 95.06; and that this loss, reduced to money value, is £11,407:4; to which must be added the costs of daily pay, food, and medicine, for men in hospital, and therefore ineffective, making the total loss per thousand £20,109; or, for the whole army in India, amounting to about 84,000 European soldiers, £1,689,167.

Mr. Moore, throughout his book, very correctly bases his arguments on the principle that it is better to prevent disease than to be called on to cure it, or to attempt to cure it, when it has manifested itself. He insists on this especially in speaking of the hill sanatoria. Instead of sending merely the sick to these places, where, as far as we can gather from his observations, they are quite as likely to receive injury as benefit, he would have healthy soldiers located there for a time—that is to say, from fifteen to thirty per cent. of each European corps should be



arched to the hill stations in February for a seven months' residence. This should be done especially in the instance of regiments newly arrived from Europe. In this way, he believes,

"An individual coming from Europe, and being located as soon as possible in a hill climate, would escape malarious degeneration, malarious fever, and all the secondary affections arising therefrom; simply because, in the majority of instances, the European's natural vigour of constitution would enable him to withstand the diluted malaria of the mountain top."

But, in the selection and arrangement of hill sanatoria, regard must be paid to hygienic arrangements; and these, if the observations made by Mr. Moore and the accounts which he has collected from others are to be relied on, have been very greatly neglected. At the Mount Aboo Sanitarium, for instance, with which Mr. Moore has been personally connected, and on which he has published some valuable reports, the site is elevated above the range of the hot winds of the plains, the temperature is moderate, the water is excellent, there is perfect freedom from cholera, little diarrhoea, and the malarious fever which occurs is mild. Yet,

"Notwithstanding improvements effected during the brief existence of an honorary sanitary committee, Mount Aboo now remains with only imperfect efforts at drainage; deciduous vegetation arises and decays almost unchecked; the water from the lake is allowed to overflow large surfaces, rendering them malarious in the extreme; there are no public *latrines*; bushes and rans are made into native temples of Cloacina; and there is not, nor ever has been, a single public scavenger entertained for the civil portion of the station!" (P. 72.)

It is to be hoped that the representations of Mr. Moore and other medical officers will have the effect of convincing the Anglo-Indian government and community how important it is to second nature by art in sanitary matters. Otherwise disease will teach this at heavy cost. As Mr. Moore says:—

"If matters are allowed to continue as they are, future medical officers will have to report not a mild, but severe type of malarious fever; not isolated cases of typhoid, but epidemics of that disease; not immunity from cholera, but its ravages, on the excrete-loaded ground of the mountain station."

There are some hill stations which are in a better sanitary condition than others; and these are in general under military, not under civil control.

We have noticed one or two only of the sanitary topics treated of by Mr. Moore. On numerous others, he offers valuable information and suggestion. He has done good service in publishing the book before us, and has given fair promise in this and his other writings of becoming a worthy successor of Johnson, Jeffreys, Ranald Martin, Morehead, and other Indian medical officers who have made themselves eminent both as men of medicine and as sanitarians. In so far as his book is a systematic attempt to demonstrate the necessity of sanitary science and art in India, the author deserves the highest praise for designing it. And what he has done, he has done well; showing himself both well acquainted with the literature and with the practice of his subject. We hope that, as his experience and opportunities increase, we shall meet with more of the same kind from him; and especially, that he will be able to record instances of the successful application

of those principles which he and other sanitarians have attempted to bring into force in our Indian empire.

FAMILIAR LETTERS ON THE DISEASES OF CHILDREN, addressed to a Young Practitioner. By J. B. Harrison, M.D., etc. Pp. 197. London: 1862.

THESE letters contain, in short, some plain and straightforward hints, which may be of service to the person to whom they are addressed. The practical advice of a man of large medical experience can rarely fail to be of use to the person who is beginning to follow in his footsteps as a curer of diseases. When the medical student has made himself, theoretically, master of what are called the principles of his art, and has used up—we must not say wasted—the midnight oil in perusing all the large octavo curiosities of modern medical literature, he will gladly turn, when actually entered upon practice, to a short business-like exposition of facts, such as is contained in this duodecimo.

The author of it has, however, committed an error once and again in its pages, to which we must allude. He exalts himself, inferentially, at the expense of others. There is no necessity for him to tell us sweepingly that, "professional men have written rather with a view to display their own ingenuity and learning, than to benefit those engaged in the treatment of disease, etc." Again, we read: "Such people are both unfair and untrue; but there are, I am sorry to say, many such in our profession." In fact, Dr. HARRISON seems never to lose a chance of giving his brethren a slap right and left whenever he can get an opportunity. Children, he tells us, "generally regard the practitioner with fear and distrust, and we cannot altogether wonder at it." The child is rudely awakened, a rough finger is thrust into its mouth, a strong light is thrown on its eyes. "Some medical men seem to take a pleasure in tedious manipulations and unnecessary refinements."

Now, all such ill-natured remarks should be studiously avoided by an author, and especially when addressing the ingenuous mind of a "young friend." Dr. Harrison could tell him how to avoid all those errors which he deplures in others, without casting reflections on the medical body in general. We are sure that he would not wish his young friend to believe that there was no medical man who could treat infantile diseases, kindly and effectually, except himself; and yet this is what might be inferred from Dr. Harrison's general conclusions with regard to the profession in general.

We trust that another edition of his useful little book will see these blemishes removed.

GUN-COTTON AS A STYPTIC. Dr. Arinek says that, in various cases in his experience, where all other styptics have failed, gun-cotton has answered the desired end immediately. Not only does it operate as a blood-stauncher, but also as a tampon, depressing veins and arteries, and as an antiseptic. Its uses are beautiful in all wounds, in all cases of amputation and extirpation serving as an admirable cushion. It will be found, moreover, to be remarkably efficacious in all cases of nasal and dental bleeding. In obstetrics, placenta prævia, etc., it will be found to be a most valuable aid. (*Phil. Med. and Sur. Reporter.*)



## Progress of Medical Science.

**THE PECULIAR SHAPE OF THE FINGERS IN CHRONIC DISEASES OF THE CHEST.** M. Trousseau carefully points out every year to his pupils the peculiar deformation of the hand, called *hippocratic* or *clubbed finger*, which, since the most remote antiquity, has attracted the notice of pathologists. Ancient writers thus describe the appearance of the fingers in consumptive subjects:—*Tabidis ungues contrahuntur*, or "*tabidis ungues adunci*." In 1832, M. Pigeaux, a Paris practitioner, again invited attention to this, in some measure, forgotten symptom, and endeavoured to establish with precision its semeiotic value. M. Trousseau describes it as follows:—It is a shortening of the third or ungual phalanx, attended with inspissation and transversal enlargement of the digital extremity. The nail, at the same time, becomes incurvated and the point of the finger assumes the shape of a club, or more properly, of the head of a serpent. The deformation is sometimes a slow process, but occasionally takes place very rapidly, and not without pain. M. Trousseau remarks that, not having observed clubbed fingers in genuine scrofula, nor in uncomplicated abdominal tuberculosis, he inclines to consider the symptom as special to chronic affections of the chest. He has met with it in the second and third stages of pulmonary consumption, and in young subjects suffering from chronic pleurisy. The sign is not, therefore, exclusively pathognomonic of phthisis; but the clubbed finger is much more frequently observed during the progress of that affection, and the ungiform nail becomes better marked in proportion as the disease is in a more advanced stage. In the main, M. Trousseau opines that the hippocratic finger affords valuable presumptive evidence of the existence of pulmonary consumption. He ascribes the alteration of shape to hypertrophy of the bone, or at least to preternatural development of the fibro-cellular tissue in the pulp of the finger, invading the thumb and index, first of the right and afterwards of the left hand; the other fingers becoming successively affected in the order of their development, the little finger thus preserving sometimes its natural form, while all the others are already distinctly clubbed. M. Caron recently brought the question before one of the medical societies of Paris; and although he agrees with MM. Pigeaux and Trousseau as to the semeiotic import of the symptom, he connects it also with the scrofulous diathesis. In a recent number of the *Revue Médicale*, a new explanation of the deformation of the fingers is given by M. de Saint-Maclout. He observes, that in cyanosis, as M. Gintrac has before correctly remarked, the digital extremities sometimes assume the hippocratic character. The disturbance of nutrition in cyanosis is consequent on the admixture of venous with arterial blood; and it does not appear improbable that the same morbid confusion of the two kinds of blood also induces the clubbed form of the tips of the fingers in phthisis. M. de Saint-Maclout adduces in support of his opinion M. Natalis Guillot's researches on the *disarterialisation* of the blood, which passes through the lungs in tuberculosis. (*Jour. de Méd. et de Chir. Prat.*)

**RECOVERY AFTER TRANSFIXION OF THE THORAX.** Mr. C. W. Hoyland, Surgeon-Superintendent of the British Seaman's Hospital, Constantinople, relates the following remarkable case. Macknesky Leon, aged 25, a Pole, was employed in the hold of the Liverpool steam-ship *Sicilian*, discharging bar iron; and while he was in a stooping position preparing to sling a bundle for hoisting on deck, a bar from the one preceding slipped from the slings, and, descending end on, pinned him to the flooring of the hold, penetrating the wood to the extent of three

inches, and requiring the united efforts of three men to extract it. The bar was of angular iron, an inch and a half square, and about fifteen feet long. The wounds were dressed by the captain, who simply applied pledgets of lint, steeped in compound tincture of benzoin, to the sites of injury anteriorly and posteriorly, and a roller round the chest. It was reported that considerable hæmorrhage took place at the time. On reception at the hospital about an hour after the accident, Mr. Hoyland found the patient much depressed; he had a feeble, quick pulse, and some dyspnoea; no cough. The dressings were not disturbed. Depression gradually subsided, and the reaction was moderate, no inflammatory or other unpleasant symptoms following. The patient was kept in a large ward, with the windows open night and day; and cold applications of a strong infusion of matico, in which a little chlorate of potash was dissolved, were employed. He did not micturate for the first twenty-four hours, and the bladder appeared quite empty. The bowels did not act until the fourth day, although castor oil and injections were administered freely. On the fourth day the bowels were evacuated freely once, and the kidneys acted regularly. On the fifth day, in the presence of Mr. J. Murphy, surgeon of Her Majesty's ship *Gannet*, Mr. Hoyland removed the dressings, found the wounds discharging freely and granulating kindly. The same treatment was continued—viz., pledgets saturated as above. The iron had entered posteriorly between the ninth and tenth rib, on the left side, a little before the angle, traversing the thorax in an upward and slightly outward direction, and coming out anteriorly between the fifth and sixth ribs about an inch below, and slightly outwards of, the nipple. There was only slight constitutional disturbance for the first few days, with slight cough, but no dyspnoea. This yielded to the antiphlogistic regimen and saline draughts, the bowels throughout being gently relaxed. He was discharged quite well on the 8th of September.

**CASE OF RECOVERY FROM IMPENDING DEATH BY THE USE OF TINCTURE OF CANTHARIDES IN LARGE DOSES.** Dr. J. A. B. Muse, Physician and Surgeon to the United States Marine Hospital, New Orleans, relates the following case. B. W., aged 30, was labouring under pulmonary tuberculosis. On September 7th, he became wildly delirious. Dr. Muse treated the case as one of tubercular meningitis, sedative treatment (qualified by supporting measures) was pursued, but without the least benefit, until symptoms of prostration with excitement became so unmistakably evident that all direct sedatives were abandoned, and a plan of treatment, from which they were scrupulously excluded, was adopted. On the evening of September 9th, he began to sink; he had not slept for three nights; no nourishment, since the first day, could be retained on the stomach. He continued steadily sinking until September 12th, when he was moribund. Animal life might almost be said to be extinct. The radial pulse was still perceptible, and diaphragmatic respiration was yet performed. The reflex action of deglutition could be excited only with the greatest difficulty, and the sphincters were all relaxed. Professor R. K. Browne, of New York, had intimated to Dr. Muse a short time ago, that he desired him to administer tincture of cantharides in the first case of impending death by asthenia which should present itself. Dr. Muse commenced the heroic use of tincture of cantharides, in doses of forty minims, frequently though irregularly repeated, according to the effect produced. In an incredibly short space of time, warmth returned to the skin; the sphincter muscles regained their normal degree of tonicity; the "hippocratic countenance" entirely disappeared; respiration was once more fully and equably performed; and every bad symptom vanished as it were by magic. Within three or four hours he had administered between two and three fluid drachms of the tinc-



ure. The patient enjoyed a refreshing sleep during the ensuing night. On the following morning he was in the full possession of his mental faculties; took and retained amply sufficient nutriment, and was fairly on the high road to recovery. The tincture was given in diminished doses, and at length withheld, and the patient, on (September 14th), had entirely regained his previous condition of health; his recovery having been more rapid than his decline, and without the least symptom of strangury having once made its appearance. It is the opinion of Dr. Browne that strangury will never occur in these extreme cases of debility, and that life may sometimes be saved at the last by this heroic remedy. In other cases he recommends it in combination, in smaller quantities, with other remedies, when a pure and powerful stimulant is needed. (*American Medical Times.*)

**SURGICAL CASES.** Mr. Thomas Annandale, relates the following cases, as occurring in the clinical wards of the Edinburgh Royal Infirmary.

*Radical Cure for Reducible Inguinal Hernia in a Child four years old.* J. P., aged 4, had a large inguinal hernia, the size of a closed fist, which descended into the right scrotum, and could be easily reduced. July 17th: Mr. Syme performed his operation for the radical cure of hernia. July 24th: The plug was removed, and pads of lint carefully applied. August 21st: The pad had been changed at intervals since last date. The patient was allowed to get out of bed to-day and walk about the wards. The skin remained invaginated, and the hernia showed no tendency to descend. September 2nd: He was dismissed cured; and was ordered to wear a truss for some time. October 1st: The parts were perfectly right, and the patient was able to run about again as usual. Mr. Annandale is not aware that the radical cure for reducible hernia has been performed before on a subject so young. The size of the hernia and the width of the inguinal canal were such that no control was exercised by the application of a truss. Considerable irritation followed the operation, but was limited to the integuments over the inguinal canal and skin of the scrotum, and this was necessary for the success of the operation.

*Amputation of the Thigh, with Compression of the Abdominal Aorta.* J. B., aged 51, was admitted August 8th, 1862, for a compound comminuted fracture of the left thigh, caused by some heavily laden waggon passing over it. Mr. Syme performed amputation through the upper third of the thigh, compression being made on the abdominal aorta by means of a screw clamp. The patient sank subsequently, and died. This case is mentioned in order to call attention to a method of restraining hæmorrhage, by pressure on the abdominal aorta, in operations on the lower part of the body. This method of restraining hæmorrhage, which has lately been revived, was adopted in the present instance with complete success, the instrument employed being a modification planned by Professor Lister of Glasgow. It was first used by Mr. Syme in his late operation on an iliac aneurism, and shortly afterwards by Mr. Spence, in a case of amputation at the hip-joint. On all these occasions, the application of this instrument has completely prevented the slightest flow of blood.

*Recurrent Fibrous Tumour.* J. L., aged 57, was admitted July 24th, 1862. Thirteen years ago, the patient had a small tumour removed from his side. The wound healed rapidly, and the patient remained quite well until seven months ago, when he noticed another tumour, the size of a pigeon's egg, in the same situation. On admission, the tumour lay midway between the last rib and the crest of the ilium. On July 24th, the tumour was cut out. On examining it microscopically, it was found to consist of numerous oval-shaped cells, filled with nuclei. July 26th: The wound had healed by the first intention in the greater part of its course, and he was dismissed at

his own desire. It is not often that the recurrent fibrous tumour is so long of returning after its first removal.

*Excision of the Head of the Humerus, together with the Glenoid Cavity of the Scapula.* G. P., aged 38, was admitted July 28th, 1862. In June last, the patient noticed a swelling in the front of the shoulder, which soon burst and discharged a quantity of matter. Two other openings afterwards required to be made, to give exit to collections of pus. On admission, there were two sinuses in front of the axilla, and a third on the anterior surface of the deltoid muscle; all of these were discharging freely. On August 15th, Mr. Syme excised the shoulder-joint by means of the usual incision in front of the joint. Having cut off the head of the humerus, he found that the glenoid cavity was also diseased; and, in order to get free access to this bone, made an incision at the posterior aspect of the joint, along the inferior margin of the scapula, and united it with the anterior one: by this means the whole of the disease was removed. On September 28th, the patient was dismissed cured. In many cases of excision of the shoulder-joint, it is only necessary to remove the head, and a greater or less amount of the neck of the humerus, according to the extent of the disease. The best incision for this purpose is one made longitudinally from the coracoid process along the anterior margin of the deltoid muscle. By this wound the head of the humerus is freely exposed, the muscles attached to it readily divided, and the head of the bone turned out and sawn off. Mr. Annandale saw in private lately a fibro-cartilaginous tumour, the size of a closed fist, which grew from the head of the humerus, removed, together with the bone, in this way, by Mr. Syme, with the greatest facility. Mr. Syme having found it difficult to remove the glenoid cavity by means of the anterior incision, adopted, in the present instance, a new method. The posterior incision made the operation comparatively simple, and also gave free vent to the discharge, facilitating the healing process. (*Edinburgh Medical Journal.*)

**POISONING BY ACONITE.** The following are the symptoms and *post mortem* appearances noted in the case of a man lately accidentally poisoned at Cardiff by extract of aconite, given instead of extract of wormwood. Two aconite pills only were said to have been taken about eleven o'clock in the morning. But Dr. Vacheil of Cardiff says on this point:—"That the pills weighed about four grains and a half each; if therefore, the deceased took only two, he could scarcely have swallowed more than four grains of the extract. Of the thirty said to have been originally sent to him, only twenty, however, remained in the box, when handed over to me by the police after the inquest." Mr. Thomas Pratt, surgeon, saw the deceased about half-past three in the afternoon. He found him stretched on the bed. His knees were drawn up towards his abdomen, and he was throwing his arms about. His countenance indicated great agony, and there appeared some slight muscular contractions. As soon as he saw Mr. Pratt he jumped up from his bed, and said he was very ill. He complained of great uneasiness about his tongue. At first it felt warm, then quite cold. The interval was only about three or four minutes. He complained of great pains in his legs and excessive vomiting. Mr. Pratt offered him a little brandy and water, but he would not take it at first; he did ten minutes afterwards, about a minute and a half before he died. He particularly wished cold water. He took a glass of cold water in his own hand and drank it a few minutes before he died. It appeared to revive him momentarily. His pulse several times was irregular at first and continued to flag. The pupils, about three minutes before his death, were dilated and insensible to light. He gave three peculiar gasps and died. Dr. Vachell made a *post mortem* examination. The body was that of a finely developed muscular man.



Cadaveric rigidity very strongly marked. There were some patches of livid discoloration about the chest and thighs. The lungs were perfectly healthy. The pericardium contained about half an ounce of fluid; the heart itself was healthy. Its left side was nearly empty: the right side contained some semifluid and loosely coagulated blood. The liver was large, congested, and more easily broken down under the finger than in a normal condition. The kidneys were quite healthy. The duodenum presented evidence of intense irritation; the mucous membrane was covered in parts with spots of extravasated blood, and there was one patch of extravasation of at least the size of a shilling. The adjacent portion of the small intestine was similarly affected, though in a less degree, and also a portion of the small intestine towards its middle part. The stomach was of a bright, red colour throughout its whole substance, nearly empty, containing only a very small quantity of bloody fluid of the consistency of pea-soup. The external blood-vessels of the brain were congested; the brain was healthy.

**HORSEHAIR versus SILVER-WIRE SUTURES.** Mr. Thomas Smith, of St. Bartholomew's Hospital, says that, with a view of finding a material for sutures as un-irritating and as unabsorbent as wire, but more easy of adjustment and withdrawal, he performed during last spring a series of experiments on dogs to determine the suitability of horsehair as a substitute for wire in certain cases. The horsehair used was such as is ordinarily sold by fishing tackle makers. The general results showed that there was no appreciable difference shown by the tissues in their tolerance of silver wire and horsehair. Both materials were equally unirritant; yet there was a difference in favour of horsehair in the greater facility of its adjustment and subsequent removal. The unirritating nature of horsehair as a material for suture is no less marked when applied to the tissues of the human body. It was used by Mr. Paget in a case of double entropion, the wound of the operation being in one eyelid secured with horsehair sutures, while the opposite was brought together with fine sewing cotton. At the end of a week three out of the four cotton sutures had cut out, while at the same time all four horsehair sutures remained firm. As a material for attaching the margins of the skin and mucous membrane after circumcision, or other operations for phimosis, he has found horsehair most useful, having employed it both in children and adults. In one case particularly, where a complete circumcision of the foreskin, with a free division of the mucous membrane was performed on a middle-aged gentleman, its good effect was remarkable. Six sutures were introduced, and excited so little disturbance that the patient was not kept for a single day from his business, which involved pretty active exercise. The wound healed without suppuration; and though left in, at the patient's request, some of them for fourteen days, the sutures caused no irritation, and were removed at last without difficulty. In the removal, the advantage of horsehair sutures over wire is considerable: since, unlike wire, which, after remaining a few days in the wound, stiffens into a metallic ring, horsehair, when cut just aside the knot either retaining its original elasticity, springs open, or if it has been long soaked in the wound secretions, it becomes soft and pliable. He recommends the use of this suture for wounds of the eyelid and other parts of the face, and to the loose integuments of the scrotum and penis; to all these parts he has either applied the suture himself with good effect, or he has seen it used by others at his suggestion. There are other uses to which it might be extended, especially to facilitate the union of wounds in the conjunctivæ. For the purposes of suture, long white tail-hairs are the best. Before being used they should be soaked for a minute or two in water, or they may be drawn once or twice through the moistened finger-ends. The suture may be fastened off in a double

knot, but if the hair is stiff, a third knot is often required. It may be removed in the ordinary manner, seizing the knot with the forceps, and dividing the suture just aside of it. It is scarcely necessary to remark, that horsehair, as a suture, is not suitable for wounds where there is much tension between the edges. (*Lancet*.)

**ANTIDOTE FOR STRYCHNINE.** M. Kurzak concludes from his experiments that, if administered in time, tannin is an excellent antidote for strychnine. It is necessary to give twenty or twenty-five times as much of the antidote as of the poison; and, in actual cases of poisoning, it would be prudent to give much more. Infusion of galls may also be given with advantage. An infusion of black tea even is efficacious, if the dose of strychnine taken was small; coffee has the same property, but in a less degree. Oak bark, which contains 8.5 per cent. of tannin, may also be given in decoction; it is convenient, on account of the ease with which it may be procured. The author also recommends as applicable to the same purpose, from their richness in tannin, acorns, chestnut bark, willow bark, tormentilla root, bistort root, and the root of the carnation. (*Pharmaceutical Journal*.)

**FAT AS AN ANTIDOTE FOR POISONING BY STRYCHNIA.** It is well known that in poisoning by strychnia and its salts, recovery can scarcely be expected so soon as tetanus has made its appearance; that this may manifest itself in men within five minutes after the administration of half a grain of a salt of strychnia; that it is generally present within twenty minutes; and that the fatal result generally follows in from a few minutes to two hours. In cases of such terrible rapidity, in which unfortunately there is generally no time for the employment of therapeutic means, it would be in the highest degree important to possess an antidote procurable at all times and in all places, and possessing the not trifling advantages of being in itself perfectly innocuous. On this account, and encouraged by the favourable results of Blondlot's experiments on the use of fat in poisoning by arsenic, Dr. Rienderhoff made use of the same substance in the case of about thirty dogs and rabbits to which he administered strychnine. The rabbits were poisoned with a solution in water of acetate of strychnia, injected into the stomach; in the case of the dogs the strychnia was worked up with a drop of water into a bread pill. The results arrived at were the following:—1. The absorption of strychnia and its salts is impeded by the administration of fat (hog's lard), butter, or oil. This effect is more striking in the case of fat than of butter, and least of all in the case of oil. The time so gained must be utilised for instituting a regular treatment. 2. The course of the symptoms, after the appearance of the first cramps, is rather shortened than lengthened by butter and oil; therefore lard has an advantage over butter, and this over oil. 3. The presence of fat, butter, or oil in the stomach also delays the operation of an emetic. The emetic must therefore be given in relatively large or in repeated doses, but the use of the stomach-pump is preferable when fat has been administered; under these circumstances, the fluid employed to wash out the stomach would naturally be oil. (*Edin. Med. Jour.*)

**HYDRARGYRUM CUM CRETA.** In the *Berkshire Medical Journal*, Dr. S. Duncan, of Williamstown, Massachusetts, has an article upon the hydrargyrum cum creta. He gives the following conclusions:—1. When this preparation of mercury is exposed to the light, especially during the summer, a portion of the suboxide which it contains is decomposed into the metal and red oxide (protoxide), which, in sufficient quantity, always acts as a violent instant poison. 2. That the older the preparation and longer the exposure to light, the less the mercury and greater the amount of the oxide. 3. In order to have a



perfectly reliable article of hydrargyrum cum creta, it could be made of pure material, kept in a cool place, and excluded from the light. 4. Freshly made, and light-coloured specimens are best, and those of a deep colour should be rejected. 5. This preparation is unstable; that it tends to separation by the volatility of its mercury, and the superior mobility and gravity of its articles. 6. We have no reason to suppose that mercury, however pure, exerts any influence on the system in its metallic state, but that it must first be converted into an oxide, and this oxide must be basic to a soluble compound; and that the amount of suboxide in hydrargyrum cum creta is not at all injurious, providing, however, it remains as such; and that when this preparation proves an irritant in itself, it is due to a higher degree of oxidation.

## British Medical Journal.

SATURDAY, DECEMBER 13TH, 1862.

### MEDICAL EVIDENCE AGAINST MEDICAL BRETHREN.

AN inquest lately held at Leamington has excited much attention amongst the profession there. We refer to it because here again, as in so many other instances, we find medical men too ready to bear a hard hand against their *brothers* when in difficulty. The coroner from the first seems to have gone considerably out of his way and out of his depth in pressing home the charge against the party supposed to be inculpated; but the jury had evidently a wiser appreciation of the merits of the case than he had; for, after a long inquiry, they brought in the following verdict:

"It is the opinion of the jury that there was not that attention paid to the deceased on the part of Dr. Philbrick which the case required, and that he was mistaken as to its being a foot presentation; and the jury wish to speak of the humane conduct of Mr. Fern Clark in the highest terms of commendation, for waiving the ordinary etiquette of the profession in his attendance upon the deceased."

The sapient coroner, on receiving the verdict, turns it over and over, and at last makes up his mind, apparently in sorrow, that no "manslaughter" was to be smelt in it. Here, therefore, the matter ended.

The case was this:—A poor woman was, on the 11th ult., in labour, and in the hands of a midwife. She had brought forth a child, and much hæmorrhage had taken place. The midwife then, fearing there was something wrong, requested that a doctor should be sent for. Dr. Philbrick is brought; he finds that there is a second child, and a *foot* presentation; he gives brandy; and then goes away, saying that, if any symptoms occur requiring his presence, he will return. The woman goes on badly; hæmorrhage occurs; the second child, which was dead, is not delivered. Dr. Philbrick is again sent for in the course of the day, and cannot, he says, come, as he is going out of town. The woman is at

last attended by Mr. Clark, who finds that he has a *hand* presentation to deal with. He at once "turns" and delivers, the woman being very exhausted. He says, in his evidence:

"The subsequent hæmorrhage was fearful, and continued for two or three hours before it could be stopped. I remained with her till seven o'clock at night. She died a fortnight afterwards. In this case, the placenta was detained, and would to a certain extent cause greater hæmorrhage."

After the delivery, the woman went on "excellently well" for a week, when she complained of violent headache; on the 20th she was attacked with hemiplegia, and died on the 25th ult. At the inquest, it was attempted to be shown that the woman's death was caused or indirectly hastened by hæmorrhage; and that the hæmorrhage, and consequently the death of the woman, was indirectly to be laid to the charge of unskilful or neglectful treatment on the part of Dr. Philbrick.

*Post mortem* examination showed that the immediate cause of death was apoplexy and softening of the brain; and it appeared also that she had long been a weakly woman, and Dr. Birt, a witness, said that he "had attended her some years previously for a cataleptic fit, when the brain was involved; and found her having a severe attack of pain in the head about twelve months ago."

Now, under these circumstances, we would ask, could the apoplexy (as was maintained medically) be fairly connected with the hæmorrhage? and could the hæmorrhage be fairly connected with the asserted unskilful treatment of Dr. Philbrick, in that he mistook a hand for a foot presentation, and did not instantly "turn" and deliver the woman? We must say that, in our opinion, some of the medical statements made on these vital points were not warranted by a fair consideration of the case. One witness is thus reported:

"The Coroner: How do you explain that this extravasation was caused by the labour? Witness: In consequence of the extreme state of debility in which the woman was. It might arise from extreme debility, independent of the cause of that debility—from any extensive drain on the system. In this instance, I think it was induced by excessive exhaustion. The Coroner: And if the deceased had been properly attended to in the first instance, that state of exhaustion ought not to have arisen?"

Another medical witness is asked: "Then, as a medical man, you are hardly prepared to state that the loss of blood was the cause of the extravasation? Witness: It assisted, no doubt; but it is by no means an uncommon occurrence. The Coroner: Have you any doubt that it assisted? Witness: I have no doubt it would assist, because it interfered with the nutrition of the arteries."

This same gentleman was also present at the *post mortem* examination, and says thereon, after giving the above opinion:

"There were four or five vessels ruptured in the brain, distinctly showing that the brain-substance was considerably diseased, and a very large substance



showed what is termed red softening. The Coroner: Then you think there had been softening going on before? Witness: I think there had been a tendency to this disease for some considerable period, and that it was this affection of the brain that killed her."

A third witness says, on being asked by

"The Coroner: Would the extravasation of blood upon the brain of the deceased be caused by loss of blood? Witness: The loss of blood is a very probable cause; but I would not go so far as to swear that this was the indirect cause of death. The Coroner: But, supposing there was a predisposition to that, the loss of blood would accelerate it? Witness: Certainly. Cases of apoplexy are not uncommon in exsanguine persons. The exsanguine state of the deceased was likely to produce the extravasation on the brain. I think the hæmorrhage did accelerate the death, but I will not go so far as to say it was the actual cause. How do you connect this attack of paralysis with the loss of blood on the 11th ult.? Witness: The *post mortem* examination explains the cause of the paralysis; and medical experience shows that excessive loss of blood predisposes human beings to the disease which was the immediate cause of death? The Foreman: Even though the hæmorrhage might have occurred a week or a fortnight previously? Witness: Certainly."

Now, we should like to ask these gentlemen, who have all had very large experience in midwifery, how many cases of apoplexy have they seen in their lives where the apoplexy has followed upon and could be fairly connected with excessive hæmorrhage after delivery? We would ask them, also, how many cases of apoplexy, not in puerperal women merely, have they seen in which the apoplexy could be legitimately traced, directly or indirectly, to loss of blood? If they cannot justify their statements by facts, it follows that their statements were based merely on theoretical opinions. And then, again, supposing that there was any just foundation for the assertion that the apoplexy was to be connected with the hæmorrhage that occurred during delivery, we have to ask: Was it fair and scientifically correct to connect the hæmorrhage with Dr. Philbrick's stated neglect of the case? Was it certain that the hæmorrhage would not have equally occurred, had the woman from the first been attended by the first accoucheur in the land? Might not the "fearful hæmorrhage" also, which occurred after delivery of the second child, and the "adherent placenta", have been facts under any treatment of the case? As one of the witnesses said truly enough, "women have died from hæmorrhage during labour, and will do so until the end of time, under the most skilful treatment which can be used."

Again, we would ask, is there any of the medical witnesses who would venture to swear that, in his opinion, the apoplexy might not in this case—in the case of a naturally weakly constitutioned woman, who had, admittedly, previously suffered from cerebral disease, and who was doubtless the subject of brain-disease at the very time of her confinement—have occurred if the woman had not lost one drop of blood? Surely a medical witness, in a case of this

kind, might have most properly said: The hæmorrhage might have occurred if the highest skill in the land had been employed. The apoplexy might have occurred—would very probably have occurred—if not one drop of blood had been lost.

Altogether, we feel bound to say that we think the medical evidence was too hardly pressed and strained against Dr. Philbrick. At the same time we must add, that we think the verdict of the jury not unfair. Dr. Philbrick, when he visited the woman, and when he told her attendants that he was to be sent for if anything occurred requiring his presence, had certainly undertaken the responsible management of the case, and was therefore bound to bestow upon it all that due attention which the law and custom require. But to say this is a very different thing from saying that the apoplexy resulted directly or indirectly from his negligence.

Since the above lines were written, we have been informed by a correspondent, that Mr. Clay, Professor of Midwifery in Queen's College, Birmingham, had been requested to attend the inquest in this case; and that, influenced by principles laid down in the *BRITISH MEDICAL JOURNAL* on this subject, he declined to give evidence against a professional brother as a witness. We are glad to be able to record this feeling of delicacy on Mr. Clay's part; but we would say in reference to it, that we have never laid it down that a medical man should not attend to give evidence upon a case in which a professional brother's conduct and treatment are involved. We think that there are cases in which our profession would be very blameable if its members did not do their duty, as all other members of society, in assisting to bring home guilt to the guilty and neglect to the neglectful. What we do so deeply deplore and deprecate is the readiness which medical men so often exhibit in giving overstrained and unfairly drawn *evidence of opinion* against their neighbouring brother practitioner. We sincerely regret that in this case Mr. Clay did not attend; for had he done so, though summoned by the coroner, we feel satisfied he would have taken and expressed the views of the case given in this *JOURNAL*, and would therefore have neutralised the overwhelming and overstrained evidence of opinion given in this case.

There are some other points of interest connected with the case; but we have not time now to touch upon them, and may hereafter recur to them.

#### HALL *versus* SEMPLE.

THE trial of Hall *v.* Semple has naturally excited considerable interest outside as well as within the profession. We need not repeat the facts of the case. They are doubtless already well known to our readers. We may, however, in a few words, suggest the moral which we think may be drawn from



hem. We must all regret much the punishment which has fallen upon Dr. Semple; for it is evident that he, from first to last, acted *bonâ fide* in the affair. He was deceived by the voluble tongue of a false woman. His sympathies were excited in her behalf. He believed her to be a cruelly ill-used woman; and that she was actually in danger (as she pretended she was) of her life by reason of her husband's violence. Pitying her fate, and believing her tale, Dr. Semple was led away into the fatal error of signing a certificate of lunacy, on the strength of so-called evidence of insanity not obtained through his own personal knowledge. He had no knowledge of positive signs of insanity in the man, except what he derived from the tales of others. This, we say, was a fatal error, though committed from the most amiable of motives.

It is impossible not to admit that the verdict of the jury was just. But we would ask, Is Dr. Semple the only member of our profession who has ever thus rashly acted? Are we wrong in saying, that the warning thus held out will not be without service to others? We venture to think that certificates of lunacy are, more frequently than may be supposed, given in a lax way. We mean, that a medical man sometimes too readily trusts to the opinions and declarations of others in this matter, instead of thoroughly satisfying himself by his own personal inspection of the facts of the case. This case will be a lesson and a warning therefore.

One other important fact has been disclosed by this case; and it is the excellent working of our present lunacy laws. We have so often heard eloquent tirades against the infringement of the liberty of the subject by lunacy doctors, that we are glad to be able to show, by positive example, the little danger there is of any individual being victimised in this way. This man, the plaintiff in the case, is no sooner lodged in an asylum, than the careful guardianship of the law comes into action, and vindicates its right to the title. At this stage of the proceedings the mischief is arrested. The manager of the asylum disputes the man's lunacy; the Lunacy Commissioners at once examine the case; and he is immediately discharged from all control.

It is true that the plaintiff was discharged from the asylum on the ground of the informality of one of the medical men's certificate, and that the Commissioners carefully abstained from expressing any opinion on the subject of his mental condition. We may, however, fairly take it for granted, that their opinion was not in favour of the man's being lunatic. Their opinion could hardly have failed to have crept out, had it been in favour of his lunatic condition.

If any other or more certain proof of the excellence of the present system were wanting, we should find it in the actual fact, that cases of this description—viz., in which an individual is improperly con-

signed to the protection of lunacy doctors—are almost unknown. The present case comes prominently forward as one of those exceptions which so strikingly illustrate the excellence of the rule; and it also shows how (under the present machinery of the law) impossible it is, that any one can be unrighteously or improperly held under restraint as a lunatic. An error in this way is most rarely committed; and, when committed, is most speedily rectified and atoned for.

#### DISCUSSION ON OVARIOTOMY.

THE subject of ovariectomy has been again brought before the notice of the Medical and Chirurgical Society. A crowded assembly again met there to hear what was to be said upon the subject. Mr. Spencer Wells read a paper containing a very interesting historical account of the operation, and also giving the result of his own personal experience, deduced from fifty operations performed by him. Mr. Spencer Wells may certainly claim the merit of having brought the operation into its recent position of notoriety. Others before him have performed the operation; but no one appears to have so steadily adhered to and maintained the propriety of its performance. The experience of many before him, had led them, after performing, to abandon the operation; but his greater experience only tends to confirm him in his opinion of the not only justifiable nature, but of the high service rendered to humanity by its performance.

The results of his experience will be elsewhere given in his paper. In the discussion which followed, Dr. Graily Hewitt made some very pertinent remarks. He said, and truly, that, as yet, we have not determined what may be called the natural history of the disease. Its prognosis is not yet clear. We want to know how long patients suffering from ovarian disease live when the disease is allowed to run its course unimpeded, except by ordinary tapping and so forth. But here positive information fails.

Dr. Lee's cases, however, enable us to arrive at something of a conclusion. From them it would appear that the average life of patients who are thus left without other than palliative treatment is about one year and a half. Dr. Lee's statistics, indeed, show a mortality of about eighty-four per cent. under this treatment; and this, when compared with the sixty to seventy per cent. of cures given by ovariectomists, is decidedly in favour of ovariectomy. Dr. Lee's statistics, therefore, so far from condemning, rather justify the operation.

Mr. Erichsen gave his adhesion to the operation; and declared that, in his opinion, the Society ought, as Mr. Spencer Wells desired, to declare the operation to be a perfectly justifiable one.



Mr. Hutchinson spoke to the same effect. He had operated upon seven cases; and, of these, four had recovered and three died. He did not agree with those who thought that cases did best where the peritoneum had undergone alterations. In his opinion, the operation could not be too early performed, and the healthier the condition of the peritoneum the better.

Mr. Spencer Wells said, in concluding, that in his opinion the average length of life of patients suffering from ovarian disease, when the disease is allowed to run its usual course, calculating from the date when they first appeal to a surgeon for relief, is not more than two years.

### THE WEEK.

THE following letter has been addressed to Sir Benjamin Brodie by Dr. Babington in the name of the Royal Medical and Chirurgical Society:—

*"To Sir Benjamin Collins Brodie, Bart."*

"SIR,—The Royal Medical and Chirurgical Society, deeply sensible of the irreparable loss sustained by his private friends, as well as by the profession and the public, in the death of the late Sir Benjamin Collins Brodie, request me to express to you their sincere condolence with his family on this afflicting occurrence. It is no exaggerated eulogy to affirm that Sir Benjamin Brodie was the most distinguished British surgeon of his time; and that his well-earned reputation as a scientific practitioner, his labours as a physiologist, and, above all, his great moral worth, have afforded an example to his contemporaries, the beneficial influence of which will be felt for generations to come. Our Society is, in an especial manner, called on to do homage to his memory; for, in the course of his career, he filled most of our offices, including the highest; and it is in the pages of our *Transactions*, to which he was a frequent contributor, that many of his valuable observations and researches are recorded. To you, sir, it must be a source of consolation to reflect how universally he was esteemed throughout a long life, and how honoured a name he leaves you as an inheritance.—I have the honour to be, sir, your very obedient servant, B. G. BABINGTON, President of the Royal Medical and Chirurgical Society.—Nov. 12, 1862."

THE Irish Poor-law Commissioners have recently issued a regulation, requiring a double qualification—in medicine and surgery—from gentlemen seeking parochial appointments. A large number of medical men in Ireland practise with merely the surgical license of the Irish College of Surgeons, and might, therefore, be placed in difficulty by the recent regulations. To obviate this, the President and Council of the College of Surgeons in Ireland have resolved to grant Letters Testimonial or Diplomas in Medicine under the following form:—

"Know all men by these presents, that Mr. —, a Licentiate (or Fellow) of the Royal College of Surgeons in Ireland, having produced the Certificates of Medical Education required by the Charters and By-laws of the College, and having been solemnly and publicly examined in the Theory and Practice of Medicine, We, the Presi-

dent and Council of the said College, do grant unto him these Our Letters Testimonial and Diploma, testifying that he is qualified to practise Medicine as well as Surgery; and also that he, having been duly registered by the General Council of Medical Education, is a legally qualified medical practitioner.

"In witness whereof, we have subscribed our names and caused the Seal of the College to be hereunto affixed, at Dublin, this — day of —, 186

"President, —"

"Vice-President, —"

[Here follow the names of the Members of Council.]

GUARDIANS of the Poor of different borough parishes are active in the transmission of addresses to the governors of St. Thomas's Hospital. They look with great dissatisfaction on the removal of the hospital. They consider the hospital as the property of the poor of the district; and they go back six hundred and three hundred years to prove their title. From this movement, we suppose we may safely conclude that the Guardians of the Poor make free use of the hospital for the benefit of parish paupers; that, in fact, they save the ratepayers at the expense of the charity. This is just one of the many monstrous abuses which now attach to our London hospitals.

THE following reply of M. Nélaton to a certain number of workmen, who offered to vote for him as deputy, will perhaps remind some of our readers of the views expressed by Sir Benjamin Brodie on the same subject, and referred to in the notice of his life given in this JOURNAL.

"Gentlemen, I feel much gratified at the step you have taken; but I must confess that it astonishes me as much as it does me honour. I do not see well how my knowledge of surgery can have made you imagine that I am qualified for the mission with which you wish to invest me, or how I should have suddenly become a political economist, a financier, and a legislator, because I have discovered the presence of a ball in the foot of a wounded man. If the object in view were to appoint me surgeon to the Chamber, that would be a different affair; but the business of a deputy is what I have never learnt in Hippocrates, and for which, to speak frankly, I have no taste. I am even convinced that the affairs of the country would not go on better; and that my patients, being neglected, would fare the worse. I must, therefore, while thanking you for what you have done, declare that you propose to me an honour which it is impossible for me to accept."

PROFESSOR MAGNI has a new theory of glaucoma. Here is a *resumé* of his views:—The morbid process of glaucoma consists in an atrophy, primitive and progressive, of the ciliary nerves. For this affection science has as yet given us no direct remedy. Iridectomy is the best treatment of it which we have; but iridectomy merely influences the progress of the affection by removing those conditions which favour its rapid development. Although the effects of the operation are not permanent, we may consider them as lasting for a long time, on account of the slow progress of the atrophy of the ciliary nerves.



## MR. GLAISHER'S BALLOON ASCENTS.

MR. GLAISHER has published the following account of the effects observed on the pulse and respiration in his balloon ascents.

The following is an account of my physiological experiments and experiences in my recent balloon ascents.

July 17th, Wolverhampton, on the ground:—

Mr. Coxwell's pulsations in a minute .....	74
Mine .....	76

At the height of 17,000 feet:—

Mr. Coxwell's pulsations .....	84
Mine .....	100

On the ground:—

Mr. Coxwell's pulsations .....	76
Mine .....	76

August 18th, at Wolverhampton, on the ground:—

Mr. Coxwell's pulsations .....	76
Mine .....	76

At the height of 22,000 feet:—

Mr. Coxwell's pulsations .....	98
Mine .....	100

At the height of 24,000 feet:—

Mr. Coxwell's pulsations .....	110
Mine .....	107

On August 21st, at the height of 1000 feet:—

Mr. Coxwell's pulsations .....	95
Mr. Ingelow's .....	80
Captain Percival's .....	90

At 11,000 feet:—

Mr. Coxwell's pulsations .....	90
Mr. Ingelow's .....	100
Captain Percival's .....	88
Mine .....	88
My son's (a boy in his 14th year) .....	89

At 14,000 feet:—

Mr. Coxwell's pulsations .....	94
Mr. Ingelow's .....	112
Captain Percival's .....	78
Mine .....	98
My son's .....	89

The pulsations of Captain Percival were so weak, that he could scarcely count them; whilst those of Mr. Coxwell he considered had increased in strength.

Mr. Coxwell had been in the car of the balloon all night; Captain Percival, Mr. Ingelow, myself, and son, had been to bed, at the Greyhound Inn at Hendon, and had walked one mile to the balloon, by four o'clock in the morning. The balloon left the earth at about half-past four.

July 17th. At the height of 17,000 feet, the hands and lips were blue, not the face. At the height of four miles, the palpitations of the heart were audible. Mr. Coxwell heard mine, and I heard his. At higher elevations there was experienced considerable difficulty in respiration.

August 18th. The hands and face were blue at the height of 23,000 feet.

September 5th. Mr. Coxwell panted for breath at the height of 20,000 feet. I did not; nor did I experience any particular inconvenience till I was above five miles from the earth. At about 26,000 feet, I could not see the fine column of mercury in the tube; then the fine divisions on the scale of the instrument became invisible. At this time I asked Mr. Coxwell to assist me to read the instruments, as I experienced a difficulty in seeing them. In consequence of the continued rotatory motion of the balloon, which had persisted without ceasing since we left the earth, the valve-line had become twisted, and he had to mount into the hoop above the car to adjust it. At this time I had no suspicion of other than temporary inconvenience in seeing.

Shortly afterwards I laid my arm, possessed of its full

vigour, upon the table, and, on being desirous to use it, I found it powerless; it must have lost its power almost momentarily. I tried to move my other arm, and found it powerless also. I then tried to shake myself, and did shake my body; I did not seem to be aware of having any legs, I could only shake my body. I then looked at the barometer, and whilst doing so my head fell on my left shoulder. I struggled and shook my body again, but could not move my arms. I got my head upright, but for an instant only, when it fell on my right shoulder; and then I fell backwards, my back resting against the side of the car, and my head on its edge; in this position my eyes were directed towards Mr. Coxwell in the ring. When I shook my body I seemed to have full power over the muscles of the back, and considerable power over those of the neck, but none over either my arms or my legs; in fact, I seemed to have no limbs. As in the case of the arms, all muscular power was lost in an instant from my back and neck. I saw Mr. Coxwell in the ring, and endeavoured to speak, but could not; and then, in a moment, intense black darkness came; the optic nerve lost power suddenly. I was still conscious, with as active a brain as at the present moment whilst writing this. I thought I had been seized with asphyxia, and that I should experience no more, as death would come, unless we speedily descended. Other thoughts were actively entering my mind, when, like every other symptom, I suddenly became unconscious, as if going to sleep. I cannot tell anything about the sense of hearing: the perfect silence of the region six miles from the earth (and at this time we were between six and seven miles high) is such that no sound reaches the ear.

My last observation was 29,000 feet high, at about 1 h. 54 m. I suppose that fully two or three minutes elapsed before I became incapable of seeing the fine divisions, and that thus two or three minutes passed before I was insensible; therefore I think this took place at 1 h. 56 m. or 1 h. 57 m. While powerless I heard the words "temperature" and "observation," and I knew that Mr. Coxwell was in the car and speaking to me, and endeavouring to rouse me; therefore consciousness and hearing had returned. Then I heard him speak more emphatically, but I could not see, speak, or move a muscle. Then I heard him again say, "Do try—now do!" Then I saw the instrument's divisions, then Mr. Coxwell, and very shortly I saw clearly. I rose on my seat and looked round, as though waking from sleep, and said to Mr. Coxwell, "I have been insensible." He said, "You have, and I too very nearly." I then drew my legs up, which had been extended out before me, and took a pencil in my hands to begin observations, Mr. Coxwell told me he had lost the use of his hands, which were *black*, and I poured brandy over them.

I resumed my observations at 2 h. 7 m. I suppose three or four minutes elapsed from the time of my hearing the words "temperature" and "observation" till I began to observe; if so, the returning consciousness came at 2 h. 4 m., and thus gives about seven minutes for total insensibility.

Mr. Coxwell told me that on coming from the ring, he thought for the moment I had lain back to rest myself; that he spoke to me without eliciting a reply; that he then noticed that my legs projected, and my arms hung down by my side; that my countenance was serene and placid, without that earnestness and anxiety he had noticed before going into the ring, and then it struck him I was insensible. He wished then to approach me, but could not; and he felt insensibility coming over him; that he became anxious to open the valve, but was unable, in consequence of having lost the use of his hands, ultimately, however, he effected his object by seizing the cord between his teeth, and dipping his head two or three times.

No inconvenience followed this insensibility, and when



we dropped it was in a country in which no conveyance of any kind could be obtained, so that I had to walk between seven and eight miles.

We never in any trip (and we had been up in eight altogether) experienced any singing in the ears, or any tendency to bleeding at the nose, or indeed any other physiological symptoms than those described.

I believe I have described my sensations precisely as they occurred. I recollect them as well as though they had just happened, and I wrote them all down on the same night.

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary*.  
Worcester, November 10th, 1862.

### LANCASHIRE AND CHESHIRE BRANCH.

AN ordinary meeting will be held in the Board-room of the Infirmary, Chester, on Thursday next, the 18th inst., at 3 o'clock P.M.

A. T. H. WATERS, M.D., *Hon. Sec.*  
Liverpool, December 10th, 1862.

### METROPOLITAN COUNTIES BRANCH: ADJOURNED GENERAL MEETING.

AN adjourned general meeting of this Branch was held at 37, Soho Square, on Tuesday, December 9th; B. W. RICHARDSON, M.D., Vice-President, in the chair.

*Gratuitous Medical Services.* The resolutions proposed by Dr. GIBBON at the last meeting were, after discussion, passed by the meeting; as was also the following, which was proposed by Dr. HAWARD, and seconded by Dr. ROUTH:

"That a subcommittee of this Branch be appointed to wait upon the Medical Council, with a view to obtain their cooperation towards removing the abuses of gratuitous advice in charitable institutions and providing better payment to Poor-law medical officers; and to suggest the appointment of a Royal Commission to report upon the matter."

FRENCH LITIÈRES. Dr. Shrumpston, of Paris, points out a defect in the British mode of conveying the wounded from the field of battle: "The French make use of *cacolets* and *litières* of articulated light iron work. The *cacolets* are armchairs, and the *litières* beds, which fit into the sides of packsaddles, and can be easily let down at the moment they are required, the animal carrying them being employed until then in the transport of camp stores, forage, etc. These *cacolets* and *litières* form part of the *matériel de guerre* of a French army, and belong to the department of the Train des Equipages Militaires. They must be well known to the English army, for on many occasions they have rendered us very great service. I shall mention only one instance—after the battle of Inkerman, when five hundred mules belonging to the French army, with their *cacolets* and *litières*, were almost exclusively employed in taking up the English soldiers, and the whole work was done by them, while our soldiers were labouring to carry off a very small number of their comrades on stretchers."

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 25TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

CASE OF POISONING BY OIL OF WORMWOOD (*ARTEMISIA ABSINTHIUM*). BY WM. SMITH, ESQ., CHESTERFIELD.

THE person taking the poison was a male adult. The quantity taken was probably about half an ounce. He was seen within a few minutes of its being taken. The symptoms were those of a narcotico-acrid poison, affecting the brain, spinal system, and stomach. He was insensible and convulsed, with the jaw clenched, and foaming at the mouth; tendency to vomit was also present. The man recovered under the use of emetics, combined with stimulants and demulcents. All remembrance of taking the poison, or the cause of so doing, was completely wanting on recovery.

CONTRIBUTION TO THE NATURAL HISTORY OF HEREDITARY TRANSMISSION. BY HORACE DOBELL, M.D.

The author exhibited photographs of a peculiar malformation of the hands, and a genealogical table of five generations. The deformity had been transmitted through four generations. It had only affected certain members of each generation, males and females, elder and younger children indiscriminately. The children of those who had missed the deformity were also free from it in all cases. It was more marked when inherited from the father's side than when from the mother's. In the fourth generation a marriage occurred between first cousins, each of whom had the deformed hands; but their children, the fifth generation, had perfect hands.

CASE OF CÆSAREAN OPERATION; AND UNUSUAL TRANSPOSITION OF THE THORACIC AND ABDOMINAL VISCERA; SEEN AT THE CLINICAL HOSPITAL OF MOSCOW. BY JOHN WEBSTER, M.D., F.R.S.

During an excursion in Russia last autumn, chiefly to visit its public institutions, the author learned that the Cæsarean operation had been recently performed in the Clinical Hospital attached to the University of Moscow. In this case the mother did not survive; but her child lived, and, when seen by Dr. WEBSTER in September, was upwards of two months old and enjoying good health.

An interesting preparation was then described, lately obtained while examining the body of a female aged twenty-two years, who died in the same hospital. The heart lay in the right thoracic region, the liver being in the left hypochondrium, with the stomach and spleen pushed towards the situation commonly occupied by the liver and its lobes. Dr. Webster alluded to four analogous transpositions of important organs, both abdominal and thoracic, which exist in anatomical collections in London: namely, at the Museum of the College of Surgeons, Guy's Hospital, University College, and St. Thomas's Hospital. The fact that examples of this description were limited to the few above specified, the author considered as proving the great rarity of similar abnormal malpositions of viscera in the human frame, at least throughout the immense metropolitan population, ever since medical schools were established in the capital; for had such specimens been often found on dissection, they would have been preserved. Dr. Webster referred to several medical writers, both British and continental, who narrate instances of the same kind as that he had lately met with at Moscow. Among the foreign authors on this subject, Méry, Bartholin, Riolan, and Hoffman specially deserved notice. Dr. Lampron



and Dr. Baillie were also named, both these English Physicians having published cases in the *Philosophical Transactions*. Reference was likewise made to a paper by Dr. Bryan in the *Transactions of the Dublin College of Physicians* for 1824, which details an instance identical in its chief features to those previously quoted. Reviewing the different cases mentioned, the author remarked that it might be fairly assumed, not only that persons so constituted might live for years, but that malpositions of viscera resembling those described in his communication would seldom affect materially the healthy performance of the respective natural functions.

## MIDLAND MEDICAL SOCIETY.

TUESDAY, NOVEMBER 18TH, 1862.

J. B. MELSON, M.D., President, in the Chair.

*Supramalleolar Annulus.* Mr. FURNEAUX JORDAN showed a photograph of a case of this affection, which had been sent to him by Professor Vanzetti of Padua. The illustrious professor of surgery had forwarded with it a report of the first case which had been described in Italy. The report was in the form of a paper read at the Institute of Literature, Science, and Art, at Venice, and appeared in the *Acts of the Institute*, under the following title, "On a Case of Supramalleolar Collar-like Pachyderma: a malady described for the first time by Mr. Furneaux Jordan of Birmingham, under the name of Fibro-cellular Annulus of the Leg."

*Laceration of the Perinæum.* Mr. JOHN CLAY, in a paper on this subject, first referred to the social and physical effects of the accident, and subsequently to the pathological results, remarking that hæmorrhage and death occasionally ensue. After observing that the cases occur chiefly in primiparæ, Mr. Clay proceeded to describe the varieties of laceration. In the course of a lengthened paper, he observed that the accident never occurs in the lower animals. Where the perinæum is not supported, partial laceration is not easily detected. With the finger it is very difficult, and with the eye it requires a good light. The reader of the paper then passed on to enumerate the causes of laceration, and the best means of avoiding them. He thought that the best position during the last steps of the parturient process was on the back, with the thighs separated, as this permitted the child to curve towards the abdominal surface of the mother. His observations generally were unfavourable to the practice of supporting the perinæum.

TUESDAY, DEC. 2ND.

J. B. MELSON, M.D., President, in the Chair.

*Pericarditis.* Dr. RUSSELL read the details of two cases of pericarditis. On the peculiarities which they presented, he made the following, among others, observations. An important source of danger in acute rheumatism is pericarditis—a danger which is aggravated by the occurrence of adhesions. It is true that a simply adherent pericardium is not inconsistent with tolerable health; not so, however, if the muscular tissue (so prone to consequent degenerations) be involved in the inflammatory process. A particularly unfavourable complication in pericarditis is adhesion of the pericardium to the sternum. A pericardium which, on the one side, is everywhere adherent to the heart, and, on the other side, is adherent to the sternum, affords the strongest grounds for alarm. The danger may, moreover, be increased by the accession of endocardial lesion. This complication is significant, because it is much less susceptible of repair than pericardial inflammation. A heart beset with the difficulties which have been alluded to, is in a position favourable to the deposition of fibrine in its cavities—a deposition to which there is a strong predisposition in the well-known excess of fibrine in the blood which

attends on acute rheumatism. Dr. Russell concluded his paper with a detailed consideration of the remedies resorted to in pericarditis.

## LIVERPOOL MEDICAL INSTITUTION.

NOVEMBER 13TH, 1862.

A. B. STEELE, Esq., Vice-President, in the Chair.

PATHOLOGICAL DEPARTMENT.

Dr. GEE shewed a specimen of pneumothorax, also one of pulmonary apoplexy.

*Acephalous Monster.* Mr. FLETCHER shewed a specimen. It was born at the full period of gestation, at the same time with another child, which was fully developed and living. The fœtus presented the peculiarity of having not a vestige of a head; the spinal column ending in a conical point, not more than an eighth of an inch in length. There was spina bifida in the lumbar region, and a finger was wanting on one hand; but, in other respects, the appearance was that of a fœtus at about the sixth month of intrauterine life. The cord was remarkably twisted for about the length of an inch, commencing a short distance from the umbilicus; so that its calibre in that portion was reduced to about one-third of that of the remaining part. There was no appearance to shew that any length of time had elapsed between the death of the fœtus and the time of delivery. In reply to a question from Mr. Desmond, Mr. Fletcher said the woman was not suffering from injury, poverty, or distress, nor was there any history of mental impression.

Dr. DICKINSON asked if the state of the cord could possibly be a cause of the want of development.

Mr. IRVINE thought the twisted state of the cord was probably due to the small size of the fœtus, that permitted it to move about freely. He suggested that this might be a case of superfœtation.

Dr. NOTTINGHAM thought intrauterine amputation might possibly account for the want of the head.

*Aneurism of the External Iliac Artery: Veins found distended with Air after Death.* M. C., aged 50, a street-sweeper, was admitted into the Workhouse Hospital, under Mr. FLETCHER, on September 9th, 1862, for an aneurism in the right groin, extending considerably both above and below Poupart's ligament. He first noticed a lump in his groin six months ago, after having slipped. It continued to increase up to the time of his admission, when it was about the size of the closed fist. The bruit over it was very distinct. The pulse was occasionally intermittent, and there was a slight aortic regurgitant murmur. On September 12th, Mr. Fletcher tied the external iliac artery in the ordinary manner, about the middle of its course. On the 13th, the toes were chilly, but the foot warm. On the 14th, the right leg was considerably warmer than the left. A sanious discharge came from the wound. On September 17th, the patient was able to eat a chop. From this time, he appeared to improve; the wound discharged healthy purulent matter in moderate quantity. On October 13th, he looked rather pale and worn; his pulse had risen to 120. The same evening, he gradually though rapidly sank. On *post mortem* examination, the neck and the shoulders on both sides were found to be emphysematous; and there was air in the superficial veins of the neck, upper arms, and thighs. The heart was soft and flabby; there was a large dilatation of the arch of the aorta, nearly filled with fibrinous deposits; the lungs were healthy. The liver and spleen were both emphysematous. In the right external iliac artery there was a firm clot from the point of ligature up to the origin of the internal iliac. The aneurism was reduced in size, and filled with loose coagula. The aorta and other iliac artery were healthy.

Dr. DICKINSON thought the presence of air in the veins must have been a *post mortem* appearance.



Mr. HAKES adverted to the mode of killing animals by blowing air into the veins. When Mr. Fletcher let the air out of the veins, was there any foetid odour? How was his attention drawn to the state of the veins?

Mr. FLETCHER said he saw the veins dilated, and their course very distinct. The external jugular vein was even tympanitic; the liver and spleen were full of air. There was no appearance of decomposition.

In reply to a question from the President, Mr. FLETCHER said he could not tell how long before death the air found entrance into the veins, as it was only after death that its presence was recognised. Had anybody ever seen air in the veins, or other parts emphysematous, in a body not putrefied? The presence of air in such a case was as difficult to explain as a *post mortem* as it was as an *ante mortem* appearance.

Dr. SHEARER suggested that, the vitality of the blood in the aneurism being gone, putrefaction had taken place in a clot in the aneurism, and that air by that means might get into the system.

*Perforation of the Stomach.* Mr. SWINDEN shewed a specimen of perforation of the stomach in a housemaid aged 24. The patient had been under treatment for slight dyspeptic symptoms, when, on Oct. 3rd, she was seized suddenly in the night with excruciating pain and vomiting. Collapse, and exquisite tenderness, and tympanitis of the abdomen, led to a correct diagnosis. Opium was given without relief; and the patient died the night following the attack. The opening was in the anterior wall of the stomach, and the portion of that organ immediately surrounding the opening was much thickened.

Mr. HANNAH and Mr. SWINDEN both mentioned cases very similar to this, with which they had met in young women who had previously been in apparent good health.

Dr. DICKINSON spoke of the importance of the subject in a medico-legal point of view. Was the editor of the *Medical Times and Gazette* justified in saying that the case recently attributed to arsenic sucked from artificial fruit, was really only a case of simple perforation from ulcer?

Dr. VOSE said that experience shows that arsenic does not cause death by perforation of the stomach. It may produce great disintegration and softening, but not perforation. He believed that Dr. Stokes's advice was good, to pass as little as possible into the stomach in these cases of perforation; but to give simply small doses of opium, and give nature a chance of curing the disease by bringing the parts together. With regard to the diagnosis, the sudden invasion of most exquisite pain, the concurrent collapse, the tympanitis, the clammy skin and thready pulse, with obstinate constipation, collectively, leave little doubt in these cases as to the nature of the lesion.

Dr. DICKINSON said the treatment by opium was due to the late Dr. Alison.

Mr. DENTON had seen two cases, both in female servants.

Mr. FLETCHER thought self-digestion of the stomach might have something to do with these occurrences; the mucous surface being removed, the gastric juice might destroy the remaining tissue.

#### MEDICAL DEPARTMENT.

*Scarlatina; with especial reference to the present epidemic.* In the last fourteen months, Dr. SHEARER had had 200 cases under his care, of which 26 proved fatal; 12 of the deaths occurred mainly from the throat affection, 9 from dropsy, and the remainder from bronchitis and exhaustion, accompanied with numerous abscesses about the head and neck. He had found saline purgation, and the external application of heat by poultices, very useful in throat affections; also, swabbing the fauces with solution of nitrate of silver or

chlorinated soda. Internally, he gave nitromuriatic acid chlorate of potash. Hydragogue catharsis by means of compound jalap powder, he believed to be the best treatment for the dropsy.

Mr. DESMOND thought scarlatina was a disease often subjected to too much treatment. Scarlatina simplex requires none. Dropsy often follows very mild cases, and is accompanied with a furred and loaded state of the tongue, evidently shewing the necessity for catharsis.

Dr. VOSE commented on the various degrees of intensity which scarlatina manifests. In the epidemic of 1841, he made many dissections of the neck in cases where the bull-neck had shown itself; and he had never found the parotid, submaxillary, or sublingual glands enlarged. The seat of the disease seemed to be the cellular tissue of the neck. With regard to treatment, ammonia has been lately highly vaunted; and he believed it to be useful as a stimulant, not as a specific. Acetum destillatum had been praised as a specific by Mr. Baker Brown. That plan of treatment was now obsolete; it may possibly have been overrated.

Dr. DICKINSON said that in 1841 the mortality in Toxteth Park was one in every four attacked. The first thing to be observed is the type of the disease. Sometimes we must do nothing; sometimes use stimulants from the very first. He remembered two families in Great George Square being attacked at the same time; in one, the cases were of a very mild type; in the other, three out of five died.

Mr. FLETCHER said the chlorate of potass seemed particularly useful in those cases in which the throat and mouth were much affected.

Mr. BICKERTON had recently seen eight cases in one family, of which four had proved fatal. In three of these cases there was also distinct diphtheria.

*THE DEDUCTIVE METHOD.* In the deductive method there is more room for the exercise of what is called genius, and a truth is anticipated; while in the inductive it is arrived at by a slower and sterner process. One is more consonant with the imaginative, we might also say the prophetic power, while the other trusts to the laborious accumulation of facts which sometimes by their mere number and weight, see, or, as it were, crystallise into a theory. Yet both methods are available, and both may work in the one mind, and, as was seen in John Hunter, bear the noblest fruit. To go to other sciences, let me remind you of Davy's discovery of the metallic bases of the alkalis. This, on his part, was an instance of the deductive faculty. He had studied the relations of metallic oxides with acids, and found them similar to those of the alkalis. The thought that the alkalis must be only oxides of undiscovered metal flashed upon him, and by direct experiment was rewarded by making one of the most brilliant discoveries of modern science. Here induction preceded deduction, and then deduction was established by induction, and both methods were successful in the hands of the one philosopher. Take another instance in John Hunter's first operation for aneurism, and you will see an admirable example of the same thing. The late Mr. Piele, long the father of the profession in Ireland, and who died at the age of ninety-three, was present when, in the year 1785, Hunter first tied the femoral artery for popliteal aneurism. At the moment when he tied the ligature, turning to Mr. Piele, he said, "Now the absorbents are at work at it, like mites in a cheese." This anecdote I have from Professor Smith, to whom it was communicated by Mr. Piele. It is remarkable, too, that Hunter not only anticipated the absorption of the tumour, but also the processes of the collateral circulation. And further, that he did not wholly obstruct the entrance of blood into the sac, but merely sought to diminish its impetus and quantity. (*Dr. Stokes's Lecture.*)



## Correspondence.

### THE THERAPEUTICAL INQUIRY.

LETTER FROM GEORGE BODINGTON, L.R.C.P. Edin.

SIR,—In compliance with your request, I have, for one, given attention to the paper published by Professor Hughes Bennett in the JOURNAL. No doubt the profession is put into the right track by pursuing this inquiry, which may probably lead to results of great public utility, as well as go far to redeem the reputation of the medical profession in the estimation of the world. As to indulging in offensive personal remarks, surely there can be no motive to induce any one to take such a course on such an important subject; but, with the view of eliciting truth, the utmost freedom should be allowed in the expression of opinion, and the *pros* and *cons* be fairly and candidly stated.

Dr. Bennett offers some "general remarks on acute pneumonia." I do not know what meaning he attaches to the word "acute." Then, he says, as to the pathology, he considers acute pneumonia to be a "true inflammation." I do not understand the meaning of the word "inflammation," nor how it applies to the case in point. I perceive clearly the meaning of the "exudation of the liquor sanguinis" into the tissues and air-vesicles of the lung, because it is explanatory of a plain fact, and I could have understood it just as well if it had been said to be an hæmorrhage or discharge of blood into the solid substance of the lung. I know nothing of the pathology of this disease, except that there is a hæmorrhage within the thorax and in the lungs. It is not plain that the word "acute" or the word "inflammation" give us any real idea further on the subject.

Rather than an inflammation, a fire, it is obviously an inundation or fluid diffusion. Either the blood has some quality in it which gives it a facility of escaping from the vessels which circulate it, or the vessels themselves have become incapable of retaining within their coats the normal blood which circulates through them. When this state of things occurs within the brain, we have apoplexy or paralysis; when in the lungs, pneumonia; when from the rectum or uterus, we have simply exhaustion; whilst all the other symptoms which appertain to this condition in those higher and more exalted regions, are clearly the result of the pent-up state of the escaped fluid within the walls of the thorax or those of the brain.

Now, this view of the disease is perfectly consistent with Dr. Bennett's very judicious and successful treatment by moderate stimulants, nutritious diet, and the abandonment of all means which have a depressing tendency. And yet, it may be remarked (not offensively) that such a mode of treatment, in conjunction with Dr. Bennett's definition, is purely empirical; but that, in relation to the pathological theory I have suggested, such treatment would be highly scientific.

As to therapeutics, let me add that, on the theory as above, there are two obvious indications: first, to endeavour to diminish the volume or weight of the fluids; and, secondly, to give increased tone to the vessels which circulate them. Epsom salts dissolved in compound infusion of roses would meet these indications, aided by cold affusions over the chest, followed by dry frictions. There would be purgation from the salts, and tone given by the infusion; and then the moderately stimulating and nutritious dietetics recommended by Dr. Bennett I entirely agree with. After the above medicine had taken due effect, it might be substituted by a few drops of tincture of sesquichloride of iron in cold water once or twice a day.

Such is pneumonia, according to my views, founded

upon reminiscences of some years since, and upon analogy; but, having for many years past taken no part in general practice, I am unable to give in detail the particulars of recent cases. It is enough to know that this disease attacks the very *élite* of society; men whose minds are overtried with too much study, or work, or mental anxieties. These causes, with others, lead to pectoral depression and weakness, terminating in pneumonia, as exhibited in all its variety of symptoms. Just as a sound pathology touching this disease can be established, so will vanish all that contrariety of opinion and practice which has constituted a bane to the medical profession in the estimation of the public for a long time past. No man, therefore, having decided views on this subject, can excuse himself, or be excused, if he refrain from laying them fairly before the profession. I have not space to dilate on Dr. Bennett's remarks on the use of sedatives in certain diseases and conditions of the bodily health; but I may candidly say, very deferentially and respectfully, that I wholly dissent from them. But this point, together with the whole subject mooted, will probably be discussed in your pages by far abler and more experienced hands than appertain to

Yours, etc.,

GEORGE BODINGTON.

Driffold House, Sutton Coldfield, December 1862.

### REMARKS ON GARDNER'S CASE.

LETTER FROM T. HERBERT BARKER, M.D., F.R.S. Edin.

SIR,—Your excellent leading article, entitled "Medical Experts", is the first notice I have seen in our medical journals relating to the case of the convict Gardner. How can this silence be accounted for in regard to perhaps one of the most interesting cases, in a medico-forensic point of view, which has occurred for a long time? Probably but little is known of the subject at issue, and therefore but little could be written. It is certain that something must be done to relieve the Secretary of State from the very critical and responsible position in which he is placed. He is now the sole arbiter of the fate of many of our convicted criminals. Another court is being established, which supersedes the trial by jury. What is the cause of this? It too frequently happens, through the inefficient sifting of the scientific evidence originally submitted to the judicial tribunal. On the one hand, it is not right that a criminal should be hanged on insufficient evidence; nor, on the other hand, is it seemly that Her Majesty's Secretary of State should be subjected to pressure from without in order that execution should be stayed. This anomalous state of things must be altered. Whether the remedy you suggest—the examination, in all doubtful cases, of an expert—will meet the difficulty, remains to be seen.

In Gardner's case, the question of suicide or murder was raised, but there was room for little doubt that the poor woman had been murdered. Then came the questions, By whom and at what time was she murdered? If she had been murdered only two hours before she was found, it was clear that the prisoner did not murder her. If she had been murdered four hours or longer, the prisoner might have done it. The conviction of the prisoner Gardner depended upon the answer to this question, Could the deceased have been murdered so recently as two hours before she was found? The medical witnesses gave evidence that she must have been murdered at least three hours, and perhaps longer, before she was found. This positive expression of opinion surprised me. In such a case, and under precisely the same circumstances, I could not have given so decided an opinion. After the conviction and sentence of Gardner, so strongly was my mind haunted with the thought that it was quite within the range of possibility that the body of the deceased might have cooled down to the extent sworn to within a shorter period than three or four hours, that I memo-



rialised Sir George Grey. Surrounded as the case was by very grave doubts, the Secretary of State's decision was heartily welcomed by very many, and probably by many medical men who had looked into the evidence.

As far as I have been able to make references, I do not find that anything very definite has been recorded on the process of cooling of the dead body; yet it is a subject fraught with much interest, especially in a medico-legal sense. An accurate series of observations should be commenced and recorded; and a few suggestions for the guidance of observers may not be misplaced. In every case of death, where practicable, it is desirable that the length of time should be observed in which the body of the deceased cooled down to the temperature of surrounding objects. The *cause of death*, and the *mode of dying*, should be recorded. In cases of sudden death, especially if accompanied with loss of blood, every circumstance should be minutely recorded. It is probable that the cooling process is very considerably influenced by the cause of death, and the mode of dying. The *clothing* of the body should be noticed. It is likely that a naked body will cool much more rapidly than a clothed one; and that clothing of *conducting* or *non-conducting* materials will effect a considerable difference in the rapidity of the process. So, if the body is upon a bed and covered with bed-clothing, it is probable that it would cool much less rapidly than upon the floor, and but slightly clothed. Other circumstances, which will probably be found to influence the cooling process, are the *external temperature*, whether seasonal or accidental; the *temperature of the room* in which the body may be placed, dependent upon the presence or absence of a fire; the position of the body in reference to *currents of cold air* through the room; the condition of the air at the time as to the quantity of *watery vapour*; and, perhaps, its *electrical* condition. It must not be forgotten that, in examining the temperature of a body without a thermometer, the condition of the observer is an important point to be noticed. A body recently dead would be quite warm to a hand almost benumbed with cold; whereas the same body would be very cold to a hot hand. In experimental observations, it is necessary that a delicate and sensitive thermometer should be used; although, in the absence of a thermometer, every one, as opportunities present, should make what observations may be in his power.

Such an opportunity occurred a few nights ago to my friend Mr. G. P. Goldsmith of this town. He saw at midnight a man aged 68 years, two hours and a quarter after he had died. The body was in bed, covered with bed-clothes, in a room with a fire then burning, and which had been burning all day. The disease of which the old man died was acute icterus, with fever of a low character; and he had been ill a fortnight. At the time Mr. Goldsmith made his observation, the hands, arms, and thighs were quite cold. There was slight warmth over the abdomen, but rather more about the epigastrium, the region of the heart, and the surface of the body in contact with the bed. The feet and legs were enveloped in stout worsted stockings, and underneath these the surface was observed to be warmer than the other parts. There was a marked contrast, in fact, between the temperature of the thighs and of the legs—a well defined line of demarcation being noticeable at the edge of the stockings. This is an interesting observation, clearly showing that a non-conducting material will retain the warmth of the surface which it covers, and that a considerable amount of cooling had taken place in a short space of time, under circumstances which would certainly be regarded as likely to retard it. It is reasonable to infer that this extent of cooling would have been reached at a still earlier period, had the body been drained of blood; had it been lying upon the naked floor instead of a feather bed; uncovered, or but slightly covered, instead of having the ordinary amount of winter

bed-clothing; without a fire; and still more rapidly if exposed to a current of cold air.

Sufficient has probably been advanced to indicate that a very positive opinion cannot be given of the period of death, as based upon the temperature of the body, or any portion of the body. In these remarks, I have been solely guided by a conscientious objection to anything like a positive assertion on a matter which admits of so much doubt, and not by any captious spirit towards the medical gentlemen who gave evidence in Gardner's case. They had a difficult case to deal with, and were doubtless conscientiously guided by their best judgment in giving their opinion. The point at issue evidently requires settlement by extended experiment and observation. These will probably soon be forthcoming.

I am etc., T. HEBBERT BARKER, M.D.

Bedford, December 4th, 1862.

### CASE OF INVERSION OF THE UTERUS.

SIR,—It seems to me that the publication of an error of diagnosis may sometimes be as instructive as the record of a successful detection of an instance of rare disease. If so, will you allow me to relate briefly the following case?

Some time ago I attended a case of labour, in which nothing unusual occurred till after the expulsion of the placenta, which was immediately followed by profuse hæmorrhage, acute irregular uterine pains, and rapid sinking. The flooding soon ceased in a great measure; but as there was no returning heat or pulse, and the restlessness and anxiety increased; an examination revealed what I took to be a tumour, nearly as large as the closed hand, attached by a broad base to the fundus of the uterus. On this discovery, a neighbouring practitioner was immediately consulted, and he arrived at the same conclusion.

We were puzzled to understand how a fine child could be born at the full time with such a tumour in the uterus; how the uterus itself should feel so small through the abdominal walls, and how the exhaustion and sinking should be so rapid and alarming.

But we agreed that nothing could be done to the tumour then, and that all our efforts should be directed to rescuing the poor woman from the impending collapse. All was in vain; and she expired in five hours after delivery. A *post mortem* examination revealed the existence of a partial inversion of the uterus.

Whether or not the inversion was reducible; or, if reduced, would the shock have been recovered from, is not to the purpose. I fully admit that we should have detected the state of the case, which has haunted me ever since; so that, like the ancient mariner, I am compelled to tell the story.

I am, etc., M.D.

November, 1862.

GENERAL BUTLER *versus* YELLOW FEVER. The non-appearance of yellow fever at New Orleans, and its appearance in other Southern cities, would seem to prove the value of cleanliness in the prevention of this epidemic. In the management of the civil affairs of that city, General Butler has enforced cleanliness and quarantine with a rigour never known in any city on this continent. In contrast with New Orleans we may place Port Royal, S.C. Yellow fever has appeared recently at this point, and according to the reports, with the greatest virulence in the unpoliced districts. Certain portions of the town contain undrained reservoirs of sewerage, and here the disease first began its ravages. We may learn some useful facts in civic police from the arbitrary military rule which governs many Southern cities. (*American Medical Times.*)



# Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** The following gentlemen passed the first part of the Professional Examination for the Licence of the College, on December 5th, 1862:—

Barker, William Lewington, St. George's Hospital  
Brietzeke, Henry, H.M. Dockyard, Deptford  
Colborne, Anthony Charles, St. George's Hospital  
Currie, John Legge, St. Bartholomew's Hospital  
Fairbank, Frederick Royston, Manchester School of Medicine  
Moore, Milner Montgomery, Lock Hospital  
Simpson, John Henry, Charing Cross Hospital  
Smith, Thomas Haywood, Birmingham  
Spooner, William, University College  
Woodman, Samuel, St. Mary's Hospital

**APOTHECARIES' HALL.** On December 4th, the following Licentiates were admitted:—

Eddowes, Ralph, Shrewsbury  
Griffiths, Thomas, Dryslwyn-fawr, Carmarthenshire  
Lever, Edward, Padilham, Lancashire  
Machin, Edmund Spooner, Erdington, near Birmingham  
Pick, Thomas Pickering, Waterloo, near Liverpool  
Ring, John, Lawn House, Wincanton, Somerset  
Taylor, William Frederick, Liverpool

At the same Court, the following passed the first examination:—

Corbyn, Thomas Wilson, St. Bartholomew's Hospital  
Richards, Joseph Peeke, King's College Hospital  
Smith, Solomon Charles, Sydenham College, Birmingham  
Turner, John Sydney, Guy's Hospital

## APPOINTMENTS.

ALCOCK, Thomas, M.D., elected Curator of the Museum of the Manchester Natural History Society.  
ALISON, S. Scott, M.D., elected Physician to the Scottish Hospital, in the room of the late G. Darling, M.D.  
BROWN, John, M.D., reappointed Assessor to the Lord Rector of the University of Edinburgh.  
HARRIS, Hetman C., Esq., elected Surgeon-Accoucheur to the City of London Lying-in Hospital, in the room of H. James, Esq.  
WALSH, Robert P., L.K. & Q.C.P.I., elected Surgeon to the Fermanagh County Infirmary, in the room of W. C. Ovenden, M.D.

## ARMY.

DAVIDSON, Staff-Assistant-Surgeon D. M., M.D., to be Assistant-Surgeon 35th Foot, *vice* J. Clarke, M.D.  
FITZGERALD, Staff-Surgeon F. L., to be Surgeon 2nd Regiment, *vice* S. McV. Lloyd, M.D.  
GAULTER, Staff-Surgeon-Major T. C., M.D., retiring upon half-pay, to have the honorary rank of Deputy Inspector-Gen. of Hospitals.  
GROGAN, Staff-Surgeon J., M.D., to be Surgeon 4th Dragoon Guards, *vice* R. Cooper.  
LLOYD, Surgeon-Major S. McVittie, M.D., 2nd Foot, to be Staff-Surgeon-Major, *vice* J. Grogan, M.D.  
TELFER, Staff-Surgeon-Major J. T., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.

To be Staff-Assistant-Surgeon:—

RUTHERFORD, G., M.D.

## ROYAL NAVY.

BUCKLEY, John, Esq., Acting Assistant-Surgeon, to the *Meander*.  
EVANS, Edward H., Esq., Surgeon, to the *Shearwater*.  
FERGUSON, Robert, Esq., Assistant-Surgeon, to the *Victory*.  
HARTE, Mirk A., Assistant-Surgeon (confirmed), to the *Satellite*.  
HOCKEN, Henry, Esq., Surgeon, to the *Pylades*.  
HORROCKS, John, Esq., Acting Assistant-Surgeon, to the *Pylades*.  
LAMBERT, John, Esq., Acting Assistant-Surgeon, to the *Megara*.  
LLEWELLYN, Owen J., Esq., Surgeon, to the *Pylades*.  
PRATT, Alfred S., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.  
TAYLOR, Thomas H., Esq., Assistant-Surgeon, to the *St. Vincent*.  
YULE, Alexander, M.D., Acting Assistant-Surg., to the *Shearwater*.

## DEATHS.

\*APPLETON, Henry, Esq., St. Mary Church, Torquay, on Nov. 27.  
BACOT. On December 5th, at Croydon, aged 2½ years, Donald Mc Donald, the third son; and on December 8th, aged 6 years, John Alexander, eldest son, of J. T. W. Bacot, Esq., Surgeon 89th Foot.  
DIXON. On December 4th, at Hampton Wick, the widow of the late Edward Dixon, Esq., Surgeon.  
GALEN, John, M.D., of Aberdeen, at 33, Claremont Square, on December 5.  
GREENWOOD, William, Esq., Surgeon, at Huddersfield, aged 60, on December 5.

HARRISON, John G., M.D., late of Manchester, at Cheltenham, aged 56, on December 1.

MEREDITH, Edward T., Esq., Surgeon, at Bath, aged 59, on Dec. 2.

\*WEDDELL, Thomas, Esq., at Scarborough, lately.

**ROYAL INSTITUTION OF GREAT BRITAIN.** Sir Roderick I. Murchison has been elected a manager in the room of Sir B. C. Brodie, Bart., deceased.

**BRITISH ARMY HOSPITALS.** Dr. Gammie, the newly appointed Deputy Inspector-General of Her Majesty's British Hospitals, has arrived in Bombay, and taken charge of his appointment from Dr. Hadaway.

**LINIMENTUM BELLADONNÆ.** The following is the formula for this now celebrated preparation:—Belladonna-root in powder, 16 ounces; alcohol, sufficient to make 16 ounces of concentrated tincture; to each pint of which one ounce of camphor is to be added. (*Chemical News*.)

**BEQUESTS.** By will, James Walker, Esq., C.E., President of the Institute of Civil Engineers, directs to be divided into ten parts, and shared in certain specified proportions, chiefly legacies, to the London and Westminster Hospitals, £500 each; and £50 to the Westminster Dispensary.

**MORTALITY IN BRADFORD.** The mortality returns for the borough of Bradford, in the week ending Wednesday, show the total number of deaths to be 114, against 44 in the corresponding week in last year, giving the enormous increase of 70. The deaths of children under five years are 51.

**CONSUMPTION OF SPIRITS.** The Excise returns for the first three quarters of the year have been issued. The quantity of spirits retained for consumption in the United Kingdom as beverage only, has been 13,532,217 gallons in the first nine months of the present year. In the same period of 1861, it was 13,950,988 gallons; and of 1860, 16,160,240 gallons.

**VACANCIES.** The following appointments are vacant:—Physician to the Surrey Dispensary; accoucheur to the St. Marylebone General Dispensary; house surgeon and apothecary for the Northern Infirmary, Inverness; medical officer to the Cork Dispensary district of the Cork Union; medical officer to the East Croydon district of the Croydon Union; and medical officer to the Union House and Droitwich district of the Droitwich Union.

**DEATH AND TRADE.** The American Government advertises for two thousand head-boards for graves. They are to be of black walnut, clear of knots, four feet long, and ten inches wide. D. W. Kolke, of Philadelphia, advertises to furnish artificial limbs at fifty dollars for each limb amputated above the knee-joint, or thirty-five dollars if amputated below the knee-joint. (*Mechanics' Magazine*.)

**AN ARMY'S SICK LIST.** According to the reports of the Adjutant-General, the number of soldiers on the sick list at this moment amounts to one-sixth of the entire army in the service of the United States, viz., 106,000 men. The *American Medical Times* says:—"There are now in the 150 General Hospitals of the United States, 60,515 sick and wounded soldiers. Of these 12,665 are in the Western Departments, 17,214 in Washington and vicinity, and the remainder in the various General Hospitals throughout the Atlantic and Gulf States. To attend those properly, it is necessary to keep employed a force of 400 stewards, 300 wardmasters, 6,051 male and female nurses, 3,025 laundresses, and 2,017 cooks, making a total of 72,308 non-combatants; although medical officers are not included. If to these were added the sick in the Departments of the Pacific and New Mexico, those at home and in regimental, brigade, division, army corps, and private hospitals, there is no doubt that the number would be swelled to 100,000."



**DEATH FROM DRINKING WHISKY.** Last week, a man named Thomas Burke, aged 35 years, expired in the London Hospital, from the effects of drinking a large quantity of whisky above proof. The deceased had been employed in the London Docks, and by some means succeeded in sucking a quantity of the spirit from a cask, unobserved, with a small tube, and, when he got into the street, he fell down in a state of insensibility. He was picked up, and the stomach-pump applied, and antidotes administered, but without effect.

**THE HEART AND MSS. OF VOLTAIRE.** A correspondent of *La France Centrale* announces that the collateral heirs of the Marquis de Villette have just sent to M. Léon Duval the heart of Voltaire. M. Léon Duval has offered it to the French Academy, which has requested M. Emile Augier and M. Prosper Mérimée to draw up a report upon the subject. The heirs of M. de Villette have also sent to M. Léon Duval an enormous trunk, filled with unpublished papers of Voltaire, which, according to the testamentary dispositions of the author, are not to be published until a hundred years after his death. Voltaire having died in 1778, sixteen years must elapse before these papers can see the day.

**LETTER FROM GARIBALDI TO M. NÉLATON.** The following letter from General Garibaldi has been received by M. Nélaton: "Pisa Dec. 5. My very dear Friend—I owe you a word of love and gratitude. Your appearance at Spezzia brought happiness to me, and, if any doubt of my recovery could ever have crossed my mind, in spite of the fraternal and learned care of the surgeons who attended me, at your interview, so eminently sympathetic, and at your words, so sublimely encouraging, it would have disappeared. I am much better since the extraction of the ball so ably effected by our compatriot Professor Zanetti, and with the instruments which you had the kindness to send me. To-morrow a fixed bandage will be applied, and I hope to be able very soon to move about upon crutches. God bless you, as well as those virtuous men whose humane principles have honoured the eminent man of science and the benefactor. Your devoted, G. Garibaldi."

**THE PREPARATION OF ARTIFICIAL MINERAL WATERS.** The preparation of artificial mineral waters is the subject of a report by MM. Chatin, Poggiale, and Lefort, who constituted a commission appointed by the Société de Pharmacie of Paris. It is at once admitted by the authors, that, in the present state of our knowledge, the exact imitation of a natural water is not possible; but it is also granted, that it is possible to compound artificial mineral waters, which shall be sufficiently close imitations of the natural waters to supply the place of these latter, within certain limits, both for drinking and bathing purposes. The society proposes, therefore, to retain the artificial waters in the Codex, revised formula for their production being given, calculated from the latest and most approved analyses of the natural sources. (*Chemical News.*)

**DEVoured BY RATS.** An inquest was held on Monday last, before Mr. Denman, coroner for North Notts, on the body of George Whitworth. The deceased was a Methodist of the most fanatical sect, and on October 2nd left his home at Bothamsall. From that day he was missing, and, although the strictest search was made for him throughout the neighbourhood, he was nowhere to be found. At length, on Saturday last, after a lapse of sixty days, Mr. James Makins, a gamekeeper in the employ of the Duke of Newcastle, discovered the remains of the body by the side of a brook skirting the Duke's estate. The body was completely hidden by brambles, and the discovery would not have been made had not the keeper observed a water rat running from the spot into the brook. The flesh was completely eaten from the body, leaving a mere skeleton. The body was identified by a mark on the hand and by a hat which was

found near. Evidence was adduced showing that the deceased was in a morbid state of mind when he left home. There being nothing to show how the deceased met his death, a verdict of "Found dead" was returned.

**THE LAST SPECIFIC CURE FOR AN INCURABLE DISEASE.** We have already had occasion to mention the remarkable effects of the *sarracenia purpurea* in small-pox, as ascertained by Dr. Morris of Halifax during an epidemic in Nova Scotia, when "patients were dying in the hospitals at the rate of 12½ per cent. from May to August." We have now been favoured with the following particulars respecting this valuable plant. The *sarracenia purpurea*, or Indian cup, a native plant of Nova Scotia, found in swamps and moss-bogs, has the wonderful reputation amongst the Mec-Mac Indians of curing small-pox—of being as great a specific in this dire disease as quinine for ague. It is supposed to act by neutralising the virus in the blood, rendering it inert and harmless; and that this is its action may be gathered from the fact that, if either vaccine or variolous matter be washed with the infusion of the *sarracenia*, it is deprived of its contagious property. Moreover, the eruption, even if confluent, on its disappearance leaves no trace behind. The root is the part of the plant employed. The dose, when reduced to powder, is about a dessert-spoonful, simmered in a pint of water down to half a pint; this is usually divided into two doses, to be taken during the day. Sugar should not be used with it. (*Galignani.*)

**ESCAPE AND SUICIDE OF A LUNATIC.** On Tuesday week, a young lady named Hodgson, who had been three months in the asylum at Mount Head, near Otley, belonging to Dr. Smith, of Leeds, made her escape between five and six o'clock in the evening; the woman who keeps the lodge, hearing the gate close, supposing it was her daughter, who was expected home, not going out to see what was the matter. A short time afterwards a mason, named Moon, and his companions, on their way from Ilkley to Burley, came up, and found a crinoline and a head net on the bank of the river. A struggle was heard in the water, and upon looking closely they saw something floating on the surface, but the river there being very deep, and none of the party able to swim, they did not venture in. They, however, threw out a leathern strap, which appeared to touch the hand of what now turned out to be a woman, but she was either unable or unwilling to take hold of it. The poor creature then gave a loud scream, and, having turned on her back and uttered two or three shrieks, she sank. The body was not recovered till Wednesday afternoon.

**THE LATE MR. NORMAN OF BATH.** A window to the memory of the late Mr. George Norman has been placed in the Abbey Church of Bath. The Norman Memorial Window is of the fifteenth century—or third pointed character common to the Abbey building. The new glass is treated in strict conformity with the system of design and execution found in ancient works of the period named. The principal subject of the window is our Lord healing the sick. The centre light is occupied by a figure of Christ restoring sight to a blind man, the side lights by figures of the lame, halt, lepers, and others weary and heavy laden in suffering, their countenances expressive of anxious importunity, hastening for relief to the Lord of Mercy. The subjects in the upper tracery illustrate the texts, "Sick and ye visited me," "Hungry and ye fed me," "Thirsty and ye gave me drink," "Naked and ye clothed me." An appropriate reference to one whose benevolent and untiring exertions amongst the sick and poor cause his memory to be affectionately cherished by all classes in the city. At the apex is the *Agnus Dei*, with angels bearing censers on each side, and at the base is the following inscription:—"In memory of Geo. Norman, F.R.C.S., born Sept. 2, 1782; died Jan. 17, 1861." The character of the drawing and colouring is very refined and delicate; but it is impossible not to



admire the elegance of the diaper tracery, relieving by its light and subdued pencilling the masterly groups which admirably express the happily selected subjects. The cost of the window is £240, all but £30 of which has been promptly subscribed by Mr. Norman's personal friends; doubtless the remaining sum will be as readily and cheerfully obtained when the public are appealed to. The manufacturers have been Messrs. Clayton and Bell of London.

**INCOMPETENCY OF AMERICAN ARMY SURGEONS.** Several surgeons of Boston have addressed a letter to Surgeon-General Hammond, U. S. Army, representing that the sick and wounded require more careful attention and protection against neglect, and the performance of needless operations. They believe that a considerable proportion of the surgeons in the army are "incompetent as operators, and also incompetent to judge when operations are required, and at what time and under what conditions of the system they can be safely performed." They add: "We have reason to believe that the profession has been disgraced by many of its members, who, having no just conception of the sacred duties of their calling, have entered upon it from wholly selfish and mercenary motives." They suggested a remedy that the Surgeon-General "appoint a sufficient number of surgeons, who shall be men of acknowledged ability and experience in surgical injuries and operative surgery to each corps d'armée, division, brigade, and dépôt for the wounded, whose duty shall be a general supervision of the wounded, in examining personally, so far as can be done, all the wounded, whether on the field, during or after a battle, in a general or other hospital, or at any dépôt for the wounded, and to decide as to the primary surgical treatment in the cases presented; and, if any operation is deemed necessary, to direct a suitable person to perform it, and at the proper time; and, furthermore, that no important operation, such as amputation of the large limbs, ligature of any of the principal arteries, or excision of bone, should be performed, except under great sudden emergency, till one or more members of this supervisory board shall have given his or their approval." In his reply the Surgeon-General acknowledges the incompetence of many medical officers, and states that he has made every effort to secure qualified surgeons to superintend the operations on the battle-field, but without success. He adds: "I am free to confess that first class surgeons have not come forward for field service with the alacrity that is to be desired." (*American Medical Times.*)

**MANUFACTURE OF SALTPETRE.** Saltpetre is obtained in the Mammoth Cave, Kentucky, and considerable quantities were obtained from this source during the war of 1812. It is derived chiefly from the excrements of bats, etc. Most all the saltpetre which is employed for the manufacture of our gunpowder comes from India. It is not known whether any saltpetre is now obtained from natural sources in the Southern States. If the Secessionists were deprived of this substance entirely, they could not carry on a war. The nitrate of soda is very abundant in many parts of the world, and were it not so deliquescent, it would answer just as well for making gunpowder as nitrate of potash. The formation of natural saltpetre is a very slow process, requiring about two years to complete. During the French Revolution 2000 tons were made in one year in Paris; and were foreign supplies cut off, twice this quantity could be made in the same space of time in the city of New York with its present number of inhabitants. In Sweden, each peasant who owns a house is bound by law to make a certain quantity of saltpetre every year for the use of the State. In Spain, Egypt, Persia, and especially India, vast quantities of this salt are made annually; and it is not only a source of great profit but of warlike power to Great Britain. (*Scientific American.*)

**THE LINES OF THE SOLAR SPECTRUM DUE TO THE TERRESTRIAL ATMOSPHERE.** Mr. J. H. Gladstone says that the missing rays of the solar spectrum, usually known as Fraunhofer's lines, have lately become of great chemical interest, as they enable us to draw conclusions respecting the composition of the sun's atmosphere; but there are other lines and bands which have also a chemical interest, inasmuch that they are due to the air that surrounds our globe. These lines increase in intensity as the sun sinks towards the horizon, and some of them only make their appearance when his rays pass through a long stratum of our atmosphere; they are not always the same; they seem to be much more apparent in some localities than in others; and it is certain that they differ under different atmospheric conditions. They do not appear to arise from any of the principal constituents of the air, but are probably due to two or three gases or vapours present in minute and variable quantities. What these gases are, experiment has yet failed to determine. Mr. Gladstone writes to incite observers to watch these lines and bands in different places, at different altitudes, at different periods of the day, and under different conditions of clear sky, mist, cloud, heat, frost, etc. There is no difficulty about seeing them; any ordinary spectroscope will show them near sunset. (*Chemical News.*)

**THE CONFORMATION OF THE ALPS.** The September number of the *Philosophical Magazine* contains a highly interesting paper by Professor Tyndall, F.R.S., on the agencies which must have been at work to excavate the valleys of the Alps in their present form. Can the formation of that stupendous chain be entirely ascribed to upheaval in certain spots and sinking in certain others? Or have the present valleys been exclusively the work of powerful torrents? Professor Tyndall thinks not. In the uplifting of the land, cracks and fissures would probably be produced, and the valleys might be regarded as the traces of those cracks and fissures; but their directions are not such as to warrant that opinion. Our author, consequently, has arrived at the conclusion that those valleys have been excavated by descending glaciers. It is well known that those stupendous masses of ice are gradually detached from the subjacent soil by the warmth of the earth, and, being thus set at liberty, acquire a sliding motion downwards, ploughing their way through every obstacle, and scarring the rocks with longitudinal marks, which the lapse of ages is insufficient to efface, while the blocks lying on their passage are polished by their continued friction. "Shall we assume," says Professor Tyndall, "that the glaciers filled valleys previously formed by water-denudation, or shall we conclude that they have been the excavators which have furrowed the uplifted land with the valleys which now intersect it? I do not hesitate to accept the latter view, and this view will carry us still further. According to it the glacier is essentially self-destructive. The more deeply it ploughs the surface of the earth the more must it retreat. Let the present Alpine valleys be filled to the level of the adjacent ridges, and vast glaciers would again start into existence; but every one of these valleys is a kind of furnace which sends draughts of hot air up to the heights, and thus effectually prevents the formation of ice. While standing on the summit of the Grauhaupt a short time ago I was perfectly astonished at the force with which these gusts of heated air rose vertically from the Val du Lys. Marked by the precipitated vapours which chanced to be afloat at the time, the vertical gusts were often as violent as the draught from a factory chimney. Thus, given the uplifted land, and we have a glacial epoch; let the ice work down the earth, every foot it sinks necessitates its own diminution; the glaciers sink as the valleys deepen, and finally we have a state of things in which the ice has dwindled to limits which barely serve as a key to the stupendous operations of a bygone geological age."



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—  
St. Mark's for Fistula and other Diseases of the  
Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical  
Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University  
College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic,  
1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—  
London Surgical Home, 2 P.M.—Royal Orthopædic,  
2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—  
King's College, 1.30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE  
NEXT WEEK.

MONDAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland  
Radcliffe, "On Certain Diseases of the Brain and Nervous  
System."—Medical Society of London, 8.30 P.M.—Dr. Gibb,  
"Illustrations of the Practical Application of the Laryngo-  
scope."

THURSDAY. Royal College of Physicians, 4 P.M. Dr. Charles Bland  
Radcliffe, "On Certain Diseases of the Brain and Nervous  
System."

FRIDAY. Western Medical and Surgical Society of London, 8 P.M.  
Dr. Edward Harvey, "Continued Fever as it has appeared at  
St. George's Hospital during the last Six Months."

POPULATION STATISTICS AND METEOROLOGY  
OF LONDON—DECEMBER 6, 1862.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 914 } { Girls.. 915 }	1829 1619
Average of corresponding weeks 1852-61 .....	1840	1393

## Barometer:

Highest (Fri.) 29.864; lowest (Tu.) 29.448; mean, 29.647.

## Thermometer:

Highest in sun—extremes (Tu.) 70.9 degs.; (Sun.) 63 degs.

In shade—highest (Sat.) 56 degrees; lowest (Sun.) 33.7 degs.

Mean—44.8 degrees; difference from mean of 43 yrs.+3.3 degs.

Range—during week, 22.3 degrees; mean daily, 8.8 degrees.

Mean humidity of air (saturation=100), 95.

Mean direction of wind, S.E. &amp; S.W.—Rain in inches, 0.24.

## TO CORRESPONDENTS.

\*\*\* All letters and communications for the JOURNAL, to be addressed  
to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communica-  
tions, should authenticate them with their names—of course not  
necessarily for publication.

HISTOLOGY IN LONDON.—We are most glad to be able to say that we  
last week did the London School of Histology an injustice, by  
praising the Parisian School, at its expense. A correspondent,  
who rebukes us, writes:—

"If you wish to learn how histology is really worked in Lon-  
don, send your reporter to King's College, and you will there see  
every week a class of about one hundred students engaged in the  
examination of ten or eleven microscopical specimens, illustrative  
of the subject of the lecture. Dr. Lionel Beale deserves great  
credit for the mode of teaching which he now pursues. I believe  
that no one in London has hitherto succeeded in thus illustrating  
his lectures. Until I had been a witness of the fact, I could not  
have thought it possible to have demonstrated so successfully  
matters so recondite to so large a class."

DR. RADCLIFFE'S LECTURES.—We are obliged by pressure on our  
space to defer the further notice of these lectures until next week.

COMMUNICATIONS have been received from:—Mr. GEORGE  
RIGDEN; Dr. E. L. FOX; Mr. T. L. PRIDHAM; THE HONORARY  
SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY  
OF LONDON; Dr. A. T. H. WATERS; Dr. SIEVEKING; Mr. WILLIAM  
COPNEY; Mr. T. M. STONE; THE REGISTRAR OF THE MEDICAL  
SOCIETY OF LONDON; Dr. C. KIDD; Dr. HARLEY; Mr. J. VOSE  
SOLOMON; Mr. DUNN; Dr. BODINGTON; Dr. W. S. FALLS; Mr. W.  
SHORLAND; Dr. T. H. BARKER; Mr. T. ANDREWS; C. DE CINQ  
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Glands, by Dr. Eckhard. Remarks on the recent observations of  
Kühne and Kölliker on the Termination of Motor Nerves, by Dr.  
Beale. On Ophthalmia, the recent epidemic at the central London  
schools, by Dr. Marston. Diabetes insipidus, by Dr. Strange.  
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NAME.	Sex.	Age.	Constitution.	TREATMENT.	RESULT	Reference to Private Case Book.

20, 1862.

*Signed*

*Address*



# J A U N D I C E.

U A N D I C E.

Remedies recommended in this Inquiry:—Mercurials, Benzoic Acid, and Podophyllin.

[illegible]

Directions for filling up this Schedule will be found in the Number of the "British Medical Journal" for December 20, 1862.

Signed \_\_\_\_\_

Address \_\_\_\_\_



J A U N D I C E.

Remedies recommended in this Inquiry:—Mercurials, Benzoic Acid, and Podophyllin.

*Address* \_\_\_\_\_



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<sup>Me</sup> Benzoic Acid, and Podophyllin.— principal salt in the industry

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the "British Medical Journal," for December 20, 1862.



# Therapeutical Inquiries.

## V.—JAUNDICE.

porter, GEORGE HARLEY, M.D., Professor in  
University College, London.

PROFESSOR BENNETT and Dr. Handfield Jones have fully explained the object of the Committee on the Action of Medicines, and so ably pointed out the manner in which the labours of our two thousand associates may be rendered of incalculable service to the advancement of rational medicine, that little remains for me to do beyond the mere calling attention to the annexed schedule.

It will be remembered that this inquiry is "on the action of mercurials, benzoic acid, and podophyllin, in jaundice". Now, as jaundice cannot be regarded as a disease *per se*, but must be looked upon simply as the most prominent symptom of various morbid conditions, in filling up the schedule it will be necessary to state, as nearly as possible, the cause of the jaundice. Thus, for example, special care should be taken to note—

1. If it originate in some diseased condition of the liver itself, such as inflammation, cancer, or cirrhosis.
2. If the jaundice arise from some obstruction to the flow of bile into the intestines, as occurs when the common gall-duct is obstructed in its course by a gall-stone, or at its outlet by a tumour of the pancreas.
3. If the jaundice be the secondary result of some disease in another organ of the body, as, for example, when it supervenes on pneumonia or heart-disease.
4. If it be the concomitant of blood-poisoning, such as is occasionally observed in typhus and other fevers; or as the direct effect of the introduction of certain poisons into the system.
5. If the jaundice have been induced through the direct influence of the nervous system upon the biliary function, as from fright, etc.

It would be well to examine the urine in every case, not only as to the quantity of bile-pigment it contains, which in the majority of cases can be tolerably well estimated by the naked eye; but also as to the presence or absence of the biliary acids, in order to ascertain whether the jaundice is the result of a suppression of the biliary function, or of an obstruction to the flow of bile into the intestines.\* In all cases where there is any suspicion of atrophy of the liver taking place, whether acutely or chronically, it would be highly interesting to observe if the urine contain leucine and tyrosine, the crystals of which are readily detected in the concentrated urine by means of the microscope, leucine appearing as

\* The simplest way to test for bile-acids is to put about a couple of drachms of urine into a test-tube, drop in a fragment of white sugar of the size of a pea, and then add slowly, by pouring down the side of the tube, a drachm of strong sulphuric acid. If bile-acids be present, a fine violet or purple colour will be produced at the point of contact of the urine and acid; if absent, only a browning of the sugar will be observed. The former result indicates that the jaundice is one of obstruction; the latter, if the jaundice be recent, that it is one of suppression.

round, yellow balls, tyrosine as needles and stars. The stools should in all cases be observed, not only to ascertain their colour, but also with the view of finding gall-stones or fatty matter in them. If, in addition to the above, the physical condition of the liver be noted both before and during the treatment, important information can scarcely fail to be elicited.

I have only one word further to add, and that is regarding the remedies. As far as the action of mercurials is concerned, nothing need be said; but a few remarks may be necessary on the action of the other two drugs. Benzoic acid has lately been largely administered in cases of jaundice, under the belief that it restores the secretion of bile, and at the same time removes the yellowness of the skin by hastening the elimination of the pigment by the kidneys. The dose is from two to six grains three times a day, in the form of pill.

Podophyllin or May-apple, the American remedy, is said to possess both the alterative and the purgative effects of mercury. As an alterative, it is given in doses varying from one-eighth to one-fourth of a grain three times a day; and as a purgative, from one-fourth to one grain as a single dose. Its purgative action is rather slow in manifesting itself, and therefore it is best given over-night; and, should it fail to produce its effects within a couple of hours after rising, the dose ought to be repeated, and its action courted by means of warm drinks. There is one disadvantage connected with this drug; namely, that in nervous females it occasionally gives rise to disagreeable griping.

## Original Communications.

### MEDICAL PSYCHOLOGY.

By ROBERT DUNN, F.R.C.S.E.

#### III. On the Psychological Phenomena or Symptoms of Disease.

[Concluded from page 573 of last volume.]

*The Phenomena of Memory in Disease.* Memory, as the associate of ideation and volition, is an attribute both of the perceptive and of the intellectual consciousness; for, as I have already observed, wherever the hemispherical ganglia exist, and in however rudimentary a state of development, there we invariably have unmistakable evidence of the manifestations of memory. Thus, it is the common inheritance of the lower animals; of the whole of the vertebrate subkingdom, as well as of man; and however inscrutable its phenomena, they are evidently dependent upon organic instrumentality for their manifestation. But in the consideration of this subject, we must never forget the distinction that exists between simple memory, as displayed by the lower animals as well as by man, and which is an attribute of the perceptive consciousness, and the faculty of recollection which man alone possesses—that power of the intellect of reviving, recalling, and combining, by an act of volition or the will, previous mental conceptions, trains of thought and states of consciousness; for this is an attribute of the intellectual consciousness, and like speech, the sole prerogative of man. "There is no reason to believe that any animal, however high in the scale of intelligence, exercises or possesses the recollective faculty of the will." (Sir H. Holland.)

How we can, by an act of volition, revive past states



of consciousness and trains of thought, or how it can happen, as in cases of injury to the brain, and in fevers, that the knowledge, for instance, of a language, apparently obliterated and long forgotten, should be suddenly recalled, can only admit of a satisfactory explication on the assumption, that our mental possessions, when duly registered, are, like matter and the physical forces, indestructible. Dr. McCosh has well observed:—"What is true of material particles is no less true of the physical forces. Man cannot create a physical force, and as little can he destroy it. If it be in a statical state, he may bring it forth into a dynamical one; if it be in activity, he may contrive to counteract it; but he cannot create it, on the one hand, nor put it out of existence, on the other. The force which came from the sun to the planets in the form of heat, in the geological age of the coal formation, is not lost; it was received by the vegetable organisms; it was laid up in the strata of the earth; and it is ready to burst forth, on the needful conditions being supplied in fire and flame, and to be a source of mechanical force in steam." He then asks: "If no material particle is ever lost, and no physical force lost, is it consistent with the analogy of nature to suppose that mental force is lost?"\* (Dr. McCosh on the *Intuitions of the Mind*.)

The assimilative power of the blood is not less mysterious and inscrutable to us, than the permanent and indestructible character of our psychical possessions. How, for instance, the vaccine virus, introduced into the

\* On the permanent impression of our words and actions on the globe we inhabit, Mr. Babbage observes:—"The pulsations of the air once set in motion by the human voice cease not to exist with the sounds to which they gave rise. The waves of air thus raised, perambulate the earth and the ocean's surface, and in less than twenty-four hours every atom of its atmosphere takes up the altered movement due to that infinitesimal portion of the primitive motion, which has been conveyed to it through countless channels, and which must continue to influence its path throughout its future existence. Thus considered, what a strange chaos is the wide atmosphere we breathe! Every atom, impressed with good and with ill, retains at once the motions which philosophers and sages have imparted to it, mixed and combined in ten thousand ways with all that is worthless and base. The air itself is one vast library, on whose pages are for ever written all that man has ever said, or woman whispered. There, in their mutable but unerring characters, mixed with earliest as well as with the latest sighs of mortality, stand for ever recorded, vows unredeemed, promises unfulfilled, perpetuating, in the united movements of each particle, the testimony of man's changeful will.

"No motion impressed by natural causes, or by human agency, is ever obliterated; the furrow which is left, indeed, on the surface of the disturbed ocean, by every canoe and vessel, is instantly filled up by the closing waters; but they draw often those other and larger portions of the surrounding element, and these again, once moved, communicate motion to others in endless succession. The solid substance of the globe itself, whether we regard the minutest movement of the soft clay which receives its impression from the foot of animals, or the concussion arising from the fall of mountains rent by earthquakes, equally communicates and retains, through all its countless atoms, their apportioned shares of the motions so impressed. Whilst the atmosphere we breathe is the ever living witness of the sentiments we have uttered, the waters and the more solid materials of the globe bear equally enduring testimony of the acts we have committed. If the Almighty stamped on the brow of the earliest murderer the indelible and visible mark of his guilt, he has also established laws by which every succeeding criminal is not less irrevocably chained to the testimony of his crime; for every atom of his mortal frame, through whatever changes its severed particles may migrate, will still retain some movement derived from that very muscular effort by which the crime itself was perpetrated. The soul of the negro, whose fettered body, surviving the living charnel-house of his infected prison, was thrown into the sea to lighten the ship, that his christian master might escape the limited justice at length assigned by civilised man to crimes, whose profit had long gilded their atrocity—will need, at the last great day of human account, no living witness of his earthly agony. When man and all his race shall have disappeared from the face of our planet, ask every particle of air still floating over the unpeopled earth, and it will record the cruel mandate of the tyrant. Interrogate every wave which breaks unimpeded on ten thousand desolate shores, and it will give evidence of the last gurgle of the waters which closed over the head of the dying victim; confront the murderer with every corporeal atom of his immolated slave, and in its still quivering movements he will read the prophet's denunciation of the prophet-king—'And Nathan said unto David: Thou art the man.'" (*The Ninth Bridgewater Treatise*, by Chas. Babbage, Esq., pages 108 to 117.)

blood in infancy, should produce such an abiding and organic change in its constitution and character, as to exercise a protective influence against small pox in after life, and while the blood is undergoing and has undergone countless changes and modifications. "The stamp once impressed by an inoculable disease is retained; the blood, by its non-formative power, exactly assimilating to itself, its altered self, the materials derived from the food. The tissues once affected, may, and often do in such cases, recover; they have gained their right or perfect composition; but the blood, by assimilation, still retains its taint, though it may have in it not one of the particles on which the taint first passed; and, hence, after many years of seeming health, the disease may break out again, from the blood, and affect a part which was never before diseased. In all such cases, we have proofs of the surpassing precision of the formative process—a precision so exact that, as we may say, a mark once made upon a particle of blood or tissue is not for years effaced from its successors." (Paget's *Surgical Pathology*.)

"But it has been asked," says Mr. Paget, "how can the brain be the organ of memory, when you suppose its substance to be ever changing? Or, how is it that your assumed nutritive change of all the particles of the brain is not destructive of all memory and knowledge of sensuous things, as the sudden destruction by some great agency is?" And his answer is: "Because of the exactness of assimilation accomplished in the formative process; the effect once produced by an impression upon the brain, whether in perception or in intellectual act, is fixed and there retained; because the part, be it what it may, which has been thereby changed, is exactly represented in the part which, in the course of nutrition, succeeds to it. Thus, in the recollection of sensuous things, the mind refers to a brain in which are retained the effects, or rather the likenesses of changes that past impressions and intellectual acts had made. As, in some way, passing far our knowledge, the mind perceived and took cognisance of the change made by the first impression of an object acting through the sense organs on the brain, so afterwards it perceives and recognises the likeness of that change in the parts inserted in the process of nutrition."

An able critic has sagaciously asked: "Who shall tell, that it may not yet be shown that the memory is a material garner, in which are stored, as an actual presence, the images it recalls? It is not the eye that sees, or the microscope, or any other optical instrument. These merely transmit the representation which is to be received elsewhere. The eye may be perfect in its structure; but some pressure behind, on the optic nerve, or on the sensorium, prevents the conveyance or the perception of the image, and there is no vision; for it is clear that, to produce this, the picture must be carried in its integrity to the point at which it becomes cognisable. The skill of the photographer has rendered us familiar with pictures, in which considerable groups of figures, with their adjuncts, are so inconceivably minute, that they are only visible, yet then distinctly visible, when under a powerful microscope. Who then shall say that sees these triumphs of art, and knows the greater wonders of nature, that memory does not work through the impression of an actual photograph inscribed and retained within the brain; as if it were but a part of the very limit of our faculties, that we discover nothing in art which has not previously existed in nature? We possess no analogies for similar impressions from other sources; but there is nothing contradictory in the idea that sound, more turbulent in its movements than light, may also, in its own way, impress its phonograph or phonotype on the brain, and so of the other senses. To recal a scene then, or a set of features, or a landscape, or a strain of music, may be merely to direct the faculty which first perceived, on that point where the impression



as first perceptible, and where it has since remained; and if age bring back the recollections of youth better than those of yesterday, it is but because the undeteriorated apparatus sufficed better, at the one period than at the other, to transmit and to preserve the necessary impressions, which the mind is otherwise still sound enough to appreciate." He concludes: "When we stand in wonder before that ineffable power which has joined matter to intelligence, and which has made it conscious not only of self-existence, but of other existences, so as to enable it to act upon these through observation and reason, we shall be ready to own with Tillotson, that a perfect knowledge of nature is nowhere to be found, but in the Author of it; and that no less wisdom and understanding than that which made the world, and contrived the vast and regular frame of existence, can thoroughly understand the philosophy of it, and comprehend so vast a design." (*British and Foreign Medico-Chir. Review*, vol. XIX, p. 103.)

The young woman's case to which I have so often alluded has an important bearing in reference to memory and the imperishable nature of our mental acquisitions. The first fit which she had after she had been dragged out of the river left her deprived of the power of speech and hearing, and of the senses of taste and smell; with her mental faculties quite benumbed or paralysed, her only medium of communication with the external world being through sight and feeling. All her former knowledge and past experience appeared to be obliterated, or, at least, for the time to be buried in oblivion; with one exception—a feeling of fright or dread in connexion with water. But after a time, as I have detailed in the narrative, she began again *de novo*, like a child, to acquire knowledge and to register experience. She made some progress while in this abnormal state; but after the second fit, which occurred more than twelve months afterwards, and which to her proved critical and sanitary, it was found that, when the insensibility had passed off, she was no longer spell-bound; the veil of oblivion was withdrawn; and, as if arousing from a sleep of twelve months duration, she awoke in the possession of her natural faculties and former knowledge, but without the slightest remembrance of anything which had taken place during the interval from the invasion of the first fit to her awaking up from the second.

Dr. Forbes Winslow, in his chapters "On the Morbid Phenomena of Memory", in his work *On Obscure Diseases of the Mind and Brain*, has collected together a mass of curious information, highly interesting to the medical practitioner; but I must content myself by briefly adverting to the influence which some of the ordinary forms of disease, coming daily under our notice in general practice, have in impairing the memory or in destroying its integrity. Memory being an attribute both of the perception and of the intellectual consciousness, I can readily understand how it is, as all metaphysicians have agreed, that we remember qualities better than we remember names; from the fact that the one is an intuitive experience and the other an intellectual act.

The morbid phenomena of memory, as might be expected, are most marked and striking in cerebral diseases—for instance, as in *ramollissement* of the superficies of the brain; for the hemispherical ganglia constitute the nervous apparatus both of the perception and intellectual consciousness. "A certain vague wandering and difficulty of recollection often occur as the first indications of this disease coming on; while its progress is attended with increasing incapacity either for receiving new impressions or recalling and combining those of earlier date. Such cases of slowly progressive cerebral disease are well worthy of close attention, from the sort of analysis they afford of mental acts and functions, not equally separable in the healthy state." (Sir H. Holland.) In all cases of pressure on the cerebral sub-

stance, whether as an accident from depression of bone, from local extravasation of blood on the superficies, or general congestion of the cerebral vessels, we almost invariably find the memory affected. Apoplectic seizures have often, as precursory warnings, singular lapses of memory; and these, when present, ought always to arrest our attention. On the other hand, anæmic conditions and a feeble circulation through the brain are often accompanied with disturbance and impairment of the memory. Such, too, are the effects of exhausting diseases, which may leave it long enfeebled, though not permanently affected and weakened.

With the effects of paralysis and epilepsy on the memory we are all familiar, though the phenomena of the former are of a very varying character, and among some of the most curious that come under our notice. "Strange infirmities of the memory are associated with cerebral disease, and justly to be regarded among its symptoms; huge blanks in the backward gaze; fitful suspensions of the remembering power; partial glimpses of the past; resurrections of thoughts long buried in oblivion! Even in its natural decay from age, there are curious things to be noted. Recent events are retained with difficulty and soon forgotten, while those of older date are easily and accurately recalled; as if the effort of attention stamped characters upon the material fabric which are deep and lasting in the youthful brain, faint and soon effaced on the aged. But disease may revive things long forgotten; a language long unspoken and unthought on; or blot out entirely all traces of definite portions of time gone by." (Dr. Watson, *Practice of Physic*.) "Sudden, transient, and paroxysmal attacks of the loss of memory ought to be regarded as important symptoms, in relation to a questionable state of the brain. These temporary and apparently trifling conditions of impaired retention are often the preludes to serious manifestations of cerebral disease—the dark and threatening clouds that occasionally envelope, obscure, and often eclipse the mind, previously to fatal attacks of paralysis, softening, apoplexy, and insanity." (Dr. Forbes Winslow, *On Obscure Diseases*.)

The other morbid phenomena of the intellectual consciousness—those of volition or the will, the imagination, and the reasoning and reflecting powers—are not within the scope of my object in these papers, though highly interesting to the medical practitioner, and, of all others, the most so to the psychological inquirer. They belong to the category of mental diseases, and the best information respecting them will be found in such works as Dr. Conolly's valuable treatise *On the Indications of Insanity*. The delirium of fever may be considered as the insanity of disease; and I have already observed how difficult, if not impossible, it is to distinguish the morbid phenomena of true delirium tremens from certain recognised forms of insanity.

CONCLUSION. In closing these papers on medical psychology, written at spare moments, amidst the distractions of an active medical practice, I would briefly observe that my object will be realised if they should act as a stimulus to thought, and arouse the attention of my professional brethren in general practice to the importance of the psychological phenomena or symptoms of disease; if they conduce to the study of the phenomena of the mental states in health and disease, and lead to the investigation and specialisation of the nervous apparatus or organic instrumentality through which these phenomena are manifested in this life. My own meditations and opinions I have freely and candidly put forth; nor have I hesitated—but never, I trust, without due acknowledgment—to quote from and to give the opinions of others. If mistaken in anything I have advanced, I am open to conviction; always feeling as thankful for being convinced of an error as I am happy in embracing a truth.



# PRACTICAL REMARKS ON LARYNGEAL DISEASE AS ILLUSTRATED BY THE LARYNGOSCOPE.

By E. H. SIEVEKING, M.D.

[Read before the Harveian Society, November 20th, 1862.]

I TRUST, sir, that I do not lay myself open to the charge of presumptuousness in venturing to offer to you and the members of the Harveian Society some remarks on laryngeal disease, as illustrated by the laryngoscope. When, at the last meeting, you stated that there was a lacuna in the papers for this evening, I, perhaps somewhat rashly, volunteered to make some remarks on the subject; and I tender you my sincere apologies for the desultory manner in which I am compelled to treat it. But I admit that I was urged to come forward as I have done by observing, in the course of numerous conversations with my professional brethren, that the advantage offered by this new method of investigating an important class of diseases was not yet appreciated as I believe it merits. A very limited number of medical men have among ourselves familiarised themselves with its use, and the public press has brought but little evidence that it has yet been turned to much account. I think that the laryngoscope is just one of those aids to accurate medicine which ought, like the stethoscope, to be in the hands of every practitioner. It is so manifestly calculated to throw much light upon a class of diseases that have hitherto been but ill understood, that it ought to become common property; and it is with a view to bring forward a few facts that may indicate its value and convince you of the necessity of rescuing it from unmerited neglect, that I venture to bring before you the results of a comparatively limited experience, rather than with a feeling that I have anything novel or valuable to communicate.

Having, a good many years ago, felt the desirability of bringing the larynx within the range of vision, I myself sought to obtain that object by the introduction of a mirror into the pharynx. I must, however, admit my complete failure, from the want of that ingenuity and perseverance which have enabled others to succeed. Although, however, what I have this evening to say is based upon the knowledge acquired through the well-directed efforts of my friend Professor Czermak of Prague, it is but just to the memory of one who was probably well known to and esteemed by many of us, the late Mr. Avery, to state that he invented an excellent laryngoscope, which, but for his premature death, would certainly have been made better known to the profession. His instrument shows that he thoroughly understood all the objects to be gained, and had overcome the main difficulties in achieving them. It combines all the essentials requisite for obtaining a view of the interior of the larynx, and possesses merits which have not yet been realised by more modern laryngoscopists. The apparatus of Mr. Avery, however, laboured under certain defects which prevented its being very generally employed, especially unless its value were demonstrated by the manipulative skill of its inventor. These defects would doubtless have been remedied, had he survived. If, in dealing with the history of laryngoscopy, the name of the English surgeon demands a prominent position, we must also bear in mind that England gave birth to the first essay in laryngoscopy, though it proceeded from the pen of a foreign artist. I allude to the very interesting researches of M. Garcia, which, under the title of "Observations on the Human Voice", were published in the seventh volume of the *Proceedings* of the Royal So-

ciety, where this gentleman, the well-known brother of the famous Madame Malibran, made known a series of excellently conceived and carefully executed observation on the movements of his vocal cords in vocalisation.

Whatever merit is due to the two gentlemen just named, the greatest praise is due to Dr. Czermak and other continental philosophers for having fairly rendered laryngoscopy a means for the detection and treatment of disease. Dr. Czermak especially has popularised it by showing its practical utility, and introducing his mirror in England. He has simplified it so that comparatively slight practice will enable any medical man to look into the larynx and trachea; and he has thus removed the affections of these parts from the domain of dreamland to which they have hitherto belonged. His work, ably translated by Dr. Gibb for the new Sydenham Society is in the hands of most of you; and I would specially recommend it to your attentive perusal, if you have not already studied it. But I fear that, without the stimulus which Dr. Czermak gave to laryngoscopy by his personal visit to London during the past summer, the subject would scarcely have attracted even as much attention as it has. While he was here, he gave a series of demonstrations, and astonished many physicians and surgeons, not ill versed in their profession, by the remarkable display of his own vocal organs which great practice in auto-laryngoscopy enabled him to make. At the same time, some of us took advantage of the instruction he kindly imparted to overcome the A B C of laryngoscopic manipulation. There is but little, indeed, to show in this respect; but, as we all know, "c'est le premier pas qui coute". We are all of us liable to the false shame of disliking the first step in an unexplored region, and are very grateful to any one who will carry us over the boundary, even though the barriers seem no barriers at all after they have been once passed.

And let me say at once, that while there is every inducement why we should learn the use of the speculum laryngis, the difficulties are in reality extremely trifling. A tolerably steady hand, a moderator lamp, and the necessary mirror, will enable every one of you to look into the larynx after a very few trials, provided you have suitable subjects to make your first essays upon; and the practice which private or public patients will readily permit of your acquiring will soon make you masters of the whole art.

My own experience further leads me to state that I think there must be a difference in the character of German and English patients; for I cannot otherwise account for the complaints which German authors (and there are many who have written on the subject) make with regard to the difficulties that often present themselves in the intolerance of the instrument on the part of the examinee. Possibly the great susceptibility often spoken of, the irritability of the fauces, the tendency to retch, which preclude all laryngoscopic examination for the time, may result from the examiner being self-instructed, and having to find out for himself those practical rules which a few explanations from one already versed in the use of the instrument would have enabled him to lay hold of at once. Still I cannot avoid the conclusion that we have in this respect fewer difficulties to deal with than our German *confrères*; for every now and then I have met with cases in which that training of the fauces which they insist upon appears necessary, owing to the reflex action excited by contact of the mirror with the soft parts of the throat. In these cases, however, it is not even always, as it appears to me, contact which is necessary to produce the unpleasant effects; the mere effect of the imagination will. I am confident, operate so antagonistically to the operator as to preclude a fair field of inquiry. Strange to say, medical men themselves are by no means the best subjects, either in health or in disease, to deal with. Whether they are naturally more nervous, or, as I



her think, from their anxiety to assist the speculator, as obedient to his directions, their larynges certainly disclose their secrets less readily than the vocal apparatus of men and women who are unfettered by any anatomical knowledge or diagnostic considerations.

Allow me now briefly to state the main directions which may be given for the guidance of an incipient laryngoscopist.

Place the examinee on a chair of such elevation that, when you sit before him, his head and your own may occupy the same elevation. Place a good moderator or other lamp a little to one side of the patient's occiput, and let him approach as near the table upon which the lamp stands as possible. The patient's head should then be thrown back so as to straighten and stretch the passage to be explored as much as possible, and so that the axis of the introitus laryngis and of the trachea may coincide. As much depends upon the aid afforded by the patient, it is well, as a preliminary to the introduction of an instrument, to calm all apprehension by explaining that no pain can result; and that, if any trifling inconvenience should happen to arise, it will be a signal for the removal of the mirror. Before, however, this is used, it is important to learn how to throw a steady light from the reflector, which is fastened to the forehead by an elastic band, or may be carried between the teeth on a stem. Some beginners find in this proceeding the chief difficulty. Czermak's reflector has, as you see, a central circular spot which is not silvered, and through which the operator is supposed to look. Those who enjoy good eyesight will find the adjustment of their eye to this hole a trouble which they may altogether dispense with, by being content to see with the uncovered eye alone. Having satisfied yourself that you have secured such a position for the lamp, the patient's head, and the reflector, that you obtain the best possible illumination of the patient's mouth, the next step is to prepare the examinee still further for the introduction of the faucial mirror. Let him put out his tongue, and either steady it with the tip of his right forefinger by pressing it slightly against the lower incisors, or take hold of it with the forefinger and thumb of the same hand. The object of this measure is to enlarge the cavity of the mouth, and more particularly to draw forward and flatten the base of the tongue, which otherwise proves an obstruction, and prevents the due passage of the light. The unruliness of the tongue, the obstinate arching of its base, proves a serious difficulty in a few instances, but may be generally overcome by perseverance. Next let the patient be directed to breathe in and out as freely as possible. The very act of a full voluntary inspiration not only expands the fauces, but diminishes the reflex excitability of the parts.

Having made these preparatory arrangements, warm the mirror over the lamp; and, having tested its temperature against your own cheek, to insure its not being unpleasant to the patient, introduce it into his mouth, carefully avoiding all contact with the lips, teeth, or tongue. Push it steadily backwards against the uvula; and, while you rest the third and fourth finger of the hand that holds the mirror against the patient's chin, incline the mirror at such an angle to the horizon (about  $75^\circ$ ) that the pencil of light which you throw upon it from the reflector may be conveyed into the respiratory tube. The parts that are illuminated will become visible in the mirror; and a little dexterity will soon enable you successively to examine the base of the tongue, the epiglottis and its attachments, the arytenoid cartilages, corpuscula Santorini and the thyro-arytenoid ligaments, the ventricles of the larynx, the vocal cords, and the trachea.

It is scarcely necessary to say that the hand that holds the mirror is to be kept on one side of the patient's mouth, so that it may not come into the line of vision. The stem of the mirror for correct observation will

generally come to lie near the bicuspid tooth of the right or left side, according as we employ the right or the left hand. After getting over the first difficulties, it is always well to learn to introduce the mirror with either hand, not only for the purpose of satisfying ourselves that we have seen all accessible parts, but also because the introduction of pencils or probangs into the larynx is facilitated if we can manipulate well with the left hand.

If, after we feel confident in our own ability to use the mirror, there appear to be an undue irritability in the patient's throat, I have found the employment of an astringent gargle of essential advantage in reducing that irritability and allowing a more satisfactory exploration. Matthieu's irrigator has served the same purpose, and may be recommended as an adjuvant in the diagnosis as well as in the therapeutics of laryngeal affections.

The appearance of the living larynx and its appendages conveys a different impression from what most of us would probably anticipate who have only seen it in the dead body, and then only laid open and otherwise altered in its anatomical relations. The epiglottis is occasionally visible without the laryngoscope, if the tongue be very forcibly depressed; but this is so rare, that whatever colour it may present at such times cannot be a guide to its normal appearance. When unaffected with any inflammatory congestion, its surface presents a pale yellowish red colour, verging rather to straw-colour than pink. In irritative conditions, we find it in every stage of congestive redness; while on the other hand, in anæmic states, its blanched, bloodless, cream-coloured hue offers a striking contrast with the pink mucous membranes covering the adjacent parts. As a matter of course, its thickness varies in proportion to the congestive condition of its mucous investment, the serous effusion that may have taken place, and the character of the inflammation. We see one part more swollen than another, so as to destroy its symmetry, and causing it to appear what vulgarly would be termed lopsided. The epiglottis generally serves as an indication of the pathological condition of adjacent parts; and on this account it is a decided advantage to have obtained a view of this part alone, even if we fail to achieve a deeper view into the laryngeal cavity.

Even if we obtain a good view of the larynx during the first attempts at employing the speculum, it is not quite easy at first sight to recognise the true relative position of the parts. We must bear in mind that we do not see them directly, but through the medium of a mirror; their position is, therefore, reversed. The posterior surface of the epiglottis, that which is turned towards the introitus laryngis, presents itself to the observer as if he were looking through a hole in the cervical part of the vertebral column; the anterior insertion of vocal cords appears to be behind, and *vice versa*. The right side of the patient's vocal appendages appears on our left; and similarly the anterior surface of the trachea looks as if it were the dorsal aspect. The uvula, again, gives us a little trouble sometimes, by pertinaciously appearing in front of the mirror and obstructing our view. This and other difficulties that we have to combat are not of any magnitude, and will be overcome by a moderate amount of perseverance, and by bearing in mind the anatomical relation of the parts and the simplest laws of optics.

After inspecting the epiglottis, the parts that next attract attention are the prominent parts of the arytenoid cartilages, and more particularly the corpora Santorini. Here we see, in health, a pale red smooth mucous membrane; while, in the various laryngeal affections that call for the use of the laryngoscope, we meet with great variations in the hue and state of tumefaction, generally or unilaterally, of the parts. They are just such as might be anticipated *à priori* from what we see in other mucous membranes accessible to the eye;



with this proviso, that we have hitherto had no means of localising the morbid conditions, and have been in the habit of setting down a certain class of symptoms as equally indicating affections of the whole laryngeal apparatus. The more I have seen of laryngeal disease, however, by the aid of the laryngoscope, the more I am satisfied that we have been greatly in error in our interpretation of symptoms. The upper thyro-arytenoid ligaments, their colour, their mode of action, and the space which intervenes between them, next call for attention. The amount of mucus investing the different parts is important; and it is well to be on our guard against the deceptive appearances which it presents. An ulcer may be easily simulated by the presence of a patch of viscid mucus; and I have seen a string of mucus stretched across the laryngeal passage in such a way as closely to resemble a true vocal cord. The expulsive effect of a cough will generally suffice to put things in their true light; or it may be necessary to use a camel-hair brush to dislodge a seeming ulcer and expose a healthy or un-abraded mucous surface.

The mucous membrane of the upper part of the larynx, and more particularly the ventricles which form the space between the vocal cords and the upper thyro-arytenoid ligaments, present numerous variations, which a little experience in laryngoscopy readily displays. I am inclined to think that these parts play a much more important function in the production of the voice than is ordinarily attributed to them; and that, in the great majority of cases of laryngeal disease accompanied by some modification or impairment of the voice, the morbid condition upon which the hoarseness or aphonia depends does not imply a direct lesion of the *cordæ vocales* themselves. I have certainly examined numerous cases of such derangement, in which I could discover no other lesion than that of more or less tumefaction and redness of the mucous membrane in one or all the parts above the vocal cords.

It is possible that, in some of the instances that have fallen under my notice, there may have been a direct impairment of the vibratile power of the vocal cords, or of the controlling influence of the thyro-arytenoid muscles, though not sufficient to be visible by the speculum; but, even without this, we may find an explanation of the fact by analysing the various elements which are conducive to the production of the human voice.

Any boy who has made a whistle out of a fresh willow or horse-chestnut branch knows how much the sound depends upon the form and size of the air-chamber which he fashions with his pocket-knife behind the slit (or glottis) of his instrument. In the same way, a swelling of the mucous membrane above the vocal cords alters the capacity of the air-chamber in which the laryngeal sound is produced; and this alteration will be effected by a tumefaction of the lateral parts, as also by swelling of the upper and more distant tracts of mucous membrane. I hold it pathologically demonstrated that, although the ventricles and the upper thyro-arytenoid ligaments do not by themselves permit the production of sound, they must both be in a state of integrity to enable the vocal cords to perform their normal functions.

If you look at the diagram representing a section of the vocal apparatus, you will particularly notice the important relation of the ventricles in regard to the air-chamber above the vocal cords. You will observe that, if a swelling of the mucous and submucous tissues occur at this point, the cavity lying immediately above the *cordæ vocales* must be more or less obliterated. The vocal cords may appear perfectly healthy, and seem to respond readily to the will of the patient; but, if there is not sufficient air immediately above them to take up their vibrations, the effect will be that of a damper in a pianoforte. The case of a gentleman suffering from chronic laryngitis of catarrhal origin, which I have recently examined, and which was accompanied by com-

plete aphonia, afforded me a striking corroboration of the correctness of this view. He was unable to produce a sound in the ordinary way—viz., during expiration; which, you will readily convince yourselves, is the ordinary mode of phonation, to use the pet term of laryngoscopists. But he was able, by an inspiratory effort, to produce a laryngeal sound. The mucous membrane of the trachea below the vocal cords being unaffected, the vibrations downwards were effected with sufficient readiness, and met with a sufficient body of air in the tracheal air-chambers, to cause a sound; but, when the air was forced upwards from the lungs, the obliterated ventricles checked the necessary undulations, and no sound resulted.

This I believe to be the explanation of the majority of cases in which the voice is altered, especially in those evanescent forms of hoarseness or aphonia accompanying the ordinary catarrhal affections of the larynx. Need I remind you, in further illustration of the influence upon the voice exerted by parts not in immediate relation with the vocal cords, how even tumefaction of the Schneiderian membrane modifies the voice?

But, if we remember how close the connexion is of the mucous membrane with the various muscles that contribute to phonation, we find a further mode of accounting for modifications of the voice, apparently due to affections of the membrane at a distance from the vocal cords, in the impairment of muscular contractile power. This, in its turn, may be propagated through the nerves or the vessels. This readily accounts for arrest of vocalisation where we see nothing but tumefaction in the vicinity of the Santorinian corpuscles; the large bundle of muscular fibres, denominated the arytenoideus muscle, being necessarily more or less involved in any morbid condition of the superimposed mucous membrane, and thus causing a less perfect adaptation and closure of the vocal cords.

Nor must we lose sight of minuter changes in the character of the surface, either by injection of blood-vessels, altered epithelium, or vitiated secretion, as influencing the pitch and *timbre* of the voice. These may not necessarily be visible even with the light of the speculum; but it will be scarcely necessary to adduce corroborative illustrations, though the fact may often be brought vividly before the practitioner in the rapid changes which local treatment is able to secure.

Allow me to pass on to the review of some of the circumstances revealed by the laryngoscope in regard to the vocal cords themselves.

I have already stated one negative fact, which I would repeat for the special benefit of the incipient laryngoscopist: that in many cases of laryngeal disease, where the voice appears even very seriously and permanently to have suffered, the cords themselves may present their normal appearance. I apprehend that this normal appearance will take every person by surprise who sees these membranous expansions for the first time in the living subject. The epiglottis is commonly paler and more glistening than the surrounding parts; but the contrast offered by the vocal cords with the adjacent mucous membrane is still more striking. They are almost white, of a pale cream colour, with a pearly sheen, quite different from the velvety character of ordinary mucous membrane. This peculiar colour enables us readily to recognise them, provided the light is properly thrown into the larynx, and minute changes are readily recognised in and about them. This part of the organs of phonation is one of the most interesting subjects for examination, both physiologically and pathologically; and the study of their movements alone is amply sufficient to repay you for any little trouble, and it really is but a little trouble, that the acquisition of the necessary dexterity may involve. To those of you who would wish to go more fully into the physiological part of the question, I would strongly recommend a perusal



f M. Bataille's recent work on *Phonation*, written by a gentleman who, though by profession a teacher of singing, was educated to medicine, and distinguished himself in the earlier part of his career as an anatomist.

Although, as I have said, the vocal cords do not always exhibit pathological changes when, *à priori*, we might have anticipated them, they nevertheless present various lesions which could never have been discriminated without the speculum. We see in them (and I speak here, as throughout, from actual observation) the different degrees of inflammation, from the faintest injection to diffused redness, ulceration and loss of substance of greater or less extent, new growths, and evidences of paralysis, for none of which we have hitherto possessed any satisfactory and certain indication in the symptoms accompanying these conditions. Even my limited knowledge of the laryngoscope has satisfied me that we have been in the habit of confounding conditions widely distinct and necessarily demanding totally different treatment. I have seen warty excrescences simulate a nervous affection; I have seen paralysis with the symptoms of inflammation; I have seen urgent symptoms of acute laryngitis without a trace of inflammation. Imagine a case of the last kind coming to you suffering under extreme dyspnoea and aphonia, and telling you that, on a former occasion, the inflammation had been so severe as to necessitate tracheotomy; contemplate the effects that your venesection and leeches, calomel and tartar emetic, would produce; and say whether it is not our duty to familiarise ourselves with the use of an instrument which tells us that our diagnosis, and consequently our treatment, was utterly wrong?

Almost the first case in which I employed the laryngoscope was one which very forcibly impressed upon me the practical advantages derivable from the instrument. A man was under my care with cough, pain under the right clavicle, circumscribed dulness at that spot, a blowing systolic murmur, *ibidem*, a pulse feebler in the right than in the left radial, and, as it were to corroborate the diagnosis compelled by the foregoing symptoms, aphonia. Who, under such circumstances, would have failed to diagnose a subclavian aneurism, causing, by its pressure on the recurrent, a paralytic condition of the thyroarytenoid muscles? What did the laryngoscope demonstrate? Two large epithelial growths proceeding from the anterior junction of the vocal cords. This did not necessarily vitiate the previous diagnosis, though it presented an unexpected feature, compelling a revision of the entire case, and a very evident indication for treatment at least in one direction not previously manifest.

The literature of laryngoscopy already furnishes us with numerous instances of growths occupying the vocal cords and their vicinity; and, with an improved diagnosis, we already see an advance in the more precise therapeutics of laryngeal affections. I have long satisfied myself of the perfect possibility of applying remedial agents to the interior of the larynx with certainty, and with benefit to the patient, by the means of sponges; but, before the laryngoscope came into use, we were necessarily in the dark both as to the nature and locality of the morbid condition we had to deal with. Our applications were made at a venture. Sometimes they succeeded, but they as frequently failed; because a general mopping out of the laryngeal cavity in a disease affecting only a given point was as likely to do harm as good, and because it was the merest guesswork as to what remedy was requisite.

The speculum laryngis enables us first to see definitely the characters of the malady calling for our remedial measures; and, secondly, to direct the application of sponges, camel-hair brushes, wire loops, caustics, inhalations, or irrigations, with something like an approach to the certainty of the issue which we can calculate upon

in other maladies amenable to physical methods of diagnosis.

Few of us, who have watched the effects of galvanism, can fail to arrive at the conclusion that it is a very valuable agent in the treatment of disease. Its influence on the nervous, and I think even more upon the muscular, system, in cases suitable to its application, is undeniable. It is one among the various agents upon which we have been in the habit of ringing the changes in laryngeal disease. But of what good can it be in a case dependent upon syphilitic ulcer of the vocal cords, upon catarrhal inflammation of the laryngeal mucous membrane; or in epithelial tumour growing from some part of the organs of phonation?

A simple uncomplicated case of paralysis of the vocal cords may be now diagnosed with as much certainty as a paralytic condition of any external part. We can see with the speculum that there is a want of symmetry of the movements of the two sides of the larynx, or that the movements are generally feeble or arrested; and we then apply our moist sponges, and direct the galvanic current with the precision, and with the same reasonable hope of success, with which we are able to direct it through the muscle of an extremity paralysed by rheumatism or by lead-poison, or irregularly excited by choreic spasm. Other modes of treatment are also of great value in such cases, and will readily suggest themselves. I place before you an illustrative diagram of a paralytic affection of the right vocal cord, which had caused aphonia for seven months. The patient was under treatment for a fortnight without benefit, until, the laryngoscope having revealed the true condition of the parts, I caused her to use Matthieu's irrigator charged with a solution of tannic acid; and, after two sittings, she had recovered her voice, and the parallelism of the vocal cords was shown by the laryngoscope to have been restored.

If you refer to the literature of the subject, you will find that there is also evidence of the utility of the laryngoscope in exploring the condition of the inferior surface of the vocal cords. This, of course, can only be done in rare cases of chronic disease necessitating tracheotomy. The tracheal opening is used for the purpose of introducing a mirror, which, being turned upwards and receiving the light of the reflector, gives an image of the under side of the vocal cords with the same precision as the more ordinary mode of employing the laryngoscope affords of the upper parts. Of this I know nothing from direct observation; but I mention it because it may afford a clue to those cases in which we can detect no organic changes in the vocal apparatus, or in which only the tracheal mucous membrane appears to be the seat of any lesion.

The affections of the trachea are to a certain extent well brought out by the laryngoscope. If the larynx is fully open, there is no difficulty in throwing a good light on the anterior surface of this channel; the rings and the intervening spaces are readily recognisable under these circumstances; and their changes in colour or organisation cannot fail to be discovered. Variations of redness are most frequently met with. But, in illustration of the remark made just now of the influence exerted upon vocalisation by the parts below the vocal cords, I may state that, in one case of long-standing aphonia connected or complicated with incipient pulmonary tubercle, I saw the trachea studded with small round yellowish spots, which I regarded as miliary granulations or ulcers. No other abnormality of the vocal apparatus could be discovered; and the vocal cords themselves appeared to act uniformly and symmetrically.

You will find it stated that the laryngoscope enables you to see down to the bifurcation of the trachea. I am confident that I have in one case succeeded in seeing the orifices of the bronchi; but this is almost an accidental



circumstance, which cannot be reckoned upon. Whether, in the case of foreign bodies being introduced into the trachea, we can discover them, must depend mainly upon the greater or less readiness with which the patient bears the examination. I have not met with a case in books or in practice where I was able to test the laryngoscope under such circumstances. I should, however, deem it perfectly feasible, seeing how little reflex irritability is often found to exist after the foreign body has passed the chink of the glottis.

As to the question of the treatment of laryngeal affections, I do not propose now to go into it more fully. I have merely adverted to it in so far as it served to illustrate the use of the laryngoscope. For my own part, I am assured that both for laryngeal disease, and negatively or indirectly for the affections of other organs, this method of exploration is of extreme value. It is only necessary to make a few laryngoscopic examinations of suspected laryngeal disease to satisfy ourselves that without it our diagnoses not only want precision, but are destitute of any reliable basis. But this morning (Nov. 19th) a patient was brought to me with hoarseness of three years duration, depending upon a pathological condition which it would have been simply impossible to have surmised, but which the laryngoscope made as plain as if the parts had been displayed by dissection. The epiglottis was contracted so as to form a narrow triangular opening. The mucous membrane investing it and the vicinity was reddened and congested. The contraction, from reasons which it is unnecessary to enter into here, was probably congenital; and the hoarseness was attributable to a comparatively trifling affection of the mucous membrane, though obstinate on account partly of the patient's mode of living, partly, and yet more, owing to the peculiar malformation alluded to. I need scarcely point out how essentially the correctness of our diagnosis and prognosis is advanced in such cases by this new method of examination.

It is a field in which there are as yet but few labourers, but it is one which I would earnestly invite you to cultivate. I may repeat, that the pleasure you will derive from acquiring the necessary facility of manipulation far outweighs the labour you may have to bestow. Physiologically and pathologically, and, *à fortiori*, therapeutically, the laryngoscope is a great acquisition, which we should all utilise. As one man uses the stethoscope with greater facility and precision than another, so one practitioner may become a more ready laryngoscopist than another; but, in the same sense as the former instrument has become the common property of the profession, so ought the latter to be understood by all. This, indeed, is the gist of my observations; and, although I am fully aware of the imperfect character of these jottings, I should consider that they were not fruitless if I had succeeded in convincing those of you who have not yet familiarised themselves with the laryngoscope, that it is an acquisition of considerable value in scientific medicine, deserving of your attention.

#### NOTE ON A DISEASE OF THE EYELID OF ASTHENIC ERYSIPELATOUS TYPE,

OCCURRING IN YOUNG FEMALE CHILDREN; AND ON  
COLLODION AS AN EXTERNAL APPLICATION.

By J. V. SOLOMON, F.R.C.S., Surgeon to the Birmingham  
and Midland Eye Hospital.

THE following group of symptoms is sufficiently rare in the Midland Counties, and, from its resemblance to ophthalmitis, alarming enough, when not understood, to deserve a special notice.

A girl, under eight years of age, more often under four, whose general health has been latterly falling off, presents an enormous swelling of one of the upper eyelids, which is shiny and red. The swelling extends

over the whole lid, and forms an arch which rests on the brow and tarsal border. The lower palpebra, of healthy appearance, is completely hidden. The upper eyelashes are matted with secretion; and a copious thin, pale, yellow discharge flows from the eye.

Medical advice is generally sought in three or four days; when, on raising the lid with a wire speculum, the conjunctiva, instead of being, as in purulent ophthalmia, of a bright red colour, highly tumid, villous, or granular is found to be flat and of a pale pink or dirty red shade. In exceptional cases it is eroded in spots, and covered by a thin film of yellowish lymph. The conjunctiva of the globe is very slightly, if at all, injected.

With one exception, the cornea has been always perfectly transparent in the cases which I have seen, and so remained. In the instance referred to, superficial ulceration and vascularisation appeared on the margin of the membrane after the complete subsidence of the primary local disease. In no case has leucorrhœa been present.

The period of the year at which the disease has occurred has been the fourth quarter. I do not remember to have seen more than two cases in one year; sometimes not one.

The plan of *treatment*, which has never disappointed me, and under which the disease rapidly subsides, consists in the application of collodion to the integument of the swollen lid; injections of nitrate of silver to the conjunctiva, of the strength of one grain of the salt to an ounce of distilled water; the internal administration of quinine (a mild aperient having been premised, if necessary); with a bland and nutritious diet. The importance of general hygienic measures receiving at the same time a practical recognition.

At one time I used to get rid of the tumefaction by the application of a small blister to the temple. Collodion is, however, preferable; not only on account of its being painless and more safe, but because its curative effect is more rapid.

I also apply collodion in cases of infantile purulent ophthalmia, when attended with redness and considerable infiltration of the superior palpebra; by exerting an even and firm compression, and astringing the vessels, it causes rapid absorption of the intercellular exudation.

## Reviews and Notices.

LECTURES ON THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT OF CONTINUED FEVERS, delivered at the Royal College of Physicians of London. By ALEXANDER TWEEDIE, M.D., F.R.S., Fellow of the Royal College of Physicians of London; Consulting Physician to the London Fever Hospital, etc. Pp. 301. London: 1862.

A TREATISE ON THE CONTINUED FEVERS OF GREAT BRITAIN. By CHARLES MURCHISON, M.D., Fellow of the Royal College of Physicians; Senior Physician to the London Fever Hospital, etc. Pp. 638. London: 1862.

THE revolution which has taken place during the last quarter of a century in the views of physicians as to the nomenclature and pathology of the continued fevers is an ample justification for the appearance of such treatises as those before us; and *primâ facie* they have the greater claim to be welcomed by the profession, inasmuch as they are both written by men who have had much experience in their subject. Of the authors, one, Dr. MURCHISON,



we believe, studied fever almost entirely by the light; while the other, Dr. TWEEDIE, brought in the old school, has been led to modify considerably his former ideas, and to teach *ex cathedra* the College of Physicians those doctrines of fever which modern study and experience have adopted consonant with a correct reading of the facts presented.

It will be our task to examine the contents of each of these books; but first we must make some observations on a subject, the necessity for noticing which causes us regret, but on which justice imperatively demands from us an expression of opinion.

Towards the conclusion of his preface, Dr. Murchison makes the following remarks:—

"Many of the tables contained in the essay referred to (one published by Dr. Murchison in the forty-first volume of the *Medico-Chirurgical Transactions*) together with my remarks upon them, have been adopted by Dr. Tweedie, in his Lumleian Lectures published in the *Lancet* for 1860. Dr. Tweedie being about to republish these Lectures, I feel it due to myself further to state that most of his facts and reasonings, bearing on the question of the 'change of type' of Continued Fevers, will be found in a paper published by me in the *Edinburgh Medical Journal* for August 1858. As Dr. Tweedie omits to mention my paper, I think it necessary to allude to the circumstance, lest it might appear that I had now borrowed some of my remarks from his Lectures, without acknowledgment."

These expressions of Dr. Murchison, involving as they do not only a defence of himself, but a charge of plagiarism against Dr. Tweedie, have caused us to examine into the correctness of the assertions; and, while we could scarcely think it credible that a man of Dr. Tweedie's position in the profession could be guilty of so grave a fault as that implied, it is a part of our duty to defend those who are aggrieved in the manner of which Dr. Murchison appears to complain. We will give, then, the result of our investigation.

At pages 19—28 of Dr. Tweedie's book, and also at pages 197 to 207, are a number of statistical details relating to fever, consisting of tables and commentaries thereon. The greater part of these are derived from the paper of Dr. Murchison already referred to; and in some cases (as at page 202) not only are Dr. Murchison's tables used, but his deductions from them are copied almost if not entirely *verbatim*. Dr. Tweedie, indeed, in certain places, as at pages 19, 27, 198, and 200, acknowledges his obligations to Dr. Murchison for the statistics of which he has made use; but still the acknowledgment is not sufficiently explicit to show always plainly what has really been derived from Dr. Murchison. In some parts, indeed, the manner in which Dr. Murchison's name is introduced is calculated to lead to a wrong impression as to the shares which have been contributed by him and Dr. Tweedie respectively. Thus, at page 202, the whole of which consists of remarks on the mortality in the Irish fever hospitals, copied almost *verbatim* from Dr. Murchison's paper, Dr. Tweedie says:—

"No doubt, as Dr. Murchison says, this small mortality is partly accounted for by the greater facilities afforded to mild cases for entering the hospitals in Ireland; but whether this be the case or not, it plainly shows that there is a form of fever constantly prevailing in Ireland which is much milder, and in which, consequently,

the mortality is much less, as compared with the fevers that prevail in this country."

Now, the introduction of the words which we have placed in italics would seem to show that the first clause of the sentence was a quotation of Dr. Murchison's opinion, while the concluding clause contained Dr. Tweedie's qualification of it; whereas the fact is, that the whole sentence, with some mere verbal alterations, is Dr. Murchison's own.

Dr. Tweedie has not, then, in our opinion, been sufficiently careful to point out what and how much, in regard to the statistics of fever, he has really derived from Dr. Murchison.

We come now to the matter to which Dr. Murchison specially refers—the appropriation by Dr. Tweedie of his remarks on the change of type in disease: and here we find that Dr. Murchison has stated no more than is absolutely correct and necessary for his own vindication. The facts collected by him, and a great part of the arguments derived from them (as given in a paper published in the *Edinburgh Monthly Journal* for August 1858), have been transferred by Dr. Tweedie to his lectures (pp. 214-217) without the least acknowledgment, and even in such a way as to lead to the impression that they are Dr. Tweedie's own. For, at page 214, Dr. Tweedie says, "Let me state the grounds upon which I have come to this conclusion"; and then, after about a page of original remarks, follows a mass of matter which is readily recognisable, on comparison, as Dr. Murchison's. In this case, then, Dr. Tweedie has, we must say, behaved in a very unfair manner towards Dr. Murchison—in a way, indeed, calculated to deprive the latter author of the credit due to him for the vast labour which he has bestowed on the subject of fever, especially in regard to its statistics.

That we are not exaggerating in our estimate of the effect of Dr. Tweedie's conduct, and that even his partial acknowledgment and occasional complimentary mention of Dr. Murchison are not sufficient to prevent mischief from being done, is fully proved in the report of the Cork Fever Hospital for 1860. In that document, at page 9, occurs the following quotation, derived from Dr. Tweedie's lectures, as published in the *Lancet*.

"To these results the Irish hospitals", Dr. Tweedie remarks, "present a marked antithesis. Out of 150,939 cases of fever admitted into the Dublin Fever Hospital since the year 1817, only 10,632, or less than 1 in 14, died; and, during the last eighteen years, the mortality has been only 1 in 13. Again, in the Cork Fever Hospital, the mortality has been much less. Since the year 1817, out of 82,293 patients, only 3,222, or 1 in 25½, have died; and during the eighteen years contained in the table, the mortality has been only 4½ per cent., or 1 in 23¼. Moreover, the rate of mortality has varied much less in different years than in England and Scotland. Thus, in Dublin, in no year during the last forty has it reached 10 per cent.; and in the Cork Hospital, in only one year of the last fifty has it slightly exceeded 6 per cent."

The whole of this quotation, attributed (no doubt without a knowledge of the facts) by the Cork physicians to Dr. Tweedie, was copied by him in his lectures and in his book—with the mere exception of omitting the words "all of" near the commencement—*verbatim* from Dr. Murchison's paper in the *Medico-Chirurgical Transactions*.

It is unnecessary for us to dwell on this subject



further. The observations we have already made will render it evident, not only that Dr. Murchison has done no more than was necessary and justifiable for the preservation of his own reputation in making the remarks which we have quoted from his preface, but also that Dr. Tweedie has paid too little regard to the ordinary principles of justice, inasmuch as he has used the results of Dr. Murchison's labours in such a manner as to lead to the belief that they were his own thoughts and words—a result the more likely to occur from the much greater length of time during which his name and professional and literary reputation have been before the profession, as compared with Dr. Murchison's.

Leaving this matter, which we regret to have been obliged to notice, we have to say now a word on Dr. Tweedie's book. It contains, after an introductory chapter, chapters on Enteric Fever, and on its Pathological Anatomy; on Typhus Fever; Relapsing or Recurrent Fever; Mortality of Continued Fevers; General Observations on the Treatment of Fevers; Treatment of Enteric Fever; Treatment of Typhus Fever; Sequelæ of Continued Fevers and their Treatment.

As has already been observed, Dr. Tweedie has found reason to change the views which he once held regarding the identity of typhus and typhoid or enteric fever, and under the influence of which he wrote the article "Fever" in the *Cyclopædia of Practical Medicine*; and to adopt the modern doctrine that there are two forms of continued fever, having a general resemblance to each other, but distinguished from each other by the specific lesions presented in each. The grounds on which he accepts the distinction are stated by him to be the differences in the symptoms and mode of access; in the duration of the symptoms; in the peculiarity of the eruption in each; in the susceptibility to the two forms at certain periods of life; in their supposed causes; in the contagion of the two forms of fever; and in the results of treatment of the two forms. We shall have occasion to refer again to these topics in noticing Dr. Murchison's book, and therefore shall pass them over for the present, with the mere remark that each of them receives able comment from Dr. Tweedie.

Dr. Tweedie enters at some length on a consideration of the question of the analogy between the continued and the eruptive fevers. His reasoning inclines him to an affirmative answer. "My own opinion is," he says, "that they have a strong resemblance in many essential particulars." Typhus, he observes, presents an analogy to eruptive fevers in being contagious; and to a certain extent he admits the same for enteric fever. Another point of analogy is the limitation of the disease to a single attack; second attacks sometimes occur; but this, as Dr. Tweedie observes, is nothing more than what is known to take place in measles, scarlet fever, or small-pox. The next—and it may be considered the great—point is the eruption, of which a specific form is presented in each kind of fever—the typhus and the enteric. On this point—the exanthematic nature of typhus—Dr. Murchison, we may state by anticipation, remarks, without apparently giving a positive opinion of his own, that the matter has been much debated; and that a place for typhus among exanthematous fevers has been claimed by Hildenbrand, Roupell, and Peebles. The evidence

in favour of placing typhus at least among the eruptive fevers appears to us to be certainly very strong.

We must arrest at this point our notice of Dr. Tweedie's work; and it is scarcely necessary to examine it more fully, as the lectures of which it consists have already been laid before the profession in the pages of a contemporary. It may, however, be necessary to refer to them again in noticing the elaborate volume of Dr. Murchison. We therefore dismiss Dr. Tweedie for the present, with the remark that he has given a very readable and instructive account, for purposes of immediately practical importance, of the symptomatology, diagnosis, pathology, and treatment, of the continued fevers of this country. We cannot but regret that, in the production of so able and useful a work, he should have allowed himself to be drawn into the commission of an error so grave as that on which we have found it necessary to offer remarks in the early portion of this article; but, with this exception, and with the caution necessarily arising therefrom to readers of the book to consider whose labours they are in certain parts really studying, we must give Dr. Tweedie his full share of credit for coming forward as a convert to and able exponent of those views which modern pathology and practice point to as being correct.

[To be continued.]

## DR. RADCLIFFE'S LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

IN Dr. Radcliffe's fourth lecture, his principal object was to show that the *action of the blood and "nervous influence" on muscular action* is not to cause contraction by furnishing stimuli to a vital property of contractility, but rather to interpose an impediment to contraction. The argument in favour of this view (which has for some years been put forth in his writings by Dr. Radcliffe) was supported by facts, many of which were new, while most, if not new, had not yet been recognised in physiological works. He then showed that no conclusion can be drawn regarding the other supposed stimuli of contraction, and proceeded to lay down the theory of muscular motion to which he was led by the facts and considerations with which he had had to deal, and at the same time to dispose of certain apparent objections. The substance of the theory is this:—

1. The elongated or relaxed condition of living muscle is merely the necessary result of the electrical condition in which the molecules of living muscle are always found to be when left to themselves; for this condition is one which obliges these molecules to repel each other in the requisite direction.

2. Rigor mortis is nothing more than the necessary result of the permanent action of the attractive force which is inherent in the physical constitution of the muscular molecules, this attractive action having come into play in consequence of the cessation of the antagonistic electrical action which kept these molecules apart in the relaxed or elongated condition of the living muscle.



Ordinary muscular contraction is only the necessary result of the momentary action of the attractive force which is inherent in the muscular molecules; this action having been thus brought into play in consequence of the momentary cessation of the antagonistic electrical action which works in living muscle during the relaxed or relaxed condition.

The action which produces contraction in muscle through a nerve is one which involves a given expenditure of nerve-electricity; this expenditure disturbs the electric equilibrium, and necessitates a movement of electricity along the whole course of the nerve, in order to reestablish the lost equilibrium; this movement of electricity gives rise to the development of instantaneous currents of high tension electricity in Faradaic currents, Dr. Radcliffe sometimes called them, in, around, and along the nerve, analogous to the discharges of the torpedo; and these instantaneous or Faradaic currents produce contraction in the muscular fibres lying near the nerves and within their range of action, not by stimulating into action a vital property of irritability, but by bringing the muscular fibres from the electrical state which antagonises contraction, and so leaving them for a moment in the state in which they are left permanently in rigor mortis.

5. The action upon the muscle itself, which produces contraction in muscle, is essentially of the same kind as that which acts through the instrumentality of the nerves; viz., the action involves a given expenditure of muscular electricity; this expenditure disturbs the electric equilibrium of the fibres acted upon, and necessitates a movement of electricity in these fibres, in order to reestablish the equilibrium; this movement of electricity determines the development of instantaneous or Faradaic currents in and around these fibres; and the torpedo-like shock of these currents produces contraction in these and in the fibres within range, in the manner explained in the last proposition.

According to this theory, the aid of the hypothesis of contractility is, Dr. Radcliffe maintained, rendered unnecessary; for the transitory conditions due to what is called irritability are really to be ascribed to transient causes in the electrical act of living muscle which antagonises contraction; while the contraction of rigor mortis, ordinarily ascribed to tonicity, is supposed to derive its characteristic persistency from the fact that the electric condition of the muscle which antagonises contraction is finally abolished.

Dr. Radcliffe insisted on the applicability of this theory to the explanation of rigor mortis, as an *experimentum crucis* in its favour. In discussing at some length this form of contraction, he showed especially how muscles pass out of the state of rigor mortis and recover their lost electricity and vitality when blood is injected into their vessels, and how muscles may be made to lose their electricity and vitality and pass into a state of rigor mortis by being subjected to the shocks of a Ruhmkorff's coil. This was demonstrated at the close of the lecture. Dr. Radcliffe also maintained that this mode of explaining muscular motion gave the key to the explanation of the rhythm in the various principal forms of rhythmical muscular motion.

The lecture concluded with the narration of some experiments, which, in Dr. Radcliffe's opinion, proved that the action of a sentient nerve in sensation is precisely the same as that of a motor nerve in muscular motion; that the law of action in the two cases is precisely the same—purely physical. These experiments, he said, furnished conclusive proof that the action which produces sensation in a sentient nerve is one which involves a given expenditure of nerve-electricity; that this expenditure necessitates a movement of electricity along the whole course of the nerve, in order to restore the disturbed equilibrium; that this movement of electricity determines the development of instantaneous or Faradaic currents in, around, and along the nerve, analogous to the discharge of a torpedo; and that the shock of these instantaneous or Faradaic currents causes sensation, if the proper parts of the sensorium, with which the nerve is connected, are acted upon by them—if, that is to say, certain ganglionic cells of the sensorium appear to come within their range.

In the fifth lecture, Dr. Radcliffe commenced the pathological portion of the course; the subject being simple, ordinary, idiopathic *epilepsy*. The lecturer described the more salient facts in the phenomena of the disease, and proceeded to educe its pathology from a consideration of the state of the respiration, circulation, and respiration. The state during the paroxysm is one of suffocation; and Dr. Radcliffe argued that if, as must be the case, the functional activity of the nervous centres is in direct relation to the supply of *red* blood to that centre, the action of each and all of the nervous centres of the body must rapidly become weaker and weaker during the convulsion, seeing that at this time the normal supply of red blood to these centres is suspended by the process of suffocation. In particular, the lecturer observed that the full and strong pulse and the throbbing heart, which attend upon the convulsion, do not show that the arteries are at this time receiving an increased quantity of *red* blood, and that some nervous centre is thrown into a state of increased functional activity in consequence. He showed that this is the natural state of things in suffocation; that the pulse is full, and the left side of the heart is throbbing with *black* blood; that, in fact, this pulse is the natural pulse of sudden apnoea—the *apnoeal pulse*, in fact. Certain forgotten experiments by the late Dr. John Reid, and some recent experiments by Professor Draper the younger of New York, were cited, which entirely contradict the commonly received opinion that the left side of the heart and the arteries are comparatively empty of blood in suffocation, and that the right side of the heart and the veins are overloaded at this time almost to bursting.

The lecture ended with some remarks on treatment. Dr. Radcliffe stated that, after properly regulating the diet and habits, he had had much reason to be satisfied with the effects of cod-liver oil and phosphorus, given with the view of supplying what may be readily supposed to be wanting in the nerve-tissues; for oil and phosphorus are most important ingredients of these tissues. He also stated that he had much reason to be satisfied with the effects of phosphorus, given as a sti-



mulant, when stimulation was necessary; and that the ethereal tincture was the most convenient form for administering the medicine.

In the sixth and seventh lectures, Dr. Radcliffe spoke of *Epileptiform and Spasmodic Disorder*. He had, he said, endeavoured in his former lectures to show that the convulsion of *idiopathic epilepsy* was connected with a condition of respiration and circulation which prevented us from supposing, as we are required to do on the current theory of muscular motion, that the convulsion was the sign of exalted functional activity in one or other of the great nervous centres; for it is an established law in physiology, that the functional activity of an organ is directly related to the supply of arterial blood to the organ. Now, in epileptic convulsion, the state of the circulation (as is shown in the death-like paleness of the countenance, and the empty and almost pulseless state of the arteries) is one which *at first* is not very far removed from a state of syncope, and which *afterwards* is unequivocally that of suffocation, except in the few cases in which the initial state of syncope or collapse is prolonged throughout the fit. That is to say, in ordinary cases the state throughout the fit is one of absolute suffocation; a state which, as it would seem, would prevent us from supposing (if the functional activity of an organ be directly related to the supply of *red* blood to the organ), that there is exalted functional activity of any one of the great nervous centres during the convulsion. How, then, is the contrary opinion supported? Is it because there is a full strong pulse during the convulsion—a pulse much fuller and stronger than it was before the paroxysm? The late Professor Schröder van der Kolk supposed that this pulse implied increased arterial injection of blood to the brain, and that this increased arterial injection implied a corresponding functional activity in the organs receiving the additional supply of blood; and this opinion is, no doubt, the expression of the common belief on the subject. Dr. Radcliffe, however, demonstrated that the state of the pulse and heart met with in the epileptic, is the natural state of the circulation in suffocation. With respect to the state of the circulation in suffocation, the current opinion is, that the left side of the heart and the veins are gorged with black blood; and the inference is, that the arteries will be comparatively empty, and the pulse almost or altogether absent in suffocation. The true state of the case, however, the lecturer said, is very different; for the facts are that, in suffocation, black blood readily finds its way *into* but not *out of* the arteries, and that for this reason the veins become emptier than they were before, and the arteries fuller and their pulse stronger. The facts show, for example, that the aorta is almost double its natural size at the height of suffocation, and the venæ cavæ little more than half the natural size. Hence the full and strong pulse of the epileptic paroxysm is nothing more than the natural pulse of suffocation; the pulse of *black* blood, the *apnæal pulse*. This being the case, Dr. Radcliffe argued that the full strong pulse of the fit does not contradict the notion that the convulsion is connected with a state of suffocation—a state in which there is the want of *red* blood—a state which is directly opposed to that which is necessary to

allow of anything like exalted functional activity of an organ, nervous centre or other, during the convulsion. In a word, Dr. Radcliffe argued that the case of epileptic convulsion is one which agrees with the conclusion at which he had arrived with respect to the physiology of muscular motion; for this conclusion was, that the action of the blood and “nervous influence” in muscular motion was not to cause, but to antagonise, the state of contraction.

The lecturer then passed in review the various forms of *epileptiform convulsion*, and showed that the case here was precisely the same as in epileptic convulsion. He also showed that the preliminary history of the convulsion was the same in the two cases; the convulsion being always ushered in by a state of circulation which is as far as possible removed from a state of activity. For example, epileptiform convulsion, connected with active mischief in the brain or the nervous centres, occurred in the initial cold stage of the attending fever, or else in the stage of collapse following the fever, and never during the active stage of feverish excitement. Epileptiform convulsion in this case took, in fact, the place either of rigor or of subsultus. He showed also that, in the cases where the state of the pulse might at first sight seem to contradict this conclusion, there would always be found a state of deficient respiration, and that the pulse was receiving a factitious force from the difficult circulation of the *black* blood which had found its way into the arterial stream. And thus, in epileptiform convulsion, as in epileptic, it would seem to be impossible to connect the convulsion with exalted functional activity of any organ, nervous or other, if it be, as it must be, that the functional activity of an organ is directly related to the supply of *red* blood.

After disposing of the pathology of epileptiform convulsion in its various forms, and making several remarks upon the more practical subject of treatment, Dr. Radcliffe proceeded to show that the same law held good with respect to *tetanus* and other forms of *spasmodic disorder*. Hence it was shown that inflammation or fever had no necessary connection with spasm; and this point was insisted upon—that there may be violent and general tetanic symptoms where the spinal cord or its membranes are untouched by inflammation, and that these symptoms are comparatively slight, and confined to the back of the neck, when the cord or its membranes are actually and unmistakably inflamed. These facts tend to show that the inflammation of these parts may have had the effect of antagonising rather than of causing the inflammation.

The great point of the sixth lecture, and also of the seventh, was that in which the lecturer stated his views with respect to the nature of the *state of irritation* in nerve or nerve-centre, and the relation of this state to the production of morbid muscular contraction in any case, and to the production of congestive or inflammatory changes, when such changes were to be met with. Dr. Radcliffe cited certain experiments by M. Du Bois Raymond, which prove that the electricity of a nerve is affected by some of the causes which induce this state of irritation, and that the position of the two electricities is reversed, the longitudinal surface becoming negative, the transverse section positive.

Dr. Radcliffe believed that a portion of nerve or



erve-centre in a state of irritation has the position of its natural electricities reversed in this manner, and that this reversal will bring about all the results which are traceable to the state of irritability. This electric position is supposed to necessitate, so long as it continues, a state of electric unrest in the nervous system (for the opposite electricities will continually tend to combine and disappear); and that the movement of electricity arising from this cause will give rise to the development in, around, and along the nerve of those instantaneous currents of high tension electricity—those Faradaic currents—currents analogous to the discharge of a torpedo; which currents will produce disturbances in muscular motion, in sensation or nutrition, according as they happen to be developed in, around, along motor, sentient, or vaso-motor portions of the nerve-textures. Hence it follows, according to this view, that the "state of irritation" in nerve or nerve-centre, which may give rise to morbid muscular contraction in various forms, may also give rise (when the vaso-motor nerves are implicated in a particular way) to congestive or inflammatory changes anywhere, in the nervous system or elsewhere; for these changes are not always met with in the nervous system, nor in any constant seat. The morbid muscular contraction and the congestion, that is to say, are looked upon as referrible to the same change, but neither as standing in the relation of cause or effect to the other.

After speaking on these points, and hinting at the therapeutical indications to which these several considerations tend, Dr. Radcliffe briefly analysed the history of *hysterical convulsion*, and of *chorea* and *tremor*, in their various forms; and showed that morbid muscular movement in these different cases is still obedient to the same law as that which rules morbid muscular movement in epileptic, epileptiform, and spasmodic disorder; and that the indications for treatment are the same.

In the next lecture, Dr. Radcliffe will speak of *pain*, regarding which he promises to show that the nervous action which produces pain can be proved to be identical in all respects with the nervous action which produces muscular contraction.

MR. W. HERAPATH *versus* DR. W. B. HERAPATH. We are requested to make known that the analysis in the case of the alleged poisoning in Wiltshire was made by Dr. William Bird Herapath, and not by Mr. William Herapath, for whose examination the matters were intended. It is greatly to be regretted that the Herapaths—father and son—cannot compose their differences, so as to prevent these mistakes and scandals. Mr. Herapath's address is Old Park, Bristol. (*Chemical News*.)

SPORTING DOCTORS: THE QUEEN'S HOUNDS. It would be invidious to name those who saw the finish; suffice it to say that the veteran Davis and the three whips were amongst them, an ex-master of the Windsor drag-hounds, three hard-riding cultivators of the soil (residing not one thousand miles from Slough, Colnbrook, and Bedfont), two doctors and a lawyer, a banker, two steeplechase cracks, three ladies (it would be impossible to say which of these fair equestrians rode the best), an eminent surgeon from town, the saddler from the Haymarket, a stable-minded man from Eton, an innkeeper from Maidenhead, a local vet., and Young Towler.

## British Medical Journal.

SATURDAY, DECEMBER 20TH, 1862.

### ST. THOMAS'S HOSPITAL.

WE sincerely trust that some good results may indirectly be obtained by the profession, from the discussion which has of late been raging concerning the future site of St. Thomas's Hospital. It is possible that the discussion may lead to the general consideration of the subject of our hospital system; and that an inquiry may be instituted to determine what is the actual amount of hospital (*i.e.*, charitable medical) accommodation required, and what the amount at present supplied, for the purposes of our London sick and wounded.

It appears to us that, in the particular discussion alluded to, too narrow a view of the whole subject has been taken; and that (naturally enough, we admit) the arguments adduced on each side, in favour of a town or a country Hospital of St. Thomas, have been too strongly tinctured by particular considerations.

It seems, indeed, most strange that there should arise for a moment any discussion as to the necessity for the fixation of hospitals in the very heart of London. It is surely mere waste of time, to argue that such establishments are absolutely necessary appendages to a civilised community. We have only to reflect upon the torture and misery which would be inflicted on the sufferers from accidents and acute diseases in this metropolis, if there were no receptacles wherein they could receive immediate relief, in order to appreciate the necessity for such institutions.

The necessity for the thing, then, being admitted, what we have next to ask is, What is the amount of hospital accommodation required to meet the manifest want. The answer to this question is a most important one, and it is one which has never yet been given, nor has it been taken into consideration in this discussion. We have often maintained, and we still maintain, that the subject demands the fullest inquiry. The notorious abuses of charity daily perpetrated in all our metropolitan hospitals have reached an incredible height, to the injury of the charitable benevolent, and to the still greater injury of the medical profession at large.

Our hospitals boast of the many thousands of sick whom they yearly cure; and they point to that number as to a justification of their existence—as indicative of the immense benefits which they bestow upon society. But we should like to know how many of these thousands are persons who have no kind of claim to the charity's benefits. We should like to know how much of this benevolence is a spurious



benevolence—hurtful alike to the giver and to the recipient; hurtful to the giver as being an unjust call upon his charity, and hurtful to the individual as degrading him to the position of a pauper. We all well know, moreover, that the injury in this way inflicted on the medical profession is really enormous; and therefore it is that we say, St. Thomas's Hospital governors would do well to seize this occasion, and find out and tell us, not what is the actual number of sick thousands who annually receive relief under their superintendence, but what is the estimated amount of relief actually required for the accommodation of *fit objects of their charity* in the proper district of the hospital. If we had some idea given us of the number of *unfit and improper objects* who yearly obtain relief from, and so rob our medical charities, and our professional brethren, we should be able to form some real idea of what is the actual amount of accommodation required for the rightful recipients of such charity. We want to know, not only whence—from what districts—the patients who find refuge in St. Thomas's Hospital come; but also how many of them there are, who have no right at all to be recipients of charitable relief. We want to know this of all the London hospitals.

With regard to the question of comparative healthiness of town and country hospitals, we apprehend that there can, in fact, be no real difference of opinion, amongst professional men at all events. The hygienic conditions in both cases being equal, no surgeon or physician will, we imagine, be found ready to dispute the fact, that a hospital situated in a quarter, where trees and plants will grow and flourish, where the air is pure and uncontaminated by the thousand emanations which taint and so deteriorate the atmosphere of a large city, where the sunbeams can penetrate, and the winds play freely, must be healthier than a hospital situated in the centre of a city teeming with animal life. It seems, indeed, idle to assert the fact, so plain and obvious as it is. If it be true, as it doubtless is, that in our days gangrene, and erysipelas, and phlebitis, etc., are rarely observed in our London hospitals, thanks to our careful hygienic arrangements; still this does not in any way prove that the air of a London hospital can be as good as the air of a hospital, rendered scientifically hygienic, situated on Salisbury Plain; or that, to use the vulgar tongue, cases *do as well* in a London as they do in a country hospital.

Such being the facts of the case, the grand point which arises for consideration seems to us to be this: What are the classes of diseases, medical and surgical, occurring in large cities, which may, not only without detriment, but with manifest advantage, be better treated outside than within deleterious influences necessarily attaching to the atmosphere of large cities? This question might best be answered by an examination of the nature of the cases actu-

ally present, at any given moment, in the wards of a London hospital. All hospital physicians or surgeons would, we apprehend, readily admit that they have at all times a considerable number of patients under their charge in hospital whom they would gladly transfer into country hospital quarters, if they were able to do so.

But then comes the next question for consideration—the question of removal. Admitting that there are at present, and always, in our London hospitals, a large number of non-acute diseases which would be more rapidly cured in the country than in London, is the transfer of such diseases to the country practicable? Would the trouble and danger attending their translation into country hospital quarters counterbalance the extra benefits (as supposed) to be there obtained? There can, we imagine, be but one reply to this question, and it is: that the class of cases to which we refer may be readily and safely translated from London into the country.

Such, we believe, is the true position of the question. London hospitals are absolutely necessary. Diseases, *cæteris paribus*—i. e., treated under similar hospital hygienic arrangements, and with equal skill—recover better in the country than in town. But the nature of a large number of the diseases of hospital patients forbids their removal into the country; where they were struck down they must, therefore, be treated—i. e., in the city. There are, again, cases which may be readily and without injury transferred into the country, if the transference be practicable; and these cases would recover more rapidly in the country than in London. The question of economy is also one which must be taken into calculation; and we suppose that, under this head, it may be certainly concluded that patients can be more economically provided for in the country than they can in town.

There is one other point to which we must allude before concluding. It has been asserted, that one great advantage of London hospitals is, and always has been, that the sick within them get the best advice to be had in the land. Now, on this point, we think the answer is clear. Since the days of Sir Astley Cooper, Cline, etc., medical and surgical skill and science have undergone a strong democratic fermentation. High skill and science and great medical ability are no longer confined to the atmosphere of the metropolis, or remain in the hands of two or three individuals only, either in fact or by repute. Operations of the most important nature are now performed in the country districts, just as well as they are performed in London. Medical diseases are just as skilfully treated there as in London. On this score, therefore, no one will, we venture to say, take any real exception.



## IMPERIAL ACADEMICAL PRIZES.

In the 9th inst., the French Academy of Medicine held its grand annual meeting, whereat M. Bécclard read the report of the prizes distributed for the year 1862; and M. Dubois, "le Secrétaire perpétuel," delivered an eulogy on the illustrious Thénard. The annual history of this prize-list is interesting and instructive. The fact of the difficulty—we may rather say the impossibility—of satisfactorily adjudging the prizes, is very suggestive. It shows clearly enough that men cannot be always got to do effective work for the sake of a prize. A man of genius and of original enterprise will not be hampered and tied to the subjects of a prize-list. He selects his own field of labour and investigation. That such is the case, we have the proof year after year afforded by the facts before us. The imperial prizes ready for distribution cannot find candidates worthy of receiving them. The conclusion to be drawn from this seems obvious: it is, that prizes should be given to the works of highest merit, whatever the subjects of them may be. It is evidently useless to attempt to treat men of science like schoolboys, and to expect that the bribe of a prize will induce them to turn their hearts and minds to any particular subject which may seem most fitting in the eyes of the giver of the prize.

Let us see how the French Academy of Medicine prizes have again fared on this solemn occasion, the opening day of the Academy.

First comes the Academy prize of 1000 *francs*: "To determine by clinical observation—1. The Natural Progress of different kinds of Pneumonia, considered in reference to the different Physiological conditions of the Patients; and 2. The relative value of the Expectant Treatment of these diseases." Four papers were sent in for this prize, but none of them were considered worthy of it. Two recompenses, however, were administered; and an honourable mention was accorded to three of the authors.

For Baron Portal's prize—"Vascular Obstructions of the Circulatory System of the Lungs, and the Practical Applications to be derived from them"—came in one memoir only; but it was held to be one not worthy of the 600 *francs*. MM. Colin and Goubaux, its authors, however, touch 300 *francs* by way of encouragement.

The next prize, of 2000 *francs*, founded by Madame Bernard de Civrieux—"To determine the part which Moral Medicine plays in the treatment of Nervous Diseases"—brought forward ten applicants, but all were judged not worthy of it. Three authors were encouraged, however, by recompenses of 600, 500, and 500 *francs*, and two by honourable mentions. The mottoes of two of these prize-competitors are curious: "L'office du médecin s'étend

également à purifier l'âme et corps"; and "Medicina nihil aliud est quàm animi consolatio".

Next comes Baron Barbier's standard and impossible prize—cures for incurable diseases; for cancer, epilepsy, typhus, cholera, and so forth. Happily, encouragements may be given to those "who, without attaining the object indicated, approach the nearest to it". Eleven essays competed for this. They were all failures; but two good recompenses are granted, one of them, 2000 *francs*, to Dr Kœberle, for his history of two successful cases of ovariectomy. What will Messrs. Spencer Wells, Tyler Smith, Hutchinson, and other of our successful ovariologists, say to this? The forty pounds sterling per successful case will, we venture to say, bring many French competitors into the field.

At last we come to a prize which finds successful competitors. To MM. Ollivier and Ramier is adjudged Dr. Capuron's prize of 1000 *francs*—"The Pemphigus of New-born Infants".

M. Orfila's prize of 4000 *francs*, relative to the qualities, etc., of mushrooms, found three, but no successful competitors. And here, alas! in accordance with M. Orfila's injunctions, neither recompense nor encouragement could be given as a salvo for non-success.

Finally, a prize of 1500 *francs* was divided amongst three medical vaccinators who had distinguished themselves by their ardour in this field of humanity; and gold medals given to four other physicians. One hundred silver medals were also distributed to vaccinators who had distinguished themselves by the number of their operations, or by their essays addressed to the Academy. Recompenses were accorded to the doctors of epidemics—"les médecins des épidémies"; and to medical inspectors of mineral waters.

The following are the prizes offered by the French Academy of Medicine for the year 1863:—The Academy prize of 1000 *francs*, "Malignant Pustule in Man and Animals." Baron Portal's prize of 1000 *francs*, "Pathological Conditions of the Placenta, and its Influence on the Development of the Fœtus." Madame de Civrieux's prize of 1000 *francs*, "Dyspepsia." Dr. Capuron's prize of 1000 *francs*, "A Comparison between the Advantages and Disadvantages of Pelvic Version, and of the Application of the Forceps in Cases of Constriction of the Pelvis." Dr. Lefèvre's prize of 2000 *francs*, "Melancholia." Dr. Amussat's prize of 1000 *francs* will be adjudged to the author of researches (based on anatomy and experiment) which have led the way to the most important advances in surgery. Baron Barbier's prize of 6000 *francs* stands as before. The Marquis d'Argenteuil's prize of 12,000 *francs* (a sexennial one), comes in next year for adjudication, to the author who has most advanced the cure of strictures of the urethra between the years 1856 and 1862;



or, failing this, to the author who has most advanced the treatment of other diseases of the urinary organs during that period. The following are subjects of the prizes proposed for the year 1864:—The Academy's prize, "The Clinical Study of the Complications which may arise in the Nervous Centres and their Envelopes during the progress of Acute Rheumatism"; Baron Portal's, "The Determination of the State of the Nerves in Local Paralysis"; M. de Civrieux's, "The History of Progressive Muscular Paralysis"; Dr. Capuron's, "Unrestrainable Vomiting during Pregnancy"; Dr. Itard's triennial prize of 3000 *francs*, to be accorded to the best work on Practical Medicine or Therapeutics. The work must have stood the test of at least two years publication. M. Orfila's, proposed for the third time, "The Character of Poisonous Mushrooms, etc." Baron Barbier's prize, "A Cure for Incurable Diseases, or the Nearest Approach to it."

### THE WEEK.

WE quite agree with a correspondent, that the advertisements of the kind of which he sends us specimens, daily to be met with by the score in our newspapers, are a disgrace to the journals which insert them, and to the community which suffers their public appearance. But we really do not see how the blame is to be attributed to defects in the Medical Bill. Free trade, as our correspondent, who dates from Manchester, well knows, is the order of the day in this country; and the consequence is, that we must put up with its evils as well as its good fruits. In this matter, all we can do is to trust that, with the progress of enlightenment of the public mind, the ignorance and prejudices which alone keep their vicious quackeries afloat will disappear. But that millennial period does not, alas! yet loom in the distance.

RUMOURS are afloat in Dublin to the effect that the Catholic University, which has long been seeking for, has now a chance of obtaining, a charter. We read in the *Times*:

"Some excitement and speculation have been produced by the visit of the Chief Secretary to the Catholic University on Saturday afternoon. He was accompanied by Dr. Nugent, Inspector-General of Lunatic Asylums. The visit was private and unofficial; and it is said that no intimation was given of his intention to honour the establishment in that way. Neither Protestants nor Roman Catholics can persuade themselves that the visit was merely designed to gratify curiosity; so there is hope of a charter on one side, and fear of dangerous concession on the other."

THE appointment of Dr. Arthur Farre to the office of Physician-Accoucheur to the Princess Alice, in conjunction with Sir Charles Locock, will, we are sure, meet with the general approbation of the profession. It is gratifying to have again to record

another proper and judicious royal medical appointment.

A WARM debate took place at the Pharmaceutical Society on the 3rd instant, relative to the now famous Linimentum Belladonnæ Pharm. Brit. Some of the members thought that other members had an undue advantage in preparing such a liniment. We learn, at all events, how the liniment got abroad before its due time of appearance.

"Mr. Hills admitted at once that a liniment called Linimentum Belladonnæ Pharm. Brit. had been prepared and sold in his establishment. It happened in this way:—In the ordinary course of business, a prescription, in which the preparation was ordered, was brought to his establishment. The assistant into whose hands the prescription came, of course, knew nothing of the preparation; and he, therefore, as he was bound to do, sent to the physician who wrote the prescription, for the formula. The physician gave the formula, and the prescription was dispensed. For himself, Mr. Hills said, he had never seen either the formula or the preparation. He believed the physician had written the prescription inadvertently. He wanted to try the liniment and had prescribed it; but it was done entirely through inadvertence.

"Mr. Deane said that the whole affair was a matter of misconception. It was well known that the laws of the College of Physicians forbade a physician to prepare his own medicines. If a physician wished to try a remedy, he was obliged to resort to a chemist to prepare it for him. In the present case, a physician had put the words 'Pharmacopœia Britannica' after a preparation inadvertently. The patient went to another chemist, who sent to the physician, and he gave the formula. All lived in glass houses, and it was the height of imprudence to cast stones.

"Mr. Vizer admitted that, if a physician wished for a medicine for a special case, the course adopted was perfectly justifiable; but the belladonna liniment was prescribed publicly." (*Chemical News*.)

THE *Dublin Medical Press* has some sensible and just remarks about Garibaldi's doctors. We read:—

"It is now more than two months since the decisive shot was fired which terminated Garibaldi's ill-advised insurrection by prostrating its leader; and it is only within the last few days, two months later, that a definite conclusion was arrived at as to the nature of the injury. The first sentiment which animated the English people was the fear that, like Cavour, Garibaldi might fall a victim to the ignorance and rashness of Italian surgeons. This was, as the sequel has proved, a rash assumption; the much-abused Italian surgeons have retrieved their lost reputation by adhering from the first to the opinion that the ball was in the wound, contrary to the expressed conviction of the champion of English surgery. Acting on the impulse of the moment, a few persons determined to join in the expense of sending out a trustworthy medical man, whose diagnosis should be unquestioned, and by whose treatment Garibaldi might be rescued from the Italian doctors. Here was the first mistake; the committee acted hastily and without due consideration in expressing by their public act a distrust of the General's attendants without having a single fact to justify their doubts. Had the case been left in the hands of the Italian surgeons, who, we are bound to say, displayed all through its course assiduity and ability, controversies which have excited so much undesirable attention on the part of the public would have been avoided."



hear so much of bad and adulterated food, that we are glad to find an officer of health bearing testimony to the goodness of some of the staple articles of food in his district. In his last annual Report, Mr. Lankester says that in the parish of St. James, Westminster,

"On the whole, a very small portion of the articles of animal diet sold is of an unwholesome or prejudicial nature. Wherever suspicion has arisen, I have found the tradespeople in possession of the suspected article very ready to sacrifice it for the public good."

The milk also, he says, is unadulterated; and of the bread:

"I may express my conviction, that in your parish the great mass of the bread sold to the people is made with much attention to cleanliness and purity as is consistent with the process by which the bread is made, and the places devoted to its manufacture."

THE *United Service Gazette* points out, in a leading article, a grievance to which surgeons in the navy are subjected. For a century, it appears, navy surgeons have been obliged to find their own surgical instruments. When the practice was established, there was a reason for it; surgeons then received so much pay for attending on the sick. Their pay was, like that of the chaplain, nominal. They had then no place on the *Navy List*, and no naval rank. But medical officers are now recognised members of the service. This providing of their instruments still, however, remains in force. "The expense of a naval surgeon's instruments is estimated at £25 : 15; and as they, most of them, require replenishing every three years, the tax becomes of importance." The captain and all other officers are now relieved from demands for ship's use. The *Gazette*, therefore, now asks, and very properly and fairly, that the surgeon should be placed upon a similar footing with his brother officers; and that a practice, which was established a hundred years ago to meet a totally different condition of things, should not be any longer retained.

MR. BUCKLAND of the Life Guards gives the following description of the trapèzist Olmar's bodily conformation:

"I have had a lengthened interview with Olmar, who kindly allowed me to make an examination of his *physique*. He is not a tall man, but is all muscle and strength; the power of his biceps and forearm is tremendous; his wrist has amazing strength in it; his pectoral muscles project like the breast of a bird; the muscles of his back are like those of the figures of Hercules in the statues by Roubillac in Westminster Abbey: his chest has a large capacity; and he weighs, with all this power, but 130 lb. It was very curious also to observe how that certain muscles in the abdomen and back, not developed in ordinary persons, are very much developed in Olmar. They are the very muscles which are called into play when he walks on the rings head downwards, and plainly show us how that Nature has provided muscles for the working of the human frame in whatever position it may be placed, even when the head is downwards. Olmar tells me that his ladder is made of the best Jamaica lancewood, and is 11½ feet long; the

bar of the trapèze is 4½ feet long, and 2 inches in diameter; the apparatus with the rings (which are iron covered with rope) is 90 feet from the floor of the Alhambra. He has been eleven years learning to walk in the rings head downwards, and it was nine years before he had confidence in himself enough to bring it out. The great difficulty he experienced at first was to 'keep the blood out of his head' when in this position, and it was ten months before he trained his head to it. It is no trick, but simply a feat requiring great courage and coolness. When *near the ground*, he can walk along from 150 to 170 rings without difficulty. He showed me the amazing power of his foot; for when he bent the toes upwards, it was with difficulty that I could force the foot down again. The tendons working the foot are like iron wires. He learnt gradually, as a little child learns to walk on the floor of the nursery; even now he is obliged to practise by himself every morning. He considers his most difficult feat is balancing himself by one foot on the trapèze-bar (but the public does not know this), even when the bar is close to the ground. He knows no professional who can do it even now—the bar is so apt to slip away from under the foot; it is so unsteady, and trembles so much with his weight. Olmar, I was pleased to see, was not inclined to 'swagger' or be conceited about his performance; he acknowledges its danger; but long practice, perseverance, coolness, pluck, and strength, have enabled him to overcome this danger. He has never yet met with an accident; and trusts that his personal qualities, with great care in fixing the apparatus, will enable him to escape harm or injury for the future."

THE following words of Judge Byles, so strongly corroborative of the views lately expressed in this JOURNAL relative to capital punishment, are worthy of especial note. The judge does not allow his reason to be carried away by his feelings, but calmly considers how justice may be most effectually tempered with a reasonable mercy.

"Gentlemen, I make any observation upon this point with some degree of doubt; but I confess I often feel, when looking at a prisoner at the bar, considering what he has done, and what have been his position and temptations compared with our own, that the legal and the moral guilt are by no means convertible terms; and that many of the criminals thus convicted would in a distant land, removed from old associates, become useful and honest members of society. Look even at our own colony of Queensland."

He sees that there is no field nor hope for the criminal's reformation in this country, and therefore naturally goes back to the old system of transportation.

M. Pasteur, so well known for his works on molecular chemistry, and for his recent experiments concerning spontaneous generation, has been elected by the Academy of Sciences a member of the Mineralogical Section. His opponents were MM. Descloizeaux and Delessc.

MM. Barthez and Lapeyronie are to be honoured by the elevation of statues to their memory. MM. Gumery and Laury, Parisian sculptors, are charged with the execution, the first of Lapeyronie's, and the second with Barthez's statue. The statues are to be placed at the end of the bridge which leads to the School of Medicine.



## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*  
Worcester, November 10th, 1862.

### WEST SOMERSET BRANCH.

A *conversazione* meeting will be held at Clarke's Hotel, Taunton, on January 7th, 1863, at 7 P.M.

Gentlemen desirous of communicating papers or cases, are requested to send notice to the Honorary Secretary.  
W. M. KELLY, M.D., *Hon. Sec.*

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A general meeting of this Branch was held in the Medical Department of the Birmingham Library, on Thursday, December 11th; HENRY DUNCALFE, Esq., President, in the Chair. Fifteen members were also present.

*Papers.* The following papers were read:—

1. A Remarkable Case of Gunshot Wound. By J. F. West, Esq.

2. Historical and Clinical Inquiry into the Relative Merits of the Different Methods of Treating Fractures of the Limb. By J. S. Gamgee, Esq.

*New Members.* Messrs. Herbert E. Proctor of Wednesbury; Edmund Robinson of Birmingham; and Girdlestone of Penkridge, members of the Association, were unanimously elected members of the Branch.

## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 9TH, 1862.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

THE HISTORY AND PROGRESS OF OVAROTOMY IN GREAT BRITAIN; WITH OBSERVATIONS FOUNDED ON PERSONAL EXPERIENCE OF THE OPERATION IN FIFTY CASES. BY SPENCER WELLS, ESQ.

THE author commenced by proving that ovariectomy is an operation of British origin. It was first suggested by William Hunter, was warmly advocated by John Bell, and was first practised by Dr. McDowell, an American pupil of John Bell. He then proved that its subsequent progress is chiefly due to the labours of British surgeons. He traced the progress of the operation from its first performance in Scotland by Mr. Lizars, in 1823, Dr. Granville's attempts in London in 1827, and the first successful case in England in 1836, by Mr. Jeaffreson, of Framlingham, to several other successful cases by provincial surgeons in that and the two following years. Mr. Morgan's attempted operation in 1839, and Mr. Phillips' completion of the operation for the first time in London in 1840, were also noticed, as well as the unsuccessful cases of Mr. Key and Mr. B. Cooper at Guy's in 1843, and the commencement, in 1842, of Dr. Clay's long

series of operations. This review showed that ovariectomy had never been successfully performed in London twenty years ago, although at least ten successful cases had been recorded by provincial surgeons. The successful cases in London, in 1842 and 1843, by Dr. Walne, I. F. Bird, and Mr. Lane, were next noticed, and the first successful case in a large London Hospital, at St. George's, by Mr. Caesar Hawkins, in 1846, as well as many other cases in the provinces in the four following years. Mr. Duffin's case in 1850, by which he showed the importance of keeping the strangulated portion of the peduncle outside the peritoneal cavity, was alluded to as the inauguration of a new era in ovariectomy. The effect of the various papers published in former volumes of the *Transactions*, and the discussions which had taken place in the Society, were then shown to have had an unfavourable effect upon the progress of the operation, and did a number of unsuccessful cases which occurred between 1852 and 1856; so that when the author began to operate in 1858, ovariectomy was at a very low ebb in professional opinion. After alluding to the introduction of the clamp by Mr. Hutchinson, and his own modifications of the details of the operation, especially with regard to the means of securing the pedicle, closing the wound, avoiding the abuse of opium, and supplying fresh air to the patient instead of hot vapour; the author gave the results of his whole experience of the operation in a table. His cases were divided into three series. The first series contained 50 cases in which ovariectomy had been completed; in these there were 33 recoveries and 17 deaths. The second series contained 3 cases in which ovariectomy was commenced, but not completed; in one from the intestines being found anterior to the tumour in the second, from the extent and closeness of the parietal adhesions; and in the third, from the presence of concretions around the brim of the pelvis, and to the uterus and the bladder. No death resulted from the operation; but the first patient died four months afterwards from spontaneous rupture of the cyst; the second died a year after operation, having been tapped seven times in the interval; and the third partially recovered, but died three weeks afterwards from spontaneous rupture of the cyst into the peritoneal cavity. The third series contained 3 cases in which an exploratory incision was made, and the adhesions found which had been suspected. One of these died a week after the operation from inflammation of the lining membrane of the cyst; another recovered and had been tapped twice; and the third died of the natural progress of the disease in fifteen days. He then attempted to correct some errors which tended to retard the progress of the operation, showing that many of the alleged difficulties of diagnosis were easily overcome; and that, as after other capital operations, the better the general health of the patient, and the smaller the injury that is done in the removal of any diseased part, the greater is the probability of success. He proved that when patients recovered they were restored to perfect health, had lived many years, and had borne children of both sexes. In conclusion, he left the Society to determine "whether an operation which has led to such results is still to be stigmatised as unjustifiable; whether they who perform it are necessarily open to the reproach that they do so rather to serve their own selfish purposes than for the good of their patients; whether they who, in the face of evidence sufficient to convince any unprejudiced mind, withhold from their patients a tried and approved mode of curing a disease otherwise incurable and certainly fatal, are not open to still more serious reproach; and whether it does not become us—as men of science who practise our art, not for our own advantage only, but with the earnest desire to do the very best that can be done for those who are confided to our care, and who trust in our knowledge of our skill, and our honour—no longer to condemn and oppose this operation, but rather to study its past history;



gard it with pride, as an offspring of British genius, created by British industry; and to assist its future progress by perfecting our means of diagnosis, and, by stigating the avoidable and removable causes of excessive mortality, reduce it to the comparatively low proportion to which it may be, and will be, reduced, and render ovariectomy, in each coming year, more durable to British surgery, and more useful to mankind.

In reply to the observations of various speakers, Mr. Lister said that no surgeon could be justified in performing any operation necessarily attended by serious risk to the patient, unless life were seriously threatened by the disease. In ovarian tumours were not very large, or were not growing fast, no one would think of advising ovariectomy. It could only be justifiable when other treatment was useless, and life was threatened at no very distant period. But all experience showed that—putting aside the rare exceptional cases of women who lived for very many years with or without occasional tapping—it was rare for a patient to live for two years after an ovarian tumour had obtained such a size as to raise the question of ovariectomy. He had stated his grounds for this belief in a paper read before the British Medical Association at Canterbury. He did not regard fluctuation as necessarily found in progressive ovarian tumours. He had seen many cases of such tumours, which grew very rapidly, and yet fluctuation could not be detected; especially if there was much fat in the abdominal wall. Or did he think that it could be called a mistake if a surgeon removed a tumour, although he did not feel certain whether it would prove to be uterine or ovarian. The great questions were—"Is it moveable, and can it be removed?" In two of his cases great doubt had been felt before the operation. One of them had been alluded to in the paper. The other patient had been examined by at least twenty gentlemen of great experience, and about half thought the tumour was uterine, and the other half ovarian. He himself felt great doubt, after repeated examinations; and though, at the time of the operation, he was inclined to think it was ovarian, he could not have been surprised if it had proved to be a peritoneal fibrous outgrowth from the uterus. Had it proved to be so, it would have been removed quite as easily, and probably quite as safely as it was, though the patient made an excellent recovery. Provided the uterus and the tumour could be moved independently of each other, he thought the surgeon need not be deterred from operating by any doubt as to whether the tumour were uterine or ovarian; and he certainly could not be accused of a mistake if, before his operation, he felt the impossibility of being positively certain as to his diagnosis. With regard to anasarca, he had been led to regard it as an unfavourable sign, and had noticed that many of the patients, in whom it had been present, had done badly; but he thought we were arriving at a sort of law that, when it merely depended upon the pressure of the tumour retarding the return of blood from the lower limbs, it was of no more importance than in pregnancy. But, when it depended on disease of liver, or spleen, or kidneys, or heart, or on leukaemia, then it should lead the surgeon to consider the case as unfit for operation. So with ascites. If it depended on disease of the liver, kidneys, or spleen, or on chronic disease of the peritoneum, the case was very unfit for operation. But if no such disease could be detected, and the dropsy seemed to be caused by the mere pressure of the tumour, or by its movements mechanically irritating the peritoneum, the effusion ceased as soon as the tumour was removed. He had seen several such cases do very well. In one there were fifty-seven pints of ascitic fluid, and in another forty pints. He could quite confirm a statement of Mr. Erichsen, that patients above 50 years of age recovered remarkably well. He had operated on seven patients between the ages of fifty and sixty, and only one died.

But he did not think young women unfavourable subjects for the operation. He had twice operated successfully on girls of seventeen, and of fifteen cases between twenty and thirty, twelve had recovered. Between forty and fifty, of eleven cases, seven had recovered. But, between thirty and forty, of fifteen cases, only six had recovered. They seemed to do better before thirty or after forty, than between those ages. Whether this was accidental, and would be corrected by a larger number of cases, he could not say.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, DECEMBER 5TH, 1862.

JAMES R. LANE, Esq., Vice-President, in the Chair.

ON PLUGGING THE NOSE. BY T. CAHILL, M.D.

IN cases of excessive epistaxis, the author had found that the ordinary mode of plugging the nose effectually, both in front and behind, was attended with considerable distress to the patient, and with some inconvenience to the operator, although it might not be attended with much difficulty. The method he had adopted consisted of passing a piece of dry and compressed sponge, about two inches long, and of sufficient size to pass easily along the floor of the nares. This was secured in the middle by a piece of tape or twine doubled. When the sponge was fairly pushed by a probe, or, what was better, a female catheter, through the posterior nares, the tape was drawn upon; the sponge then took a direction transverse to the nasal cavity, doubling upon itself, and so blocked up, when swelled by the absorption of blood, the posterior nares. The two ends of the tape, now hanging out of the nostril, being then separated, the anterior cavity was filled with cotton wool, and the tape then tied across the whole in front of the nose. Removal was easily managed by pushing the sponge into the pharynx, and so bringing it out through the mouth. The simplicity of this operation was shown by the author upon the skeleton.

STRICTURE OF THE OESOPHAGUS. BY J. WAY, M.D.

The disease had occurred in a woman aged 52, which had commenced ten months previously to her death with the usual symptoms; viz., difficulty of swallowing, vomiting immediately after taking food, accompanied with pain. Towards the termination of the disease, shreds of mucous membrane were vomited, with some relief to the symptoms. These shreds of membrane, upon examination, were found to be perfectly healthy. The *post mortem* examination showed the upper part of the oesophagus to be dilated, and the stricture to be confined to the lower fourth. The mucous membrane of this part had been removed, exposing the submucous tissue, which was found infiltrated with colloid cancerous disease. There were also some small glands affected in the same manner. The liver was elongated, but no trace of cancer could be discovered. The post-tracheal glands were cancerous. Life had been prolonged by nutrient enemata. The diseased portion of the oesophagus was exhibited.

INDUCTION OF PREMATURE LABOUR. BY P. MARTYN, M.D.

This proceeding had been recommended and performed by Dr. MARTYN in a woman aged 45, who had previously had four children, and whose labours had been more tedious and difficult at each succeeding delivery. Still-born children had been the result of the long continued pressure and the violent contractions of the uterus. Contraction in the antero-posterior diameter of the pelvis had been made out to be the sufficient cause of the obstruction. At the end of the eighth month, the author, to induce premature labour, injected, by means of a catheter, four ounces of warm water a few



inches within the os uteri. Three hours afterwards, slight pains came on, but without any further result. The following day, six ounces of water were injected six inches into the uterine cavity. Labour pains set in four hours afterwards. Prolapse of the funis took place when the liquor amnii was discharged; but the author managed to hook the funis over one of the arms of the child while still *in utero*; and leaving the rest to the natural efforts, the child was born eight hours from the commencement of the labour pains. Both mother and child did well.

### JUNIOR MEDICAL SOCIETY OF LONDON.

TUESDAY, DECEMBER 9TH, 1862.

H. SMITH, Esq., Vice-President, in the Chair.

*Pathological Specimens.* The following were exhibited.

1. Encysted Knotty Tumour of the Liver, connected with a Syphilitic Origin. By Mr. Kempthorne, King's College.

2. Larynx and Trachea of a Child, showing Diphtheric Exudations. By Mr. Talfourd Jones, University College.

*Ovariectomy.* Mr. YEO read a paper on ovariectomy. He observed that the subject was so mature, and surrounded by so many well-authenticated facts, that it might fairly be discussed by the Society. In doing so, it was desirable to be influenced not so much by the weight of authority, as by a calm review of the facts of the case and the reasonable inferences to be deduced from them. The history of the operation was then traced from its origin in America in 1809, and its inauspicious introduction into Great Britain by Mr. Lizars of Edinburgh in 1823, to its reintroduction by Dr. Clay in 1842, and its subsequent steady progress. Mr. Yeo then enumerated the various other means that had been suggested for dealing with ovarian tumours, and alluded to their generally unsatisfactory results; and, after sketching the usual course of a case of ovarian disease if left to itself, or merely submitted to palliative treatment, he passed on to the consideration of the operation of ovariectomy itself, pointed out the cases in which it appeared justifiable, and thought it should be restricted to those cases where the disease manifested a progressively fatal tendency, or where the patient's life was rendered so miserable that an operation was eagerly sought after. While alluding to the modes of performing the operation and the proper after-treatment, the author mentioned the particulars of two recent cases; one in which Mr. Fergusson, and the other in which Mr. Bryant, had operated. He then stated the common objections to the operation, and thought they would be removed by the results of an extended experience, a careful selection of cases, and a careful observation in operation of all the details that the most experienced in these cases had suggested and found necessary. In conclusion, he observed that, after and in spite of much opposition, ovariectomy may now be regarded as about to take its place amongst the greatest achievements that the progressive surgery of the nineteenth century had produced.

A discussion ensued, in which Messrs. H. Smith, Hayward, Freeman, Jones, Deck, Pick, Shears, Wintle, and Clarke, took part.

### LIVERPOOL MEDICAL INSTITUTION.

NOVEMBER 27TH, 1862.

A. B. STEELE, Esq., Vice-President, in the Chair.

*PATHOLOGICAL DEPARTMENT.*

*Fractured Ribs: Hæmaturia.* Mr. HAKES shewed two ribs which had been broken, and were now firmly united, taken from a patient at the Northern Hospital, who had died from hæmaturia. The right kidney was found sur-

rounded by a great mass of coagulated blood. In the lower part of the kidney there was a transverse layer that appeared to be lymph effused after a rupture of the organ; but the origin of the blood effused around the kidney and of the hæmaturia was not clearly made out.

*Vesical Calculus.* Mr. LOWNDES shewed a stone removed from the bladder at the Northern Hospital, by Dr. Chalmers; and read the notes of the case taken by Mr. Heelas, house-surgeon. Robert Coyle, aged 62, a butcher's labourer, was admitted on October 7th, 1862, with reducible hernia of long duration. The skin of the groin was irritated and inflamed by a badly fitting truss. Three days afterwards, he mentioned that he had suffered great pain and smarting in the glans penis for ten years. It had become worse of late; and for six years he had been disturbed many times in the night to pass urine. On sounding him, a stone was immediately struck. He was ordered alkaline diluents to drink, and opiates by the rectum. This treatment gave him considerable relief. On October 24th, Dr. Chalmers endeavoured to perform lithotomy; but the stone proved to be extremely hard, and seemed to spring away from between the blades, as though it were unbroken, on a considerable force being applied to the screw. On removing the instrument, one of the blades was found to be bent. The patient suffered greatly from pain at the neck of the bladder for some days, and some small fragments of stone passed with the urine. On November 6th, Dr. Chalmers performed the lateral operation of lithotomy with Buchanan's rectangular staff. The stone was found to have been broken into several pieces; and after the greater part of these were removed, one large fragment that seemed folded in the bladder behind the pubes was removed with some difficulty. The patient has since recovered, without a bad symptom; the urine now comes entirely by the urethra, and the external wound is nearly healed. The stone answered to the usual test for lithic acid, and was extremely hard and dense in its structure. In reply to Dr. Gee, Mr. Lowndes said that the injection of warm urine as a solvent had not been tried in this case.

Mr. FLETCHER mentioned a case he had seen at Vienna, in which the lithotrite had become bent, and had been hauled by main force through the urethra. The blades were separated to an extent that would admit the thumb. The man recovered well.

Dr. NOTTINGHAM spoke of the great size of the instrument formerly used in lithotomy. He had himself used one of the thickness of the end of his forefinger, and marked No. 23.

### MEDICAL DEPARTMENT.

*The Galactagogue Properties of Faradisation.* Dr. SKINNER narrated several cases in which the local application of galvanism produced remarkable effects, both of a temporary and a permanent nature, on the secretion of milk.

The CHAIRMAN made some remarks on the title of the paper. Faradisation is galvanism; and when a shorter and more familiar word can be used it should be. As to the effects of galvanism on the secretion of milk, we should remember, that that secretion often receives a temporary check from any disordered state of the system, and after simple medical treatment all goes well again. He doubted whether the milk obtained by this process of stimulation would have the properties of natural healthy milk.

Dr. VOSE held the same opinion as to the title of the paper. It is perfectly preposterous that we should have to learn all these new names. Faradisation is the last ounce on the camel's back. We hear of basic murmur, then of spanæmia, then of cephalotripping. The use of such terms tends to bring the profession into contempt, and is absurd pedantry. The cases which Dr. Skinner had brought forward were interesting, not only in them-



es, but as being in their results quite antagonistic to it is observed in medical cases. We know how disappointing galvanism has been to us, so as gradually to have fallen into disrepute. Some years ago, an attempt was made to revive its use, and the profession were induced to renew their attention to it; but he believed the results were entirely negative. Patients used to be sent from the Infirmary from a distance to be galvanised, and no doubt something was done, and the patients were cured. This paper seemed adapted to revive our faith in a measure that has hitherto bitterly disappointed us. Dr. NOTTINGHAM defended the title of the paper. Galvanisation is a word often used on the continent, and its meaning is there familiar to scientific men. He (Dr. Nottingham) believed electricity to be often useful in stimulating various organs. He had often, however, been disappointed in its use in regard to the uterus in menorrhœa. He thought it was never so much employed at the present time.

Dr. WATERS mentioned that he was using galvanism with marked advantage in a case of chronic rheumatism that threatened to end in muscular atrophy, as described by Dr. Roberts.

Mr. FLETCHER said local applications, no doubt, could affect the secretion of milk, and, notably, belladonna checks it in a remarkable way. He had often seen the administration of sugar of milk and cod-liver oil increase the secretion of milk.

Mr. LOWNDES could not understand how one application of galvanism could produce not only an immediate, but a permanent, increase in this secretion.

Mr. DESMOND referred to the remarkable power of this agent in one of Dr. Skinner's cases, in which the breast had ceased to secrete from disease.

Dr. GRIMSDALE asked whether electro-magnetism, which could be applied with a much more portable apparatus, had been equally successful in Dr. Skinner's hands.

Dr. SKINNER had not tried it; he had complete faith in galvanism.

Mr. HAKES thought Dr. Skinner's strong bias might possibly have influenced his judgment. It had been mentioned that Dr. Routh's experience furnished very different results.

Dr. SHEARER took a more cheerful view of the general cases of galvanism. With regard to belladonna, he had seen it also check the secretion of saliva in salivation.

case I have invariably detected the presence of arsenic. Some of these samples have contained as much as one grain of arsenic in 433 grains of the article examined, others only one grain in 1000 grains. Such quantities, although minute when given in the usual medicinal doses, yet, under a similar combination of circumstances as those occurring in the case in question, might lead to very serious consequences, as it would be impossible to establish the fact of a criminal administration of this poison if bismuth, in its present impure condition, had been administered medicinally.

Some preliminary experiments have shown me that it is possible to remove the arsenical impurities by a very simple process, and one which would not add much to the cost of the material. On boiling either of the insoluble salts of bismuth with sufficient quantity of solution of caustic soda or potassa, the arsenic is quickly removed in the soluble form; and the residue, on treatment a second time with the same reagent, and subsequently well washing it by means of large quantities of water and decantation, is rendered perfectly pure and fit for medical purposes. I am not aware whether this process has been hitherto proposed; but it has succeeded perfectly in purifying some samples of carbonate and nitrate upon which I have tried it in my own laboratory.

The occasional existence of arsenic as an impurity in the bismuth of commerce was a fact well known to me; but it was not until my return from giving evidence before the Wiltshire magistrates that I became aware of its almost universal presence; and permit me to express my acknowledgments to Dr. B. W. Richardson for having called my attention to this fact. My subsequent experiments have fully confirmed the truth of his observations.

It is not for me to decide whether this was the source of all the poison in the case in question. However, I *think not*; for we should then have to imagine that at least an ounce of impure bismuth had been taken by the patient, in order to account for the quantity of arsenic found by me; and, although all the arsenic had been retained in the viscera of the deceased, yet, by some means or other, the whole ounce of bismuth had been evacuated, with the exception of a mere trace, as scarcely the one-twentieth part of a grain remained: a difficulty which, in my opinion, it is impossible to overcome.

I am, etc., W. BIRD HERAPATH.

32, Old Market Street, Bristol, December 6th, 1862.

## Correspondence.

### ON THE PRESENCE OF ARSENIC IN THE MEDICINAL PREPARATIONS OF BISMUTH.

LETTER FROM W. B. HERAPATH, M.D., F.R.S.

SIR,—The recent case of arsenical poisoning in Wiltshire has brought prominently before the public the fact that the processes adopted in the manufacture of the medicinal preparations of bismuth are very imperfect, and permit the presence in these most useful articles in the materia medica of large quantities of a highly dangerous and noxious substance—viz., arsenic, in some form or other. It, therefore, becomes most desirable that the attention of manufacturers should be called to this circumstance, in order that they might produce an article free from such dangerous impurities. Since my return from Hindon, I have examined fourteen different samples of this medicinal agent, amongst which were preparations obtained from the dispensaries of the Bristol Royal Infirmary, the Bristol General Hospital, as well as samples from some of the first pharmaceutical establishments of this city and Clifton also; and in each

### ANÆSTHETICS IN LABOUR.

SIR,—Highly as I appreciate the philosophical spirit in which Dr. Poncia has written upon this topic in your JOURNAL of November 29th, my own experience, gained doubtless in a different field, would lead me to suspect that the doctor had formed an erroneous and somewhat exaggerated idea of the baneful effects of pain in natural labour. Dr. Poncia will perhaps be surprised to learn that, in an obstetric practice extending over twenty years, and averaging above one hundred cases annually, and including, of necessity, a certain number of fatal cases, these fatal cases, with scarcely an exception, were preceded by natural and what might be fairly termed easy labours; and, furthermore, without flooding being the precursor of a single fatal case of peritonitis—a fact entirely at variance with the experience of that eminent surgeon and accoucheur, Mr. Skey.

The above is clearly not in accordance with Dr. Simpson's statistics, as quoted by Dr. Poncia; but is, I affirm, strictly true. Exception will possibly be taken to the phrase "of necessity", used above; but I deliberately adopt it, having observed that fatal results follow protracted, difficult, and instrumental labours, in so small a proportion of cases coming under any one of these de-



signations, and, *au contraire*, so often (comparatively speaking) supervene upon natural and easy labours, that to me it seems perfectly reasonable to believe that the appointed hour of departure happens inevitably to a very small number of females at or soon after the completion of the term of gestation; and that hence, confessedly, no amount of obstetric skill or care has hitherto entirely sufficed to ward off fatal results even after what are termed, *par excellence*, natural labours. I am fully prepared to learn that the experience of other practitioners rejects this hypothesis *in toto*. It seems natural for observers in different fields to arrive at different conclusions. In illustration of this, I may remark that, in my own practice, I have not found the aid of the forceps—long, short, or Simpsonian—indicated in more than two or three cases in a hundred; but I learnt some time ago, from the half-yearly *Retrospect of Medical Science*, that Dr. H. of Falkirk found in his locality that cases *not* requiring the aid of this invaluable instrument were exceptional. I say *found*, because it is just possible that increased experience may have led Dr. H. to modify both his views and practice. In passing, may I ask what Dr. Tyler Smith meant when he somewhat vaguely alleged that “the exigencies of modern practice” required a more frequent use of the forceps? Did he mean that the accoucheur’s time had increased in value? or that the endurance of the patient had diminished so much as to necessitate this result—who knows?

To resume: the *clientelle* of the distinguished northern professor embraces so large a proportion of ladies endowed with a highly nervous organisation—nerves so finely strung—that with him and them we are told that chloroform is the rule, and a natural unmitigated labour the exception—facts entirely at variance with my own experience and that of most others practising in this foggy and somewhat benighted district.

In conclusion, permit me to add that I fully concur with Dr. Poncia that it is most desirable that immoderate and protracted pain in parturition should, if possible, be abridged or lessened, and by chloroform, if that be proved to be necessary and unattended with danger; and, above all, if in accordance with the wishes of the fair sufferers themselves. But, having had but little experience of anæsthetics, I must perforce content myself with appending a formula for Dr. Poncia’s inspection, which I have often used with apparent benefit when the sufferings of my patient have been augmented or protracted by spurious pains or an unyielding condition of the os uteri, and which possesses one advantage, at least, over chloroform; namely, that if it be placed in the hands of a trustworthy attendant, with the necessary instructions, the accoucheur will generally be at liberty to leave his patient for an hour or two at a time, until, in fact, a change gradually brought about shall warn him to keep within call. The formula simply comprises the following mixture:—Tartarised antimony, one grain; sedative solution of opium, forty minims; distilled water, two ounces. Of this one teaspoonful may be given every hour, or at some shorter interval, at the discretion of the accoucheur.

I am, etc.,

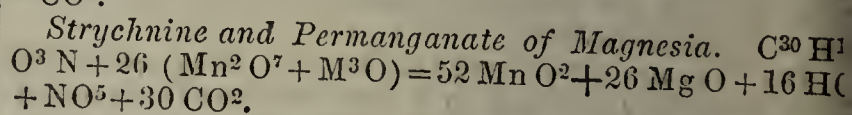
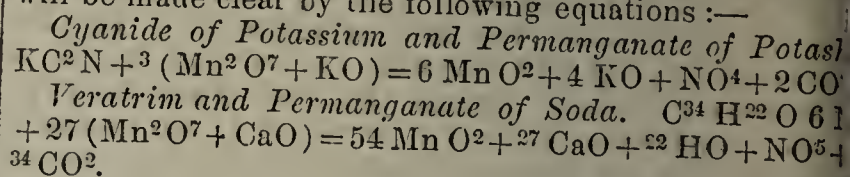
C. DE CINQ-MAISONS.

December 1862.

#### AN ANTIDOTE FOR ORGANIC POISONS.

SIR,—Notices of accidents by, and antidotes to, organic poisons, are constantly recurring in the medical journals. Your last impression contained three such articles—one on poisoning by aconite, and two suggesting antidotes to strychnine. Now, it would appear to me that we have not far to go in order to find substances which are calculated in an eminent degree to meet every case of poisoning by organic poisons. The alkaline permanganates are in all respects such substances. Since the introduction of Condry’s fluid, which

consists of combinations of these salts in solution, there no longer exists any difficulty in procuring them. The preparation is now to be found in almost every chemist’s shop, and in very many households; and its virtues, as an antidote, not only to offensive and infectious matters, but also to every form of organic poison, has only to be recognised in order to render it of ready avail when accidents occur from the swallowing of laudanum, strychnine, cyanide of potassium, aconite, or other such deadly substances. If this were more generally known, many valuable lives would doubtless be saved. The action of the permanganates on poisons of organic nature will be made clear by the following equations:—



I am, etc., MED.-CHIR.

London, December 15th, 1862.

#### CHLORINE MIXTURE.

LETTER FROM C. F. HODSON, ESQ.

SIR,—I am much obliged to Mr. Morris for noticing the omission, in the Introduction to the Therapeutical Inquiry No. IV, of directions for making the chlorine mixture. The formula he has been so good as to supply, in page 600 of the JOURNAL, is that which I should have given. It is easily prepared, very convenient for the dispenser, and, with the addition of some syrup, is taken readily by children.

I am, etc.,

CHARLES F. HODSON.

The Chantry, Bishop’s Stortford, December 11th, 1862.

#### LUNACY CERTIFICATES: HALL v. SEMPLE.

LETTER FROM EDWARD BERNEY, ESQ.

SIR,—In your leading article upon this case, you suggest the moral which the medical profession may draw from it; or, rather, through our JOURNAL we learn the moral, which the writer of this leading article himself draws from the late trial.

The moral I draw from this trial is one of a very different kind; viz., that I shall be very cautious how I sign a certificate of lunacy, without a special bond of indemnity from a responsible person, holding me harmless in case of an action being brought against me.

What right has the writer of this leading article to suggest that certificates of lunacy are more frequently than may be supposed given in a lax way? Does the writer mean to suggest that a want of honour, for which our profession is preeminent, is a frequent feature in its ranks?

Again; as the examiner of a lunatic, I am not bound, unless I think it judicious, to beat up recruits for information. I act from my own judgment, *bonâ fide*, and then take the best evidence I can get upon the spot—generally the evidence of relatives.

Those who are in the habit of examining lunatics and signing certificates know that cases continually present themselves, where, from appearances not easily put down upon paper, the evidences of lunacy are clear to our minds; and yet how difficult to portray, how impossible orally to explain to a jury led away by feeling, and to a judge whose mind is more mathematical than metaphysical. Perhaps, however, I am paying too high a compliment to those engaged in this important trial, unless the encouragement of unrestrained laughter and unseemly conduct in a court of justice be characteristic of either quality.



he rock upon which the jury split was the evidence of the man's apparent sanity. Naturally enough, they decided, if this man is sane, there must have been negligence on the part of the medical man.

submit, with confidence, that there is no real evidence of negligence; but that all Dr. Semple can be said of is an error of judgment, for which the law is not hold him responsible. The mere length of time consumed by any given examination is no evidence either of negligence or the converse.

quite agree with the remark of Sergeant Pigott, when he told the judge that he had not defined what negligence was; and this is the kernel of the nut; for he knows but that to-morrow he may be accounted negligent when he has merely erred in judgment? The judge very properly said, it would be dreadful if a medical man were to suffer merely from an error of judgment.

In conclusion, may I suggest that the medical profession ought to take up this case in a determined and vigorous manner, and assist Dr. Semple substantially, not only in relation to the late trial, but also to enable him to apply for a rule for a new one.

I feel convinced that the verdict cannot stand; for *ad fides* were acknowledged and negligence not defined. Let it be recollected that a verdict of negligence without a clear definition, in such a case as a lunacy examination, is one of the most dangerous verdicts for the interests and safety of the medical profession.

I shall be most happy to join any subscription in furtherance of the views expressed in this letter.

I am, etc., EDWARD BERNEY.

Croydon, Dec. 16, 1862.

[We can only again repeat our conviction that no medical man is justified in signing a certificate of lunacy, unless he has, from personal examination, distinct and tangible proofs of the lunatic state of mind of the person under examination. If the evidence is of such a character as to be indescribable in plain English, as our correspondent says, if "the evidences of lunacy are clear to our minds, and yet difficult to portray, and impossible orally to explain to a jury led away by feeling, and a judge, etc.," our decided opinion is that a wise medical man would not attempt to describe or portray those evidences either by writing or word of mouth. EDITOR.]

**PATHOLOGICAL DIVISION OF LABOUR.** Dr. Lee of Philadelphia, gives the following account of the laundry-work business in the lunatic colony at Fitz James:—"At *Secrel* where the laundry is carried on, and employment requiring a certain amount of attention and constant physical exertion, the females are, for the most part, selected from the excited patients at the asylum. The washerwomen are nearly all afflicted with noisy delirium, and cannot be made to submit to the calm quiet of the workshop; they are generally selected from the more robust, and those best capable of performing this kind of labour. Those who spread out the clothes are selected from the melancholy patients; while the imbecile idiotic are entrusted with the duty of carrying the clothes from the wash-room to the drying department. The duty of selecting and folding the clothes is allotted to the tranquil monomaniacs, whose fixed ideas, hallucinations, allow sufficiently sustained attention. Many of the convalescents, and some pay patients, are employed in this last occupation and in sewing. The number of patients employed in this section is as follows:—Washerwomen, fifty-four; folders, eight; dryers, eight; carriers, six; general duties, six; sewing, twenty-five: total, one hundred and seven."

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** At a general meeting of the Fellows, held on Saturday, December 13th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Atkins, Charles Alfred, Farnham Royal, Bucks  
Davidson, Jackson Graham, M.D., Coburg, Canada West  
Devereux, Daniel, Middlesex Hospital  
Fairbank, Frederick Royston, Rugby  
Lane, William Beamish, Carrigbue, near Bantry, Ireland  
Laycock, Robert, Bramley, near Leeds  
Robinson, John, Frodsham  
Worley, William Charles, 1, New North Road, Hoxton

**APOTHECARIES' HALL.** On December 11th, the following Licentiates were admitted:—

Brown, James Herbert, Lewes House, Brighton  
Corrie, James, Carlisle  
Fawcus, Henry Robert, South Charlton, Alnwick  
GreatRex, Adolphus Burnell, Eccleshall, Staffordshire  
Johnson, Thomas Mason, Manchester  
Phillips, Howell Charles, Trinity Square, Tower Hill  
Purnell, Richard, Wells, Somerset  
Savory, Charles Tozer, Charterhouse Square  
Tomlinson, Philip Richard, Wakefield, Yorkshire  
Walker, John, Treaman, Glamorganshire  
Welby, William Montague Hall, Newark, Notts  
Willey, Henry, King's College

At the same Court, the following passed the first examination:—

Bryan, Edward, St. Bartholomew's Hospital  
Edwards, Henry Nelson, St. Bartholomew's Hospital  
Lamb, George, University College  
Smith, Thomas Haywood, Sydenham College, Birmingham

### APPOINTMENTS.

\*HOUNSELL, H. Strangways, M.D., M.R.C.P., appointed Physician to the Erith House Institution for Diseases of the Chest, Torquay.  
MARRIOTT, Charles H., M.B., appointed Consulting-Surgeon to the Ladies' Maternity Charity, Leicester, in the room of the late \*Robert H. Wood, Esq.  
ORANGE, William, Esq., appointed Deputy Superintendent and Surgeon to the Broadmoor Lunatic Asylum.  
PALEY, Edward, Esq., appointed Medical Superintendent of the Yarra Bend Asylum, Melbourne, Australia.  
TIBBITS, Edward T., M.B., appointed House-Surgeon to the Coventry and Warwickshire Hospital, in the room of W.R. Horniblow, M.D.  
WALSH, R. Pakenham, L.K. & Q.C.P.I., appointed Surgeon to the Fermanagh County Gaol, Enniskillin, in the room of the late W. C. Ovenden, M.D.

### ROYAL NAVY.

HARKAN, Henry, Esq., Surgeon, to the *Pylades*.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

WYBRANTS, J., M.D., to be Lieutenant 15th Somerset R.V.  
WILLIAMS, J., Esq., to be Assistant-Surg. 1st Brecknockshire R.V.

To be Honorary Assistant-Surgeons:—

GIMBLETT, J., Esq., 12th Gloucestershire R.V.  
HOLMAN, C., M.D., 5th Surrey R.V.

### DEATHS.

\*BELL, Joseph, M.D., at Glasgow, aged 47, on November 30.  
BLUETT, Walter John, Esq., Assistant-Surgeon H.M.S. *Victory*, at Haslar Hospital, on December 7.  
BROCK, Henry G., M.D., R.N., of Tasmania, at Old Brompton, on December 16.  
CROZIER, William, Esq., Professor of Anatomy and Physiology in the Calcutta Medical College, on board the *Simla*, aged 46, on November 19.  
DICKSON. On December 6th, in Edinburgh, Eliza M., widow of Thomas Dickson, Esq., Surgeon, formerly of the Hon. East India Company's service.  
\*JONES, John, Esq., Surgeon, at Frodsham, Cheshire, aged 31, on November 22.  
KIRKMAN. On December 13th, at Melton, Suffolk, aged 71, Elizabeth, wife of \*John Kirkman, M.D.  
MAY. On December 7th, at Reading, Emily, wife of \*G. May, Esq.  
RICHARDSON. On December 15th, at 26, Gordon Square, aged 76, Mary, widow of Robert Richardson, M.D.



TRAER. On December 12th, at 47, Hans Place, Chelsea, aged 3 months, James R. B., son of James R. Traer, Esq., Surgeon.

WEBSTER. On December 10th, aged 75, Margaret, widow of Richard Webster, Esq., Surgeon, 4th Royal Irish Dragoon Guards.

**PATHOLOGICAL SOCIETY OF DUBLIN.** Mr. John Hamilton has been elected president; Dr. William Stokes, honorary secretary; and Dr. Robert W. Smith, treasurer of this society for the ensuing year.

**UNITED STATES ARMY SICK-LIST.** Official documents show that in the hospitals at this moment there are no less than 130,000 men, not one-tenth of whom will ever fight again.

**A CONVALESCENT HOSPITAL,** intended as an auxiliary to the Newcastle-upon-Tyne Infirmary, has been inaugurated in the healthy vicinity of Marsden Rock, and some patients have already been transferred to it.

**A PAUPER LUNATIC KILLED BY HIS KEEPER.** A verdict of manslaughter has been returned against one Birchall, for causing the death by kicks and blows, of a lunatic under his charge as keeper in the Brindle Workhouse, near Chorley.

**SANITARIA IN BOMBAY.** The establishment of these refuges for the sick has a powerful advocate in Sir Hugh Rose. He affirms that they would be of such service as to render the strength of the army one-fourth more effective than it is.

**QUADRUPLE BIRTH.** The wife of a gentleman's coachman, named Garrett, was delivered on the 29th of November, at Cranfield, near Newport Pagnel, of four girls, three living and one dead; two have since died; the fourth is thriving, and likely to do well.

**THE NIGHTINGALE FUND.** The plan for training hospital nurses by means of this fund, which has for more than two years been successfully practised at St. Thomas's Hospital, has been recently adopted at King's College Hospital, under the direction of the lady superintendent of St. John's House.

**EXPLOSION OF NITRIC ACID.** Last week a waggon heavily laden with cases of acid was passing through the city, when a "puff" was heard, and a dense volume of smoke issued from one of the cases. There is little doubt that the explosion was spontaneous. Eight cases altogether were destroyed.

**IONIAN HARVESTS AND IONIAN MARRIAGES.** There was an abundant harvest in 1858, and the marriages next year were 4,002; the harvest in 1859 was defective, and the marriages of 1860 fell to 1,358. The population contains no less than 116 men to every 100 women; and it is singular that for several years the births, marriages, and deaths in Corfu have all been more than in Cephalonia, where the population is greater.

**VACANCIES.** The following appointments are vacant: Assistant medical officer to the Surrey County Lunatic Asylum; medical officers to the Frodsham district of the Runcorn Union, Cheshire, and for the Celbridge Dispensary district of the Celbridge Union, County Kildare. There will shortly be vacancies for two honorary surgeons to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, in the room of Messrs. Valentine W. Blake, and William C. Orford, whose term of office (ten years) is about expiring; but notice has been given that those gentlemen will be proposed for reelection.

**A MEDICAL PRIME MINISTER.** M. Farini, the president of the Italian Council, is a Roman; he was an eminent physician and a leader of the Liberal party when he was appointed Director-General of the Hospitals and Prisons of Rome under the Ministry of Count Rossi. In 1848, when the Republic was proclaimed in Rome, he emigrated to Tuscany; thence he removed to Piedmont. M. Farini was for some time Minister of Public Instruction in 1850, and subsequently he was Minister of the

Interior in the Cavour Cabinet. He was dictator of Emilia and Lieutenant-General of the King at Naples after Garibaldi's departure. M. Farini was the principal negotiator of the cession of Nice and Savoy to France. He was born on the 22nd of October, 1862.

**MEDICAL APPOINTMENT.** The Government of Victoria through the member for Pontefract, has appointed Mr. Edward Paley, a grandson of the famous archdeacon Paley, to the medical superintendency of the Yarra-Ben Asylum, near Melbourne, Australia. The management of the asylum has caused, recently, considerable excitement in the colony; and we congratulate the local government in the selection of their new superintendent. Mr. Paley was for many years one of the chief officers of the Camberwell House Asylum, where he conducted his duties in a manner which gained for him the friendship and approbation of all with whom he came in contact. He has also had considerable experience in the management of public asylums. The appointment at Yarra-Bend is for life, and is worth £1,300 *per annum*.

**PHARMACY IN AMERICA.** Mr. Parrish of Philadelphia, writes:—"The rebellion, and the war for its suppression have produced sad breaches in many of our national organisations. Some of them are suspended outright, while others have gone into a state of temporary inefficiency. The pharmacutists have maintained their vitality, perhaps, as well as any of them. The local colleges of pharmacy, all of which are situated in the loyal States, continue their courses of instruction to classes but little diminished; and our national organisation, the American Pharmaceutical Association, has just held one of its annual meetings, which, though not as largely attended as some of its predecessors, nor so productive of important results, has yet shown that war, with all its desolating effects, has not robbed at least one liberal profession of its zeal for professional and scientific progress. The late anniversary was the tenth of the series, and was held in Philadelphia for the third time."

**DR. JOSEPH BELL,** lecturer on botany in Anderson's University, and one of the physicians to the Glasgow Royal Infirmary, has recently died. Having been a pupil of Anderson's University, he received a licence from the Faculty of Physicians and Surgeons of Glasgow in 1837, and practised for some years successfully at Barrhead; but on the death of Dr. Harnay of Glasgow, with whom he had always been a favourite pupil, he succeeded to his practice. He was subsequently appointed Lecturer on Botany in Anderson's University, and also became one of the physicians to the Glasgow Royal Infirmary. By his eloquence as a lecturer, and his unwearying zeal as a clinical teacher, he gained a high and deserved position. His death, which was sudden, was attributed to drinking water impregnated with lead, at his country house. This occasioned severe pain and constipation, of which he had repeated attacks. Relief was obtained by opiates, but he experienced a sudden and strange sensation, which he believed to be indicative of perforation of the bowels, and which shortly terminated fatally on the 30th ult. Dr. Bell was forty-seven years of age, and his decease is sincerely regretted both by the alumni and the professors of the university to which he was attached.

**INTERMITTENT FEVERS.** The Société d'Acclimatation has just received a letter from India, accompanied with a box containing a quantity of seeds of the *Casalpina Bonducella*, a plant which, according to Mr. Hayes, the writer of the letter, is much used there as a specific for intermittent fevers. The Bengalee for this plant is *Natha*; it is a small creeper, producing a nut, the kernel of which is exceedingly bitter, and possesses the quality of Jesuits' bark in an eminent degree, with this exception, that it is aperient rather than the contrary—a valuable property in a tropical climate, where the



ous system is so generally affected. One of these ds, reduced to a paste, with three or four pepper-ns, and taken three, four, or five times a day with adjunction of Cherettah-tea (*Gentiana cherayita*), is erally found so infallible in its effects that many ropean physicians in India have adopted it, and will bably in a few years abandon bark entirely. Che- tah is a kind of gentian which grows on the moun-ns skirting the course of the Ganges, and may be got all the bazaars of Bengal; it is a stronger febrifuge in the *Gentiana lutea* of Europe. Native physicians ploy *Natha* also as a powerful tonic; they administer in powder mixed with spices and castor-oil; externally, e seed is applied in cases of hydrocele. At Amboyna, s administered as a vermifuge; the roots are used as tonic in dyspepsia. In Cochin-China, the plant is nsidered deobstruent, and the oil extracted from the ves is found useful in paralysis. In Egypt, the omen make necklaces and amulets with the seeds. e latter are often carried to great distances by the a, as, for instance, to the coast of Scotland, where they e known as Mollucca beans. It is singular that the markable virtues of this plant should have remained long unnoticed, offering as it does a cheap and werful substitute for Jesuits' bark, which, as every one ows, commands a high price. As this plant thrives Egypt, Mr. Hayes thinks that it must prosper in geria, and even in the south of France.

ACADEMY OF SCIENCES. At a late sitting, a communi- tion was received from M. Hoffmann, on chrysaniline, new colouring matter extracted from aniline, itself an artificial base derived from coal-tar. When aniline has been employed to produce the red called rosaniline, a large proportion of it remains undecomposed under the form of a resinous substance, which it has been found very difficult to analyse. From this compound Mr. Nicholson has extracted chrysaniline, a base of a beautiful yellow colour, which M. Hoffmann describes as a fine yellow powder not unlike chromate of lead. It is scarcely soluble in water, but very much so in alcohol and ether. This compound is a well-defined organic base, which forms two series of crystallisable salts, the most characteristic of which are the nitrates, crystallising in needles of a ruby tint. Thus aniline produces three bases; viz., chrysaniline, rosaniline, and leucaniline, each differing from the other by two equivalents of hydrogen. Prince Demidoff sent the Academy a present of a copy of a pictorial archæological album of Tuscany, by the pencil of M. André Durand. M. Ozanam wrote to state, in allusion to the communication sent last week by M. Persoz, jun., on the solution of silk, that the ammoniuret of copper also has the property of dissolving both cotton and silk; but that, while the former is dissolved in a very short time, it takes several hours to dissolve silk. Hence another method of determining the composition of a compound tissue of silk, cotton, and wool; the latter being quite insoluble in the ammoniuret. M. Ozanam also announced that he was engaged in endeavouring to turn the solution of silk to account by casting silk stuffs instead of weaving them, or drawing silk threads like wire instead of spinning them, etc. M. Joly and Musset wrote to request the Academy to annul their last communication on spontaneous generation.

## BOOKS RECEIVED.

- China from a Medical Point of View. By Charles A. Gordon, M.D., C.B. London: 1862.
- Jurors' Reports of the International Exhibition. Surgical Instruments. London: 1862.
- On the Situation, Form, etc., of the Gall-Bladder, in the Vertebrata, etc. By E. Crisp, M.D. London: 1862.
- Third Annual Report of the Cranley Village Hospital.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—DECEMBER 13, 1862.

[From the Registrar-General's Report.]

	Boys ..	Girls ..	Births.	Deaths.
During week.....	953	933	1886	1403
Average of corresponding weeks 1852-61 .....			1903	1393
<b>Barometer:</b>				
Highest (Fri.) 30.140; lowest (Wed.) 29.664; mean, 29.870.				
<b>Thermometer:</b>				
Highest in sun—extremes (Sun.) 77 degs.; (Sat.) 47 degs.				
In shade—highest (Sun.) 57.1 degrees; lowest (Fri.) 33.7 degs.				
Mean—44.1 degrees; difference from mean of 43 yrs.+3.8 degs.				
Range—during week, 23.4 degrees; mean daily, 10.5 degrees.				
Mean humidity of air (saturation=100), 87.				
Mean direction of wind, S.W. & W.—Rain in inches, 0.81.				

## TO CORRESPONDENTS.

\*\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WHAT THE MEDICAL BILL HAS DONE FOR US.—SIR: I cut out of the *Manchester Guardian* a few advertisements, such as appear daily in the columns of that journal, to show how much we are indebted to the Medical Bill (after the trouble and expense to which the profession has been put) for protection against quackery. When we consider that the various provincial papers throughout the kingdom contain announcements of a similar nature, I think we are justified in considering the Medical Bill in its present state as a signal failure.

I am, etc., J. B. H.

Manchester, December 6th, 1862.

SUBMARINE LIFE.—SIR: When the soundings were made for the submarine telegraph cable, great wonder was expressed that various small mollusca were brought up alive from a depth of three or four miles; and in your JOURNAL of November 8th, there is a notice of Dr. Wallich's success in obtaining star-fishes from the depth of one mile and a half, where they must have been living under enormous pressure. Is it not just possible that these beasts are subject to the same laws as ourselves at the bottom of our ocean of air; and that therefore in reality the pressure is just nothing at all to bear?

I am, etc., TYRO.

Canterbury, November 9th, 1862.

DR. SEMPLE'S CASE.—A correspondent writes:—"Surely the profession ought to subscribe towards Dr. Semple's expenses. We are all liable to be deceived, as he was, by an artful woman. I am certain he acted purely from conscientious motives. I know him to be a highly honourable man. If a subscription be made, I shall be happy to give £5."

[We quite agree with our correspondent. What he proposes, if carried out, would be a worthy and generous act of sympathy on the part of the profession towards a most upright and conscientious member of it. EDITOR.]



DR. PHILBRICK AND THE RECENT INQUEST AT LEAMINGTON.—  
SIR: Observing your editorial remarks on the recent coroner's inquest at this place, I would beg to be allowed to observe that I never considered myself in charge of the case. A midwife was in attendance, who sent for me to give an opinion only on the case; having done this, I distinctly asked her if she was competent to manage it, and she stated that she was, and I left the case where I found it; that is, in her hands. I was never asked to take charge of the case, nor did I ever say that I was to be sent for again at any time; but I said, if difficulty occurred, and she should want assistance, that I would give it. When I said this, I expected, if my assistance was required, it would be within a short period of time. If this is taking the legal responsibility of the case, law is not common sense, in my view of it; and I shall not be so ready in future. I am, etc., THOS. PHILBRICK.  
Leamington, December 15th, 1862.

P.S. I have been in tolerably extensive practice for near thirty years; and I here positively assert that when I saw the case, the two feet were presenting.

[In the article to which Dr. Philbrick refers, we distinctly stated, or wished it to be inferred, that, in our opinion, he was in no way responsible for the issue of the case. We believe that he was from first to last unfairly treated in the matter. There was nothing whatever to show that the death of the woman was connected with any hæmorrhage which occurred; or that any injurious hæmorrhage did occur through (as it was affirmed) the absence of Dr. Philbrick. We believe that the death was no more to be laid to the charge of neglect on the part of Dr. Philbrick than to the charge of Mr. Clark or any other gentleman who gave evidence at the trial. But we must maintain the position we then assumed, as regards the responsible attendance on the case. Dr. Philbrick had an undoubted right to have said, after visiting the woman: I cannot attend upon this case; but when he says (without limit of time): "Send for me, if any difficulty arises", he certainly undertakes a responsibility. He leaves the midwife and the friends under the impression that they can at any time have his services for the delivery; and certainly enables them to say: If you had not promised to come, we should have gone earlier elsewhere for assistance. EDITOR.]

ALMOND CAKE.—T. E. S. asks, where he "can obtain the almond cake, which was introduced by Dr. Pavy as the diet for diabetic patients?"

[Dr. Pavy's paper on the subject is to be found in the last number of *Guy's Hospital Reports*; where we read that "Mr. Hill of 60 and 61 Bishopsgate Street, London, has undertaken the manufacture of this food for me, and is now supplying it in the shape of biscuit, rusk, and bread, within the range of price of the other substitutes for ordinary bread."]

PRESCRIBING BY MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.—

SIR: I shall feel obliged if you will inform me through your JOURNAL, whether a gentleman holding only a diploma from the Royal College of Surgeons can practise medicine and dispense it, and if not, what steps can be taken to stop him? as it is not fair to the other general practitioners that he should be allowed the same privileges as those holding the double qualification. I beg to enclose my card (as a member of the British Medical Association) for your benefit, and to subscribe myself

A GENERAL PRACTITIONER.

December 15th, 1862.

[We fear the law of this country prevents no one practising medicine and dispensing it to their patients or their victims. We need not tell our correspondent that, from one end of the country to the other, amateur and professional quacks daily prescribe and daily administer medicine. We apprehend that there is only one law to which all practitioners and purveyors of physic and medical advice is liable, and that is the law which punishes them for unskilful treatment; and to this we are all—licensed or unlicensed—equally subject. EDITOR.]

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. HARLEY; Mr. DUNN; Dr. BEDDOES; Mr. GEORGE RIGDEN; Dr. NALTY; Dr. SHEA; Dr. MITCHELL; Mr. J. VOSE SOLOMON; Mr. HALHERB; Dr. PHILBRICK; Mr. COX; Mr. THOMAS S. FLETCHER; Dr. S. S. DYER; Mr. J. E. SPENCER; Dr. EDWARD COPEMAN; Dr. W. M. KELLY; Mr. A. WHITTLE; Dr. T. OGIER WARD; Dr. DAVEY; Mr. C. HOLMES; Dr. J. MARSTON; Mr. ELI PICKOP; Mr. C. F. HODSON; Mr. E. BERNAY; Mr. ALBERT NAPPER; Mr. A. RANSOME; Mr. R. EVANS; Rev. R. THOMAS.

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Or SACCHARATED CAPSULES.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet" Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.



# Original Communications.

## ON THE INHALATION OF CHLOROFORM AS A REMEDIAL AGENT.

By SAMUEL S. DYER, M.D., Ringwood.

[Read before the South Hants Medico-Chirurgical Society.]

ALTHOUGH the administration of chloroform as an anæsthetic is as highly estimated as it is extensively practised, it certainly is not so much used as a means of the relief of disease as it might be; and feeling persuaded that its useful agency in this particular is not fully appreciated or resorted to, I am induced to report a few cases, which might serve the purpose of drawing attention to the subject.

In the following remarks, I shall confine myself exclusively to the uses of chloroform by inhalation as a remedial agent; and not allude to the great blessing of freedom from pain through its agency during operations, or to the opportunity thereby afforded the surgeon of undertaking many cases, wherein, without such means, severity of pain, or risk of the effects of shock, might have checked his hand, and deprived the patient of the benefit of his art.

The first thing to be observed in the consideration of administering a remedy through the respiration, is the facility of application, and our absolute independence of the patient's will, power of swallowing, and condition of the stomach; for, whereas in some cases the irritability of the viscus at once ejects every medicine we may give, leaving the sufferer unrelieved, so, in other cases, difficulty or impeded deglutition altogether hinders us from the administration of physic. Another great advantage, most peculiar, is the promptitude with which the effect desired can be produced.

The first case which I would bring before your notice is one of uncomplicated spasmodic asthma in an otherwise healthy man, of middle age, to whom I was called five or six years ago, when suffering from a worse than usual paroxysm. He was sitting in an armchair, with shoulders raised, and in the greatest distress imaginable; was living, as it were, with his chest full of air, yet nearly suffocated. The chest was resonant; but the lung-tissue was so affected as to be unable to expel the air it already contained, and receive a fresh supply. I hardly ever witnessed greater distress than at this moment; the patient had been seen by me in the morning, and was taking full doses of compound sulphuric ether. His residence was but a few yards from my own house, so I quickly fetched some chloroform, more quickly gave him complete relief without producing insensibility, and in a few minutes left him quite comfortable, and found him so the next day.

Since this case occurred, Dr. Hyde Salter's very able work on *Asthma* has been published, in which he says:—"One of the most powerful and speediest remedies which we possess for asthma, to which I should, perhaps, give the first place of all, is chloroform. Its marked physiological effects early suggested its appropriateness, and the result has fully justified the trial. I have not had many opportunities of witnessing its effects personally, because when asthmatic patients consult me they are generally not suffering from the disease at the time; but in the cases in which I have witnessed it, I have been very much struck with the completeness of the control which it exercises over the asthmatic condition, and with the absence of all danger in its administration, provided the asthma is of the uncomplicated spasmodic form. If the only source of dyspnoea is bronchial spasm, it seems to me that it may be as safely

given to an asthmatic in the height of a paroxysm as to a healthy person."

I at once proceed in the narration of another and different kind of case, my object being to pass these shortly in review; and then, from the conclusions we should arrive at, at the end of their recital, to express our opinion as to what class of remedies chloroform should rank in, and what variety of human ill it is most fitted to remedy.

Two years ago, a powerful young man, a cooper by trade, who had twice previously been under my care for delirium tremens, was rushing about the streets only partially dressed, wielding a large sledge-hammer, and vowing vengeance against a respectable inhabitant of the town who had offended him. After some trouble, two men closed upon him, took him to his home, and sent for me. I found him being forcibly restrained, and his room full of spectators attracted by curiosity. I sent out all who were likely to be of no service, and persuaded C. P. to come quietly to his bedroom. He was very tractable, as such patients generally are with one who shows that whilst he is kind he will be firm and determined. At my bidding, he took off his boots and trousers and got into bed. I took three opiate pills from my pocket, and, taking a cupful of water from his dressing-table, desired he would swallow the pills. With much civility, he took pills and cup from my hand, but tossed the former violently away, dashed first the water and then the cup into my face; drew me on the bed with one arm around me, and gave me a violent blow with the fist. All this was the work of an instant; and had not two men come up from below, I fancy it would have been quite an unequal contest, in which I should have come badly off. I left the house to fetch a restraining belt from my surgery, and before I could get back again, met a messenger to say that C. P. was running about the street in his shirt again, on the look out for his fancied offender. He was taken into his house once more; but we could do nothing with him until I had procured and quieted him with some chloroform; whilst he was under the influence of this, I put on the belt, made of a broad piece of web similar to that used for girths, having affixed thereto wristbands, also of web, lined with wash-leather, the whole secured by appropriate buckles. I continued for some little time to hold the inhaler occasionally before his face; and within an hour he was sufficiently quiet to take some medicine, and be left to the care of two men who volunteered their assistance. After taking a few doses of tartrate of antimony and opium, with plenty of cold water, he was pretty well, and in two days at his work.

I might enumerate and enlarge upon cases of convulsions in children, in whom life seemed endangered by the immediate effects of the fit, but was staved off by the effects of chloroform as the fits threatened or approached, until the removal of irritating matters from the intestine, or the lancing of gums, etc., has more permanently cured the cause; but it will be unnecessary to take up your time by reading these cases, since the good of their recital will be better shown by the report of other, and, to a certain extent, analogous cases; so I pass on to a well marked one of this type.

William B., aged 52, foreman in a brewery, but of very temperate habits notwithstanding his occupation, consulted me some few years ago for what I considered a nightmare. He told me that every three or four weeks he would suddenly awake from an apparently disturbed sleep in which dreams had been frightening him; that after a few minutes he recovered, and was soon asleep again. He had some symptoms of indigestion, for which I prescribed, and advised some necessary alteration as to kinds of food, and hours when taken, and thought but little of his case. Some months later, his wife called upon me, and described a worse train of symptoms as seizing her husband, but exactly similar in mode of



attack; that is, he would be to all appearance in perfect health, go to bed quite well, and soundly to sleep; but that she would be awakened in the night by a loud snoring, and find her husband slightly struggling, from which, in a few moments, he would recover, awake to perfect consciousness, and in the morning be quite well, and ignorant of the slight temporary disturbance of the night. I again gave advice and medicine; and for some months heard no more. Then I was called to him one night as being in a fit; but in the quarter of an hour it took me to dress and get to him, he was so thoroughly recovered that I could hardly imagine there had been much the matter; there was no history of foaming at mouth, no bitten tongue, and in this short space of time no confusion of intellect. A few weeks later, I was again called in the night to see a most severe attack of epileptiform convulsions. There was great struggling of one side, the opposite limbs being paralysed; the face was drawn to one side; there was foaming at the mouth; the eyes were staring, and the pupils slightly contracted and inactive; the veins of the head and face were distended; the skin thereof was dusky, and its whole surface perspiring profusely. I gave directions for such remedies as were at hand; such as mustard poultices to nape of neck and feet, cold water rags to forehead, etc.; and putting the patient in a favourable position in the bed, I ran home for my inhaler and chloroform-case, which is ever kept ready "charged." This only took a few minutes. On returning, I found W. B. just as I had left him; wailing and lamentation in his family; and the neighbours giving up all as without hope. The strugglings were as bad as ever; the stillness of opposite side as complete; urine was passing involuntarily; and there was the same cerebral and scalp congestion. After holding the chloroform before his nose and mouth about one minute, all this had given place to quiet sleep, in which he continued an hour, and awoke with headache and general uneasiness, which, however, soon passed off. That evening I saw him sitting up, and the next day he was at work. Stomachic and alterative medicines were given for a fortnight, the diet more stringently regulated, and he has continued in good health till this time.

In October of last year, I was summoned to H. T. J., a solicitor, in the prime of life and general good health, living in Ringwood. I found him writhing in agony from pain in the loin, through one groin, into the testicle of the corresponding side. He told me that he had felt some uneasiness in these regions for an hour or two; but had been suddenly seized with the more severe pain but a few minutes before sending for me. He had been sick. It was quite clear that a calculus was passing through the ureter. I applied hot fomentations; gave some ether and opium, which was quickly vomited, and an enema of warm water and laudanum; left a mixture of chloric ether and tincture of opium, with directions for the taking of it, and returned to my house; but in an hour or two was again called up to this patient, whose importunities for relief were loud and great, and who told me all my physic was vomited as soon as swallowed, as was everything else he took. I now had chloroform with me; after a few inspirations of which my patient was comfortable. I occasionally held the inhaler before his face, but did not render him unconscious; and after sitting an hour by his bedside, I left him with nothing to complain of but languor and a feeling of exhaustion.

These four cases serve as examples in proof of the above assertion concerning the great power, prompt effects, ease of application, and independence of the will of the patient. In one case he would not, and in another he could not, swallow; in a third swallowing was useless, as the stomach would retain nothing; and in a fourth, I wanted a rapid effect produced, but was ignorant of a means of producing it.

The surgeon obtains in chloroform nearly equal good to that which the physician experiences in his practice,

which he derives not only from its powers as a sedative and antispasmodic, but also as a depressant of muscular resistance. On one occasion I found its use of great service in the relief of retention of urine in a case of spasmodic stricture, enabling me to pass a catheter with ease, after having been for some time foiled in my attempts.

In a case of dislocation of the head of the thigh bone on the dorsum of the ilium in a strong, muscular middle-aged patient, reduction was quickly effected, with only two persons to keep up extension and counter-extension whilst I directed the head of femur into the acetabulum.

About six years ago, I was just about to operate for a strangulated hernia, after my brother-in-law Mr. Henry Smith, Staff Assistant-Surgeon Jessop, and I, had tried the taxis in vain. Chloroform was being administered during the most violent struggles and contortions of the patient's body; but when at length he was quiet, and had taken the knife in my hand, we found to our surprise the rupture returned, and, on recovering consciousness, the patient asked to get up to relieve himself, which he did very copiously. Other instances have occurred myself, as to others, wherein the effects of chloroform by relaxing muscular fibre, enable one to reduce hernia or dislocations. Its effects in this way supersede the necessity of warm bath, venesection, tartar emetic, and tobacco enemata—means formerly resorted to for overcoming muscular resistance by the faintness to which each or all of them would give rise.

There is one other instance in which the surgeon derives great assistance from a moderate use of chloroform; viz., the removal of foreign bodies from the ears of the eyes of children. A child was once brought to me with a glass bead in its ear, every attempt to remove which the wriggling of the child baffled. A very slight inhalation of chloroform served to stop this, and I at once took out the bead with the spoon end of a director. On more than one occasion I have been unable to remove a piece of steel from the cornea, because it was impossible to keep the lids sufficiently separated. Chloroform enabled the lids in each case to bear the eye being kept open, and the offending substance was easily taken away.

In midwifery practice, chloroform is of the greatest possible service. I have administered it frequently, at the request of patients, as an anæsthetic on such occasions. It is not to its use in this particular, however, that I allude; but to its effects in relaxing muscular fibre, and thereby overcoming resistance. In many cases wherein I have administered it, I have been convinced of its great service in this particular, and that its use has singularly expedited matters. It will be found to have no effect whatever upon the involuntary muscular fibre of the uterus; the pains or propelling power continue of as forcible a character as before its exhibition; but the resisting power is so much lessened, that delivery is more quickly accomplished.

In the treatment of puerperal convulsions, I look upon chloroform as the sheet-anchor, and consider it has saved some lives in my own practice, as I doubt not it must have done very many in the hands of others. With an inhaler and plenty of chloroform in such a case I trust that I am not too sanguine in asserting that I should not fear the result. The great danger to life in convulsions is congestion of the brain and its consequences—the effect of pressure upon the veins by the violent spasmodic contraction into which the muscles of the neck are thrown. No sooner does the inhalation of chloroform begin to operate upon the patient than this spasmodic action ceases, and with it, the effect to which it has given rise, and which is so much to be feared.

In February 1853, I had been some hours in attendance upon a primipara—a very lingering case, with, I believe, more than usual suffering. Towards the close



of the labour, we were alarmed by the sudden accession of convulsions. All the muscles of the face, neck, and extremities were quickly set into violent action; the head was presently jerked backwards; the bitten and bleeding tongue protruded; the eyes became prominent, the face of dusky hue, and veins greatly distended. I sent in haste for my assistant at that time, Mr. Jessop, to bring forceps and chloroform. In a few moments there was an intermission of the convulsive action, but it quickly returned. As soon as the means of relief arrived, the patient was put under the influence of chloroform, and in a few seconds appeared in a calm sleep, during which interval of rest from spasmodic action I delivered her, by means of the forceps, of a living female child. Other fits followed in quick succession, but were, immediately on their approach, cut short by the inhalation of chloroform; the attacks were less and less frequent, and in a few hours the patient could be pronounced convalescent.

In August of 1859, a similar case occurred in my practice. I was attending a young woman with her first child, when she became violently convulsed, and had several severe fits, being quite unconscious during each short interval. Here also chloroform and speedy delivery by forceps were the means used to terminate the case, and equally satisfactorily to the mother; but the child was still-born.

October 31st, 1861. I was called in by a woman, aged 30, pregnant for the fourth time, whom in previous labours I had attended, and no bad symptom had arisen during pregnancy or delivery. She was now near the end of her time, and was anasarcaous, with albuminuria. Her condition and the recent accession of these symptoms convinced me that pressure upon the renal veins, causing congestion of the kidneys, was the cause; and I told her that her labour must be at once brought on, to which she demurred, saying she wished to wait a day or two. Her bowels being confined, I sent her some large doses of compound jalap powder. During the succeeding night, I was called up by the husband telling me his wife was in a fit. I went immediately; but there was no sign of convulsion to be detected. I passed a catheter through the os uteri, separating the membranes from their attachment for about an inch. In the morning, Mr. Pridham of Broadway, who was then assisting me, visited this patient, and soon sent for me in consultation. She had just then recovered from a convulsive fit, and was unconscious. Mr. Pridham had found the os dilated to the size of half a crown, soft and dilatable. He very quickly turned and delivered. We gave a turpentine enema, and soon left the patient better. An hour afterwards, a messenger came to say the woman was much worse. I attended immediately, and found her in one of the most violent convulsions she had yet had; countenance purple with venous congestion, etc. The administration of chloroform at once relieved this, and put her quietly to sleep. In the after part of the day she had another fit, whilst Mr. Pridham was with her; and as he considered it left much congestion of the brain, although the muscular spasm ceased, and taking into consideration the congested state of the kidneys and a full habit of body, he bled her largely from the arm, and purged her freely. Although in this complicated case, which terminated favourably and quickly, other treatment was very properly adopted, it yet serves to show how completely the sedative effects of chloroform will check convulsions, and, where these depend upon uterine irritation only, will enable the practitioner to subdue the effect, whilst he removes the cause. In the case we have just been considering, the complication demanded other and more energetic treatment.

It is now thirteen years since I first adopted the inhalation of chloroform as a remedial agent, and though, unlike subsequent cases, it failed in saving life, I had the satisfaction of affording great relief in one of the most

trying cases a surgeon can meet with—ono of tetanus. In September 1849, a labourer, aged 44, was taken ill with symptoms of lockjaw a fortnight after having wounded his foot, between the first and second metatarsal bones, with the prong of a largo fork, whilst digging potatoes. He thought nothing of this occurrence at the time; and, indeed, when I first visited him for tetanic symptoms, he seemed to have almost forgotten the circumstance. Various means for his relief were adopted by my late father and myself; but the only thing which gave him any comfort was chloroform, which I constantly administered as spasm approached; but this at last became continuous, and the administration of nourishment impossible; the diaphragm and muscles of the glottis became affected, and he died of suffocation. This case was fully reported at the time in the *Provincial Medical and Surgical Journal*; and, in my remarks, the failure of the chloroform in giving the more complete and permanent relief which I had anticipated was attributed to the fact that the seat of irritation in tetanus is in the spinal system, over which chloroform does not exert the same influence it does over the cerebral.

After very many instances in which I have used chloroform in the treatment of disease, my first impressions of its applicability to a certain class of cases have been fully confirmed; and I think we may rank chloroform by inhalation as our best sedative and antispasmodic, and resort to its use not only in the cases where the effect of such a medicine is quickly and in great power demanded, but always depend upon its efficacy, as is now so generally done, whenever we may have to overcome muscular resistance, saving our patients from the debilitating depressants in use before chloroform was resorted to; adopting it especially in the treatment of convulsions arising from reflex irritation, since physiology, pathology, and practical experience combine to recommend it.

### RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 558.]

CASE XXI. *Acute Puerperal Disease.* I was summoned by evening train on Monday, August 4th, to a lady, aged 20, who had been confined with her first child the day before. She was a healthy young woman; was married nine months previously; and immediately became pregnant, her labour coming on a day or two within thirty-six weeks from the date of her marriage. She had been ailing two or three days, but her labour was completed in a natural way on Sunday evening, August 3rd. She got some comfortable sleep in the night; but, early next morning, began to complain of uterine pain; and this increased so rapidly, that her surgeon, a very experienced practitioner, applied ten leeches to the abdomen, and a succession of bran poultices; but the symptoms became so urgent that he requested her husband to send for me, in order that by a consultation, no means of securing her safety might be omitted.

I arrived at about 10.30 P.M. The leech-bites were still bleeding, and the pain had somewhat abated; but the abdomen was still excessively tender in and near the uterine region; every movement of air in the bowels hurt her; she was lying on her back, and could not alter her position at all without pain, and her pulse was nearly, if not quite, 140 in a minute. She was thirsty, and there was some headache; the lochia were flowing; no milk secreted; countenance expressive of considerable anxiety and suffering, but there was very little disturbance of her mental functions. She had passed urine several times. Although, with the exception of the very unfavourable state of the pulse, I did not apprehend any immediate danger, there could be no doubt that she was



labouring under the early stage of very sudden and acute inflammation, and there was no time to be lost. We immediately covered the whole of the abdomen, except where the leech-bites were, with a strong turpentine stupe, and gave her forty minims of laudanum. By one o'clock in the morning, the pain had a good deal abated, although much tenderness remained; the leech-bites were still bleeding, and the turpentine, which she bore for more than half an hour, had produced considerable redness; the opiate made her feel "happy," and she had a little sleep. But the pulse continued alarmingly rapid, and as pain seemed a little returning, we gave twenty minims more laudanum.

After this she became much easier and slept well; and on seeing her again at 9 A.M., on Tuesday the 5th, we found a very favourable change. The tenderness was nearly gone, the pain entirely, and her pulse had dropped to a little below 90. She was in good spirits; thought she wanted relief from the bowels: took some gruel, and cheered us all by her improved manner. We agreed to keep up the effect of the opiate, by repeating it on any increase or return of pain; to give a turpentine enema to relieve the bowels and remove flatulence; and to re-apply the turpentine stupe once or twice in the day if required. In a few days I received a report to the effect that there had been no return of the unfavourable symptoms, and that she was fast getting well.

[To be continued.]

## Transactions of Branches.

### SOUTH MIDLAND BRANCH.

CASE OF STRANGULATED FEMORAL HERNIA, RESULTING AFTER OPERATION IN ARTIFICIAL ANUS: SUBSEQUENT PASSAGE OF FÆCES BY THE RECTUM: RECOVERY.

By FREDERICK COX, Esq., Welford.

[Read October 23rd, 1862.]

I WAS called on the night of the 21st of September, 1860, to see Mrs. W—— of Welford. She was a thin small pale woman, six months advanced in her third pregnancy. I found her suffering from abdominal pains and vomiting. The patient and her friends supposed she was about to be prematurely delivered. The symptoms were manifestly not those of labour, but of ileo-colitis or of strangulated hernia. She said she had no hernial swelling, but on examination, I found a crural hernia of the size of a small pullet's egg; this was not tender to the touch, and the patient was unwilling to believe her sufferings were in any way connected with it. On being closely questioned, she said the tumour had been there three or four weeks; that it had been present before, and had disappeared; that latterly, since the abdomen had enlarged from her pregnancy, it had become permanent, and that it had somewhat increased in size the last two or three days. Several enlarged lymphatic glands surrounded the hernia. I took the ordinary steps to reduce the hernia, and assisted the taxis by the application of cold. The hernia sensibly diminished in size, but did not wholly disappear; but as all the urgent symptoms, the pain, vomiting, abdominal tenderness, etc., gradually subsided, and eventually almost ceased, I concluded I had reduced all that was reducible, that is the more recent descent and the strangulated portion. I gave a grain of opium every six hours, and applied turpentine to the abdomen. No evacuation of the bowels took place, however, and on the morning of the 25th I was called, to find a renewal of the symptoms in an aggravated form, and a perceptible enlargement of the hernia.

I called in my friend Mr. George Harday, of West Haddon (who had seen the patient a day or two before),

and we agreed (having failed to make any impression by a temperate and judicious use of the taxis) to operate. The operation was rendered more than usually difficult, by the overhanging of the gravid uterus. The patient was put under the influence of chloroform, and by patient dissection, a small knuckle of intestine was exposed, considerably changed in colour, very closely and tightly strangulated. It was with great difficulty the seat of stricture could be reached, which was at the inner edge of the falciform process. This was divided in the usual way for a line or two, but as the stricture did not appear to be released, an incision was also made into Gimbernat's ligament. Reduction even now, was not an easy matter. The intestine was so firmly joined to the sac by recent adhesions and the sac was so firmly glued to the surrounding tissues, that any return of the intestine to the abdomen seemed hopeless. A careful examination of these points led us to concur in the impracticability of attempting to return the intestine, and to conclude we had done all the nature of the case admitted, by having freely relieved the stricture.

The edges of the wound were brought together in the ordinary manner; the patient returned to bed, and a grain of opium administered every six hours. The urgent symptoms soon began to abate, and in a few hours the vomiting ceased to be troublesome. General peritonitic symptoms supervened, which were met by the addition of small doses of calomel with the opium for a couple of days, and the external use of hot fomentations, poultices, and turpentine stupes, while the patient's strength was kept up by beef-tea, gruel, arrow-root, etc. Day by day this state of things went on, and no evacuation of the bowels. Gentle enemata were tried, but no aperients. An occasional vomiting occurred, but this symptom was neither frequent nor distressing. The patient had comfortable sleeps, and by the use of the opium the pain and general discomfort of a trying case were rendered endurable.

On visiting my patient on the 3rd of October, that is on the tenth day after the operation, I detected a faecal smell in the room, and on proceeding to dress the wound, which had as yet but partially healed, I found the contents of the intestine were escaping; and that that which is called an artificial anus, in fact, had been formed. Thus, my unfortunate patient was offered a chance of life, on terms sufficiently hard and humiliating.

On this day I had the benefit of Mr. Mash's cooperation and opinion, and was glad to have his general sanction as to the treatment adopted.

The woman, at all times thin, gradually became much emaciated. As generous a diet as she could bear was allowed, as well as brandy and wine in moderate quantities. The peritonitic symptoms, the tympanitis (which had been considerable), the vomiting and pain, gradually subsided, as the escape of faecal matter became daily larger.

On the 17th of October, or on the twenty-third day after the operation, the patient had a free evacuation of the bowels by rectum. From this date, the discharge of faeces through the wound daily diminished, and the stools were passed by the natural outlet. By the end of the month the wound had quite healed, and beyond the excessive emaciation all things seemed well.

It will not have been forgotten that the poor woman, the subject of all this suffering, was pregnant. The full period of gestation was completed on December 24th. By this time she was so far recovered as to be able to join her family circle. When I was sent for to attend her in her labour, I found the os uteri fairly dilated, and an arm and shoulder presenting. But one plan of practice was admissible, viz., that of turning, and from the extreme weakness of the patient, this did not promise a happy issue. By this means, however, I delivered her of a dead child of almost average size and weight, and then removed by great toil and patience, the most firmly



and extensively adherent placenta I have met with in a practice of twenty-five years.

It will not be surprising that a case, involving so many and such serious complications, ranging over a period of three months, should have been followed by a long and tedious convalescence. Her recovery was slow but perfect, and she is now, and has been for a long time, engaged in the business of her husband, that of a baker. She has occasionally suffered from colic and constipation, but these have been easily overcome.

REMARKS. It will be acknowledged that this case is one presenting many difficulties, and that it is one offering an instructive lesson of the curative powers of nature, where our art alone can accomplish but little.

It may be urged that the operation for the relief of the stricture should have been performed earlier; but as the urgent symptoms of strangulation gave way after the first application of the taxis, it may be fairly inferred (especially as the history of the case as narrated by the patient bears out the inference) that a portion of the hernia was of recent descent, and a portion of some standing, and that the former was reduced on the first night. The presence of several enlarged lymphatic glands and a large overhanging uterus, rendered a correct diagnosis more difficult, as well as proving obstacles to the manipulation of the tumour, and to the various steps of the subsequent operation.

The return of the exposed intestine to the abdomen, after the liberation of the stricture, was, I think, simply impossible, without risk of injury to the bowel, so many and so closely adherent were the adhesions, and I hope my medical brethren of the Association will agree with me, that the incisions into Gimbernat's ligaments and the falciform process, for the relief of the stricture, and the leaving the hernia unreduced, comprised the only practicable course to be pursued.

I am not aware of any case on record (at all events, I can call none to mind) in which, after the formation of an artificial anus and the passage of stools through it, and the non-evacuation of the bowels by the rectum for some weeks, the normal state of things has been restored, and the artificial anus closed. I suppose it is to be thus explained. The entire circumference of the knuckle of imprisoned intestine was not embraced in its strangulation; a sufficient space was left for the passage of the feces at any time, but peristaltic action was prevented by the great gaseous distension above and below the stricture; the distension also acting as a mechanical hinderance. I offer this *rationale*, not for acceptance, but with the view to elicit the opinion of my medical friends here present. It seems to me rather an interesting point for discussion.

I cannot close these observations without bearing testimony to the great value of opium in this and the like cases. I believe, that to the use of opium must be in a great measure attributed the recovery in this case. Its efficacy in all cases of peritonitis, ileo-colitis, and constipation is very great. My belief in the power of this drug in peritonitis attending strangulated hernia has been strengthened by my having witnessed its value in a case of inguinal hernia on which I was called to operate a few weeks ago. From the late hour at which the operation was performed, a successful issue could not be sanguinely looked for. I gave after the operation a grain of solid opium every six hours for six days, and no other medicine, and the case did well. Aperients are, to my thinking, decidedly injurious in cases of peritonitis, whether idiopathic or arising from hernia.

UNIVERSITY OF DUBLIN NATURAL SCIENCE ASSOCIATION. The opening meeting of this society was held last week, in the Museum of Trinity College, Dublin. The chair was occupied by Professor McDowel, M.D., President to the Society.

## Reviews and Notices.

LECTURES ON THE DISTINCTIVE CHARACTERS, PATHOLOGY, AND TREATMENT OF CONTINUED FEVERS, delivered at the Royal College of Physicians of London. By ALEXANDER TWEEDIE, M.D., F.R.S., Fellow of the Royal College of Physicians of London; Consulting Physician to the London Fever Hospital, etc. Pp. 301. London: 1862.

A TREATISE ON THE CONTINUED FEVERS OF GREAT BRITAIN. By CHARLES MURCHISON, M.D., Fellow of the Royal College of Physicians; Senior Physician to the London Fever Hospital, etc. Pp. 638. London: 1862.

[Concluded from page 644.]

DR. MURCHISON'S *Treatise on Continued Fevers* is an elaborate and comprehensive work. In its preparation, the author has enjoyed great advantages from his position as one of the physicians to the London Fever Hospital, as well as from having studied fever in Edinburgh, Dublin, and Paris, and from having had opportunities, while attached to the army in India and Burmah, of comparing our fevers with those of tropical climates. He has, too—like most other fever-physicians—had direct personal experience; so that, as he observes, he writes as Thucydides of the Athenian plague, “αὐτὸς τε νοσήσας, καὶ αὐτὸς ἰδὼν ἄλλους πάσχοντας.” In conjunction with personal observation, he has consulted extensively the writings of other authors, both ancient and modern, on fever; the opinions of whom are incorporated in their proper places in the work, and acknowledged by references to a bibliography ranging from the year 1546 to the present time, and occupying thirteen pages at the end of the book.

The work contains six chapters. The first is introductory, and contains general observations on the importance of the study of Continued Fevers; on their classification and different species; the prevention of their causes; their spontaneous origin; the theory of pyrexia; and indications for treatment. Then follow three chapters on Typhus, Relapsing or Famine Fever, and Pythogenic or Enteric Fever; in regard to each of which the author notices *seriatim* the definition, nomenclature, historical account, geographical distribution, etiology, symptoms, stages and durations, complications and sequelæ, varieties, diagnosis, prognosis and mortality, anatomical lesions, and treatment. In the fifth chapter, he examines the arguments in favour of the Specific Distinctions between Typhus and Enteric Fever; in the sixth, he describes Simple Continued Fever or Febricula; in the seventh, he examines the Circumstances Influencing the Mortality of Continued Fevers at Different Places; and in the eighth and last chapter, he discusses the Relative Merits of isolating Patients suffering from Infectious Fevers, and of distributing them in the wards of a General Hospital.

In his introductory chapter, Dr. Murchison shews how the result of the study of continued fevers during the last twenty years has been to give a definite and practical form to doctrines which were shadowed forth faintly by physicians of old times. Many of these, as “Riverius, Willis, Hoffmann, Strother, Huxham, Pringle, and Macbride, recognised and described different forms of continued fever; but



their investigations did not suffice to establish absolutely the specific non-identity of the diseases which they observed." Again, several of the old physicians, according to the opportunities of observations afforded to each, have described individual forms of fever corresponding exactly with the typhus, relapsing, and enteric fevers of modern authors; thus typhus was described most accurately by Fracastorius and Cardanus in the sixteenth century; relapsing fever by Ratty; and pythogenic fever by Baglivi, Huxham, and Manningham. Yet, as is well known, the idea of the absolute non-identity of the various forms of continued fever failed to be recognised until "the investigations of Henderson and other writers on the epidemic of 1843 established the specific distinctness of relapsing fever from typhus; while those of Gerhard, Stewart, Jenner, and others, have proved the non-identity of the true typhus and the 'typhoid fever', so ably described by Louis."

The circumstances which have led to the confusion of the varieties of continued fever for so long a time are traced out by Dr. Murchison. He considers them to have been: the idea on the part of observers that all cases of continued fever resembled that form which came under their immediate notice—as exemplified in the difficulty experienced by the French to understand the existence of any but typhoid fever; the foundation of arguments on a name assigned at a given time or place, instead of on the disease itself; the inclusion under one name of simultaneous epidemics of different fevers; the non-observance of the relapse in some cases of relapsing fever; the undefined meaning attached to the word *petechiæ*; the confusion of the eruptions of typhus and of pythogenic fevers; and the placing too much reliance on the symptoms and pathology of continued fevers, to the neglect of a sufficient investigation of their causes. That is to say, there is no absolute reliable point of distinction in regard to symptoms between typhus and pythogenic fevers, or between typhus and uræmia, or certain affections of the brain and lung. Again, typhus may have intestinal complications causing it to resemble typhoid fever; and a tendency to cerebral symptoms or constipation may give pythogenic fever the appearance of typhus. And, with one exception—that of the specific intestinal lesions of typhoid fever—*post mortem* examination aids us no better in diagnosis. We must, then, Dr. Murchison argues, look to the causes; and consider whether there be an identity of persons.

"To arrive at any certainty in the matter, it is necessary to study the causes of continued fevers in connection with their symptoms. Now, recent investigations have rendered it probable, that the circumstances under which the several continued fevers are generated are widely different; that the typhus poison is generated by the protracted concentrations of the exhalations from living human bodies; that the poison of relapsing fever makes its appearance in that peculiar condition of the system induced by starvation; while that of 'typhoid fever' is contained in the emanations from certain forms of decomposing organic matter. The coexistence of two species of continued fevers in one epidemic is no greater proof of their identity, than is the coexistence of epidemics of scarlatina and variola a proof that these two diseases are the same." (P. 6.)

In subsequent parts of his work (viz., at pp. 78-116, 307-326, and 428-456), Dr. Murchison enters much more fully on the question of the Exciting

causes of typhus, relapsing, and typhoid fevers. The main questions considered are, the propagation of these fevers by contagion, and their spontaneous origin.

In regard to these points, Dr. Murchison brings forward a mass of evidence which shows that the typhus and relapsing fevers have many points in common. Most observers believe them both to be contagious, the belief being based on the following grounds:

"When typhus commences in a house or district, it often spreads with great rapidity." (P. 79.)

The same is said of relapsing fever, at p. 307.

"The prevalence of typhus" (p. 80) or "of relapsing fever" (p. 308) "in single houses or in circumscribed districts is in direct proportion to the degree of intercourse between the healthy and the sick."

"Persons in comfortable circumstances, and living in localities where the disease is unknown, are attacked on visiting infected persons at a distance." (Pp. 81 and 309.)

"Typhus" ("relapsing fever") "is often imported by infected persons into localities previously free from it." (Pp. 82 and 310.)

Finally, in regard to typhus,

"The contagious nature of typhus is indicated by the success attending the measures taken to prevent its propagation, more especially the early removal of the sick." (P. 84.)

Under these circumstances, evidence of which is quoted by Dr. Murchison from the writings of various authors, he can come to no other conclusion than that typhus and relapsing fevers are both contagious; agreeing thus with the majority of modern writers on these forms of fever. And not only do the general facts agree, but the laws regulating the transmission of the specific poison bear a great resemblance in the two cases. In both, according to Dr. Murchison, actual contact with the sick is not necessary; the poison is conveyed in the exhalations from the patient. The distance, however, at which the infection is communicable is very small; close communication with the sick or residence with them in ill-ventilated dwellings appear to be necessary for its propagation, while evidence is wanting of the communication of either disease where ventilation has been properly attended to.

"There are," Dr. Murchison remarks, "no grounds for the popular belief, that typhus may be propagated through the atmosphere from a fever hospital to the houses in its neighbourhood."

Both forms of fever are communicable by fomites; of which, especially in regard to typhus fever, there is a most convincing amount of evidence. At the same time,

"The poison" (of typhus) "must be highly concentrated to be transmitted by fomites.... There are no instances on record where a medical man has been the medium of transmission of typhus to his patient or to his family, as sometimes happens in the case of scarlet fever."

This point has been especially confirmed by the large experience of Drs. Gregory and Tweedie.

In both typhus and relapsing fever, it appears that the length of exposure to infection necessary to impart the disease, varies directly with the amount of concentration of the poison; but that relapsing fever requires a longer exposure to the infection than typhus. And, as might almost be expected from the



st statement, the proportion of persons liable to be attacked after exposure is probably smaller in relapsing fever than in typhus. Hitherto we have seen a parallelism, very close though not absolute, between typhus and relapsing fevers in regard to their infectious nature. We now come to an important distinction. Typhus fever almost always confers immunity from a second attack; there are exceptions—of which Dr. Murchison has had an instance in his own person; but they are so rare, that the law of subsequent exemption is as applicable to typhus as to the ordinary eruptive fevers. Relapsing fever, on the other hand, confers no such immunity, as has been proved by Welsh and Christison in the epidemics of 1817-19, by Wardell and Mackenzie in that of 1843, by Jenner in the relapsing fever in London in 1847-50; and in the Irish epidemic of 1847.

Typhus and relapsing fevers are then undoubtedly contagious; but Dr. Murchison, admitting this, holds also that they can both be produced independently; that each may have a spontaneous origin. We do not much like this term; as, if understood in its literal sense, it would imply the absence of appreciable causes; whereas Dr. Murchison gives ample evidence of their existence. These causes, however, differ in typhus and relapsing fevers, in regard to their relative shares in the production of the disease. Typhus, in its ordinary form, as well as in the forms of jail fever, ship fever, military fever, and hospital fever, has been generated by over-crowding and defective ventilation, the effects of which are aided by "personal squalor and filthy apparel," by "a deteriorated state of the constitution," and by exposure to the poison for a sufficient length of time. On the other hand, numerous facts observed in the London Fever Hospital, in Ireland, in Scotland, and in Silesia, point to starvation as the source of relapsing fever. Over-crowding may favour the development of the disease; but it is not necessary, for epidemics of relapsing fever have prevailed where the people have not been over-crowded, but have been in great want.

There is much greater diversity of opinion regarding the exciting causes of pythogenic or enteric fever than regarding those of typhus and relapsing fevers. Is enteric fever communicable from the sick to the healthy? Dr. Murchison examines this question very fully by the light of his own experience and that of other physicians. Putting aside for the moment the consideration of the arguments of our learned and zealous associate Dr. William Budd, Dr. Murchison examines the chief arguments on which the doctrine of the contagious nature of the disease has been based. These are:

"When one individual is attacked, many other cases often follow in succession in the same house or district."

"Pythogenic fever is said to be communicated to the nurses and other attendants on the sick."

"Persons labouring under pythogenic fever sometimes transport it into localities where it was before unknown, but where it then spreads from them as from a centre."

From Dr. Murchison's observations on the facts brought forward, and stated by him, in support of these arguments, we learn that he considers the conclusions drawn in favour of the contagion of enteric fever to have been overrated. But, at the same time, he admits that some of the facts admit of no other explanation than that the fever in question is

"communicable by means of some poison emanating from the sick." He doubts, however, the communication of the disease by contact with the sick; and observes that

"It is not improbable that, as in dysentery and cholera, the alvine dejections constitute the chief, if not the sole, medium of communication."

Thus Dr. Murchison admits the possibility of the communication of enteric fever by infection, but holds this source of the disease to be the exception rather than the rule, and traces it generally to a spontaneous origin; that is to say, to the emanations from drains, sewers, cess-pools, etc., or to the drinking of water contaminated with sewage matter. It is the origin of typhoid fever in this way that has led Dr. Murchison to give it the name of *pythogenic*, i.e., produced from putrefaction; from *πύθωμαι*, I putrefy, and *γεννάω*, I produce.

While, however, Dr. Murchison supports the theory of the origin and propagation of pythogenic or typhoid fever by the reception into the body of the emanations from putrid matter, and so far meets the view entertained by Dr. W. Budd and Professor von Gietl, he differs from them in an important point. Dr. W. Budd, as must be well known to the readers of this JOURNAL, holds that, as Dr. Murchison has concisely expressed it,

"The poison of enteric fever, though contained in sewage, is then always derived from the alvine evacuations of an individual already suffering from the disease; the poison resides chiefly in the stools of the sick, and a drain is merely the vehicle of its propagation, or, in other words, 'a direct continuation of the diseased intestine.'" (P. 448.)

This theory of Dr. Budd is criticised by Dr. Murchison at some length. He allows that enteric fever may be, and sometimes is, propagated by the intestinal discharges of patients suffering from the disease; but he attributes this, not to the direct propagation of the typhoid poison, which, he says, is never passed from the body until it is dead and putrid; but to the great proneness to decomposition of the typhoid stools. Hence, while he differs from Dr. Budd as to the immediate source of the fever, he agrees with him as to the importance of immediately removing the discharges from the sick; but holds it to be even more necessary "to rectify without delay the escape of sewer-gases into houses, and the pollution with sewage of drinking water."

Dr. Murchison notices an objection to the theory of spontaneous generation of fever, that "persons are often exposed for a long time to the emanations from decomposing animal matter without contracting enteric fever." On this he remarks, that it is not to be supposed that the poison of enteric fever is generated from all decomposing animal matter, however offensive; that free dilution of the poison, if it be produced, by air or by water, may render it innocuous—it being necessary, so far as we know, that the decomposing matter be in a confined space or stagnant; that "lengthened exposure to the exciting cause diminishes the risk of infection"; and that probably certain atmospheric conditions are necessary for the production of the poison.

The objection, that "many cases of fever are independent of organic impurities," Dr. Murchison traces to the want of recognition of the different forms of continued fever, and observes:

"I readily admit, that we cannot succeed in tracing



every case of enteric fever to organic impurities. But, if the disease can be traced to such causes, in a few undoubted instances, it is reasonable to infer that its causes are similar in all cases where it has a spontaneous origin. . . . . The actual poison may, like the miasmata which give rise to ague, be inappreciable by the senses, or by chemical research." (P. 454.)

In his descriptions of the Symptoms and Anatomical Lesions of the various forms of fever, Dr. Murchison is elaborate and methodical. Of each form, he first gives a general description of the symptoms; and then notices the symptoms referrible to the physiognomy, the skin, the circulating system, the respiratory system, the digestive organs, the urinary system, the nervous and muscular systems, and the organs of special sense. Similar detail is observed in treating of the anatomical lesions; and, whenever it is practicable, Dr. Murchison founds his statements on numbers.

"Experience", he observes, "to be of value to any besides the immediate observer, must be something capable of definite expression. Moreover, the mind is apt to attach to accidental occurrences an importance, which is at once dispelled by an appeal to the *force brutale des chiffres*."

Among the mass of information furnished in the parts of the work to which we have now referred, we can notice a few points only.

In regard to the expired air in typhus, Dr. Murchison accepts the statement of the late Dr. Malcolm of Belfast and Vierordt, that the amount of carbonic acid is diminished; and he has confirmed the statement of Viale, Latini, Reuling, and Richardson, that the quantity of ammonia ordinarily present in the breath is—sometimes very greatly—increased.

"I have", he says, "examined the breath in a large number of cases of typhus; and in grave cases, with typhoid or putrid symptoms well developed, I have rarely failed to obtain crystals of chloride of ammonium."

Of these he gives a woodcut, the characters of the crystals in which agree with those figured by Dr. Richardson in his work on *Coagulation*.

An important question, which naturally arises here, is: What relation does the excess of ammonia in the expired air of typhus bear to the typhus-poison? On this we find some remarks in the chapter on Etiology, at p. 114. Dr. Murchison believes that "there are some grounds for supposing with Liebig, Simon, Scherer, Viale and Latini, and Richardson, that it is a compound of ammonia." He refers to the well known fact of a "pungent ammoniacal odour" being given off from the skin and lungs in typhus, as well as to the actual demonstration of a large amount of ammonia in the breath. Further,

"It has been ascertained by Gerhard and others, that the cases in which this odour is strongest, communicate typhus most readily to persons in health. Again, in many of these cases, where the symptoms of typhus have supervened immediately on exposure to the source of contagion, and where we may suppose the poison to have been unusually concentrated, the affected persons have been conscious at the time of exposure of a most disagreeable odour, which has been described as pungent and ammoniacal." (P. 115.)

Dr. Murchison further hints that there may be a close connection between the excessive evolution of ammonia in some other diseases—such as uræmia—and the spontaneous development of typhus in crowded and ill ventilated hospitals: and, without

offering a dogmatic statement on the subject, says that,

"In the present state of our knowledge, it seems not unreasonable to conclude, that the disagreeable odour of the cutaneous and pulmonary exhalations of typhus patients, as well as the offensive smell generated by overcrowding, are due to some unknown compound of ammonia, which is the typhus-poison." (P. 116.)

No evidence derived from examination, according to Dr. Murchison, exists as to the characters of the expired air in relapsing in typhoid fevers. In the latter, however, ammonia is probably present in excess.

The cutaneous eruptions observed in typhus and enteric fevers are fully described and diagnosed. We avail ourselves of a tabular statement, given by Dr. Murchison at p. 471, as shewing the principal points of distinction.

*"Pythogenic Fever."*

"1. Pink or rose-coloured throughout.

"2. Undergo no change, until they fade or disappear. Never converted into petechiæ.

"3. Circular.

"4. Isolated and few in number.

"5. No subcutaneous mottling.

"6. Elevated above the skin.

"7. Disappear on pressure as long as they last.

"8. Appear on fourth or fifth day.

"9. Appear in successive crops.

"10. Each spot lasts only three or four days.

"11. Never present on dead body.

"12. A large number does not indicate danger.

*"Typhus."*

"1. May be dirty-pink or red at first, but soon become reddish brown.

"2. Become gradually darker, and are often converted into petechiæ.

"3. Of irregular form.

"4. Numerous, and adhere in patches.

"5. Mottling common, in addition to spots.

"6. Not elevated, except at first appearance.

"7. Do not disappear on pressure, except at first.

"8. Rarely before seventh day.

"9. Never in successive crops.

"10. Many of the spots may last to the end of the fever.

"11. Often persist after death.

"12. Direct ratio between the number and darkness of the spots and the severity of the case."

Several excellent coloured representations of the spots in each kind of fever are given by Dr. Murchison. Dr. Tweedie's work also, we omitted to mention last week, is illustrated by well-executed coloured plates.

At pages 540-552, Dr. Murchison gives a copious description of the peculiar intestinal lesion of enteric fever—the disease of the agminated or of the solitary glands of the ileum. Of this he describes four stages: viz., 1. Enlargement or deposition on the intestinal glands; 2. Softening and ulceration; 3. The genuine pythogenic ulcer; 4. Cicatrization. These he describes; and, with Louis, states the morbid appearances presented to be characteristic of typhoid. But he observes that "care must be taken not to set down every unusual appearance of the parts in question as pythogenic fever." Among the appearances likely to be mistaken as having a typhoid source, are intestinal tubercle, and lesions found sometimes in cholera, variola, scarlatina, erysipelas, and pyæmia.

At page 562, Dr. Murchison discusses the nature of the deposit found in the intestinal and also in the mesenteric glands. Some pathologists—Gruby, Vo-



gel, and Hughes Bennett, for instance—have held that it is specific, like tubercle or cancer, and have figured a specific “typhous cell”. The author, however, agrees with Wedl, Virehow, and other observers, “that there is nothing specific or characteristic in the structure of the so-called “typhous matter”. He believes Virehow’s idea to be the most probable —“that it is always a directly continuous development of the pre-existing cellular elements of the diseased glands.”

What are the diseases, the names of which are familiar to us, which may be classed under the head of either of the three great forms of continued fever? On this point, we have from Dr. Murchison full instruction. He shews, as has been already mentioned, that jail-fever, ship-fever, military fever, and hospital fever, are all typhus; and further, at page 200, brings forward some very strong arguments in favour of the identity of oriental plague and typhus; the connecting link being the inflammatory swellings or buboes, which, an ordinary accompaniment of true plague, are occasionally met with in typhus. Among the affections referrible to the head enteric fever, are infantile remittent fever, and gastric or bilious fever.

We could have wished to notice Dr. Murchison’s remarks on several important topics, such as the complications, sequelæ, diagnosis, and treatment of continued fevers. Our space, however, has been already exceeded, and we must bring this notice to a close with a quotation from the end of the last chapter, on the isolation of fever-patients, or their distribution in a general hospital. After a due consideration of facts bearing on the subject, Dr. Murchison concludes that—

“1. Cases of pythogenic fever may be distributed in the wards of a general hospital with impunity. 2. It is doubtful if cases of typhus ought ever to be admitted into a ward with other patients; even in no larger a proportion than one in six, there is danger of the disease spreading. 3. Fever Hospitals are absolutely necessary in all large towns liable to epidemics of typhus; and they ought to be provided with the means of rapid extension in the event of an epidemic breaking out.\* 4. There is no evidence that, in a well ventilated Fever Hospital, the mortality from continued fevers is greater than in a general hospital. 5. In proportion to the number of cases of typhus treated, the danger of the disease spreading is much less in the plan of isolation than in that of mixing. 6. Cases of pythogenic fever, scarlatina, and typhus, ought not to be mixed in a fever hospital.” (P. 614.)

In conclusion, we have to express a general opinion of the two works, the titles of which are placed at the head of this article. Each author has had before him his own object; and each has done his work well. Dr. Tweedie has produced a highly practical book—a book which a medical man engaged in his profession will consult with advantage. They will not be disappointed, who expect to find sound advice and practical aid in Dr. Tweedie’s *Lectures*. Dr. Murchison, on the other hand, naturally does not write with the long practical experience of Dr. Tweedie; but there are few men among us who combine his industry and learning with the aptitude for arranging and combining their material so compactly and yet so clearly and instructively as he has done. Those among us, who would know what

men in old times thought of fever, and what are the opinions which modern reason and research support, and what are *adhuc sub judice*, will find in this book all they can desire. The book is very creditable to the author, and to British medical literature.

## British Medical Journal.

SATURDAY, DECEMBER 27TH, 1862.

### WHO IS A DOCTOR?

WE have so often discussed the subject of the title of Dr., as assumed by Licentiates of Colleges of Physicians, that we feel the question of “Who is a doctor?” is one which has been torn to rags and rendered threadbare, so far, at least, as the discussion of it can go. We do not believe, indeed, that anything which can be said on either side of the matter has been left unsaid; and yet, alas! the question is still unsettled, still *vexata*. Who can decide in this disagreement of doctors?

The Colleges of Physicians themselves will express no positive opinion on the subject, beyond what may be gleaned from the tacit resolution of not addressing non-diplomatized Licentiates as doctors. The College, therefore, does not forbid, but will not accept, the assumption. The law of the land does not appear to have anything to say to the matter; for, as we have already shown, any man may write down Dr. before his name without infringing the Medical or any other Act of Parliament. In this contingency then, and regarding the divided ideas of the the profession on the point in question, it seems to us evident that the matter must be eventually, and can, in fact, be only, settled by custom—by that *lex non scripta*, the great Mos, which is sometimes greater and more powerful than the written law itself. And, to say the truth, it must be admitted that when we examine the question from this, its custom side of view, there is something strong to be said in favour of the assumption of Dr. by Licentiates of Colleges of Physicians, although they be not Doctors of Medicine—*Medicinæ Doctores*. The practice of Licentiates calling themselves doctors, it must be remembered, was once adopted by the London College of Physicians itself, in its most palmy days of propriety and purity. It once more than tacitly permitted its non-diplomatized Licentiates to take the title of Dr.; and it addressed them as Drs. Clearly, therefore, there could not, in its eyes at that time, have been anything immoral in the proceeding. Therefore, we may fairly conclude, nothing can be said of the act, on that score, at the present time of day. The College at that time seems to have taken the ordinary sense view of the case—perhaps a little stimulated to move in that direction by a consideration of its private interests: the or-

\* “Temporary buildings of wood and iron are particularly adapted for the treatment of typhus patients.”



dinary sense view being, that a physician and a doctor are synonymous and convertible terms.

The public can see no difference between a physician and a doctor; and the College itself seems at that time to have taken the same view of things. A physician could be no other, in common parlance and to common opinion, than a doctor; and, conversely, a doctor could be no other than a physician. The distinction between a Licentiate of a College of Physicians and a Doctor of Medicine is too subtle a distinction for the public mind.

Now this state of things might, perhaps, have gone on indefinitely, if Licentiates of Colleges (as in the past) had still been *rare aves* in the profession. But when the march of intellect advanced into the Colleges and opened their eyes to a sense of more extensive duties owing by them to the public and to the profession, and of greater profits contingently accruing to themselves by the performance of those duties, this matter became one of real importance. The Universities now felt, or imagined they felt, that their interests would be damaged, if the Colleges could thus, on a large scale, produce Licentiates to whom the assumption of the title of Dr. was tacitly permitted. The Universities, therefore, when the Colleges began to make physicians by the thousand, naturally exclaimed against what they held to be an infringement of their privileges; and so have arisen exclamations and reclamations.

Confessedly, we must say that it is not in our power to definitively allay the burning nature of this controversy. We believe that the question must (as we have hinted) finally come for settlement into the fingers of custom, as neither law, nor Medical Council, nor medical colleges, can or will take upon themselves to declare their sentiments regarding it. If no authoritative medical body will, in fact, publicly declare, not merely that it does not sanction the aforesaid assumption and prefix of Dr., but that it considers the assumption improper; and if, as we have seen, the law itself is silent in the matter, then, we feel bound to say, that medical authority, as represented by Councils and Colleges, etc., being dumb, appears on this question to allow judgment in favour of the assumption to go by default. At all events, in the present condition of the question, it is hardly to be expected that any private individual should expose himself to the charge of discourtesy and to angry rebuke by refusing to the Licentiate of a College of Physicians the prefix of Dr. to his name, if the Licentiate asks and expects the same to be given to him.

Until some collective medical authority has taken upon itself to express a decided opinion in the negative or the affirmative, we expect that the practice of individuals will be as we have here suggested; viz., it will not refuse the title to those who claim it.

## MEDICAL AND CHIRURGICAL SOCIETY DISCUSSIONS.

SURPRISE and disappointment have been expressed because that the Medical and Chirurgical Society does not, on disputed points of practice, medical or surgical, come to a decision by the way of vote. It requires, however, but a very little real consideration of the subject to show how worse than useless such a mode of attempting to settle medical questions would prove. It would end in this: that points of practice, etc., would be decided (as our elections at hospitals usually are) by a general canvass; so that numbers, and not the reason of the thing, would be our academical method of putting an end to medical and surgical disputations. Suppose, for example, at the late discussions on ovariectomy, the Society determined to settle all differences by vote; and that, in consequence, thirty-nine Fellows voted in favour of the operation and thirty against it,—would the Society have done anything more by such a vote than have rendered its authority ridiculous? Supposing even an overwhelming majority had carried the voting day, would not the vote still be without any real value (so far as the authority of the Society was concerned), when we find that our Lawrences, Fergussons, Hawkinses, Arnotts—in fact, all our surgical *patres conscripti*—sit there, and yet express no single word, either of merit or demerit, in reference to the value of the operation? When there is an unanimous expression of opinion, on the part of those whom we deem authorities, on any point in practice, it is evident that voting is quite superfluous. The practice is sanctioned by that expression of opinion, according to the recognised value of the opinion of the authority who expresses it. We apprehend, for example, that the opinion of a gentleman like Mr. Spencer Wells, who has performed his fifty operations of ovariectomy, will have more weight with the profession than the opinions of one hundred mere voters who have neither seen nor performed one single operation of the kind. But the operation, according to this newly proposed method of settling scientific questions, would stand utterly and irrevocably condemned, if the hundred were to vote on one side, and Mr. Wells were to stand alone on the other.

The fact is, and it is manifest enough, our societies' meetings are no more than debating societies' meetings; and, as we have shown, their votes in settling scientific questions, would be simply ridiculous. It seems to be forgotten that, to meet this very want of an authority which is invoked, the Society has lately established committees; and it is to a committee alone that any appeal in this wise can be made. A committee wisely chosen, and after due and careful deliberation and investigation into the whole subject proposed, can come to a decision on



the real merits of the case; and its decision would, doubtless, be received with respect by the profession at large, as being authoritative. But this committee's decision is a very different thing from that of a voting majority of the body of Fellows, who would naturally, many of them, vote for the views of those of their friends whose opinions they respect the most on other occasions. The physician would back his surgical ally on a point of surgical practice; and, *vice versâ*, the surgeon would return the compliment to his friend on a purely medical question.

### A LOGICAL DIGNITARY.

It is somewhat of a consolation to men of ordinary mental calibre to note the miserable vagaries which so often seize hold upon and take complete possession of highly logical intellects. Choppers of logic are not always men of common sense. They can see things which are invisible to ordinary lights; they can give the right reason of the thing, according to the rules; and can separate, and include, and define, to the complete bewilderment of the vulgar. They can do all this, and yet be themselves the victims of the profoundest and most irrational and illogical delusions.

Where can we find a better specimen of the kind than in his Grace the Archbishop of Dublin? This logician, as is well known, is the archpriest of quackeries. He is the most fervent adorer, for example, of the grossest delusions of mesmerism. Sir Bulwer Lytton is, by the side of him, quite a meek believer in clairvoyance. In fact, this teacher and instructor of mankind in the use of the reasoning powers, whose greatest *forte* (nominally at least) has been to tell men how to reason aright, is the veriest believer in the truth of those things which are contrary to all evidence and contrary to all reason. His last appearance upon the public stage in the irrational line is as a castigator of the Dublin College of Surgeons. That College had very properly issued the following resolution:—

“That no Fellow or Licentiate of the Royal College shall pretend or profess to cure diseases by the deception called homœopathy, or the practice called Mesmerism, or by any other form of quackery. It is also hereby ordained that no Fellow or Licentiate of the College shall consult with, meet, devise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable by physicians or surgeons.”

Of course, this resolution was unpleasant to the homœopaths and mesmerists. They, therefore, naturally apply for comfort to their warm patron, his grace the logician; and he naturally also and congenially sympathises with them in their distress, and offers them the following logical and balmy words of consolation:—

“My dear Sir,—I was well aware of the detestable

act of tyranny you refer to. I believe some persons were overawed into taking part in it against their own judgment. I have always protested against such conduct in all departments of life. You may see something to the purpose in my little penny tract on *Trades Unions* (to be had at Parker's). In fact, the present is one of the trades unions. A man has a right to refuse to work except for such wages, or under such conditions as he himself chooses to prescribe; but he has no right to compel others to concur with him. If there is any mode of medical treatment which he disapproves, or any system of education which he thinks objectionable, he will be likely to keep clear of it of his own accord, without any need of compulsion or pledges. Those, again, who may think differently ought not to be coerced or bullied. Some persons seem to have a notion that there is some connexion between persecution and religion; but the truth is, it belongs to human nature. In all departments of life you may meet with narrow-minded bigotry and uncharitable party spirit. Long before the outbreak of the Reformation, the nominalists and the realists of the logical school persecuted each other unmercifully, so have royalists and republicans done in many countries; and in our own country the trades unions persecute any one who does not submit to their regulations. In Ireland, if any one takes a farm in contravention of the rules of the agrarian conspirators, he is waylaid and murdered; and if he embraces the protestant faith, his neighbours all conspire to have no dealings with him. The truth is, the majority of mankind have no real love of liberty, except that they are glad to have it themselves, and to keep it all to themselves; but they have neither spirit enough to stand up firmly for their own rights, nor sufficient sense of justice to respect the rights of others. They will submit to the domineering of a majority of their own party, and will join with them in domineering over others. In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the systems denounced to see that there is something of a testimony borne to them by their adversaries, who dare not trust the cause to the decision of reason and experience, but resort to such expedients as might as easily be employed for a bad cause as a good one.—(Signed) R. DUBLIN.”

We will leave our readers to draw their own conclusions from his language as to the kind of treatment R. Dublin would practice upon the Dublin College of Surgeons, if he could have his will of them. Despite of all his denunciation of bigotry, we must confess that we should be very sorry to see the College at his mercy.

Now, what we would here remark upon is the illogical nature of this anathema. Let the Archbishop answer this question on the principles of freedom of opinion he so fiercely inculcates; and then we shall see if he is really consequential—if, in fact, his practice agrees with his precepts. Suppose one of the clergy in his diocese were to take up the doctrines of Islamism, and boldly preach them, as a member of the United Church, would his lordship quietly look on from his throne, and allow the souls under his charge to receive this teaching without attempting to arrest the preacher's voice in the temple? Well, we suppose, we may safely answer that the diocesan would at once do his best to arrest the progress of him who, as a member of the Church, was the teacher of doctrines fatally destructive (as he



would say) to the souls of mankind. Now what more, reasoning according to the exactest rules of logic laid down in *Whately's Essays*, does the College of Surgeons when it says that, as far as in it lies, it will have no connection with, but will arrest the course of the preachers and practisers of a delusion which it knows to be fatally destructive to the bodies of mankind? The College obeys its conscience, just as the Archbishop would, in the case supposed, tell us he followed the dictates of his conscience in the arresting process. If, then, the College be a persecutor in this way, so likewise would his grace be equally a persecutor in the case supposed.

The truth is, despite of his logic, he has fallen into the common error of confounding together things which have no connexion, and then arguing of them as of similars. If the College of Surgeons had attempted to put down the homœopath or the mesmerist as homœopath or mesmerist, it would, indeed, have acted the part of persecutor; just as his grace would have acted the part of persecutor, if he had attempted to put down the Mahomedan as Mahomedan. The College forbids its members to deal with those things which they know and admit to be false and hurtful to humanity's body, and there it stops. As far as the College is concerned, the whole world can fall down and worship the brazen or golden images of homœopathy and mesmerism, only it publicly declares that the College will have no responsibility in the evil things by giving them even a tacit sanction. Just so, again, acts his grace. "As a Mahomedan," he tells his misguided brother, "you are at liberty to preach Islamism as loudly and as long as you please to the four winds of Heaven—at least in this land of liberty; but I cannot accept the responsibility of allowing you to preach these doctrines as a member of the Church of England." But if his grace thus acted and said, would he think the world just in applying to him (as it ought to do if his logic be true) the language which, in the above letter, he has applied to the Dublin College of Surgeons?

### THE WEEK.

At an ordinary general meeting of the Fellows of the Royal College of Physicians, held on Monday last, Drs. Hawkins, Guy, Black, and F. Weber, were elected to fill vacancies on the Council; and Dr. Gull was elected to fill the vacancy on the Council occasioned by Dr. Watson having been chosen President of the College. At the same meeting, the University of Athens was added to the other Universities already qualifying candidates for admission to the examinations of this College.

DR. W. T. GAIRDNER has been appointed Physician to the Glasgow Royal Infirmary; the death of Dr. Joseph Bell having, thus early after Dr. Gairdner's appointment to the Chair of Medicine in the University, produced a vacancy in the Infirmary.

## Association Intelligence.

### NOTICE REGARDING NEW MEMBERS.

By desire of the Committee of Council, the General Secretary requests that the Local Secretaries will be good enough to forward to him the names of all New Members who join the Association through the Branches; as otherwise the JOURNAL cannot be sent to them.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, November 10th, 1862.

### WEST SOMERSET BRANCH.

A *conversazione* meeting will be held at Clarke's Hotel, Taunton, on January 7th, 1863, at 7 P.M.

Gentlemen desirous of communicating papers or cases, are requested to send notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Sec.*

### LANCASHIRE AND CHESHIRE BRANCH.

#### REGISTRATION OF DISEASE.

THE following document has been issued by a Subcommittee of the Lancashire and Cheshire Branch.

"SIR,—At a meeting of the Council of the Lancashire and Cheshire Branch of the British Medical Association, held October 24, 1862, it was resolved—

"That a Subcommittee be appointed to consider and report on the best means of carrying out the registration of disease in large towns, and that the following gentlemen constitute such Committee, viz., Dr. Wilkinson, Dr. Noble, Mr. Mellor, and Mr. A. Ransome."

"It seems certain that many valuable results would follow the establishment of a systematic registration of disease, which should record weekly the relative amount and kind of disease prevalent at any one time in all the chief towns of a district. It would shew the influence upon sickness of the varying conditions of climate and season, of prosperity or distress of the trades and manufactures, or of any other circumstances peculiar to the district. It would afford a means of speedily detecting the advance of an epidemic, and of studying its course; and thus it would be most valuable to the inhabitants of the several towns comprised within the district in which it was made, giving them exact and timely intelligence of the presence of disease, and enabling them promptly to deal with it.

"After careful consideration, therefore, the Committee beg to propose the following scheme, by which a weekly registration of the deaths, and of the relative amount of certain kinds of disease, might be carried on regularly, without much trouble or expense, in all the chief towns of this district, including such places as Ashton-under-Lyne, Blackburn, Bolton, Chester, Liverpool, Oldham, Preston, Rochdale, Stockport, Warrington.

"In each of these towns a small Committee should be formed of gentlemen interested in the subject, who should invite the assistance of all those medical gentlemen in the town or neighbourhood who hold public appointments, whether to hospitals, gaols, workhouses, or poor-law unions. Exertions should be made to enlist all such public medical officers, so that the returns might represent, as accurately as possible, the relative amount of disease prevailing in the community. At the same time, the cooperation of the registrars of deaths should, if possible, be secured, so that returns might also be obtained of the *total* number of deaths occurring each week, which might check the number of diseases, and also afford some measure of the fatality of these diseases. Each gentleman consenting to contribute to such a



return should be furnished with a set of forms, similar to those enclosed, to be by him filled up each week with the number of the new cases of the different diseases there mentioned, which have come under his care during the week preceding. The deaths, also, which had occurred during the same period, should be entered in the column provided for them. These returns, when filled up, could then be posted to the address of any one member of the local Committee, who would undertake to receive them, compile them into a single return for the district, and then forward them to the central offices of the Association in London.

“The expense of carrying out this scheme would be almost confined to the printing of the forms, and their postage from the various contributors (about six shillings a year for each separate section). Many inhabitants in each town would be willing to subscribe a small sum, for the sake of possessing such valuable records as these would be likely to prove.

“Might I ask that you would kindly give me your opinion as to the practicability of carrying out this plan in your town, and whether you would assist in the work, or could point out some medical man in the neighbourhood who would give it his earnest cooperation.

“I am, sir, yours sincerely,  
“ARTHUR RANSOME, *Hon. Sec.*

“No. 1, St. Peter’s Square, Manchester.”

*Manchester and Salford Sanitary Association.* Return of Births and Deaths in the Ancoats District, for the week ending Saturday, 186

Causes of Death.	No.	Remarks.
Small-pox - - - - -	..	..
Measles - - - - -	..	..
Whooping-cough - - -	..	..
Scarlatina - - - - -	..	..
Diarrhœa - - - - -	..	..
Fever - - - - -	..	..
Disease of the lungs - -	..	..
Other causes not classified	..	..
Total No. of deaths - -	..	..
Total No. of births - -	..	..

(Signed) *District Registrar,*

It is particularly requested that this Return may be posted not later than Monday in each week.

MIDLAND BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting of this Branch was held in the Board-room of the Lincoln County Hospital on Friday evening, December 12th; T. SYMPSON, Esq., President, in the chair. Ten members were also present.

The PRESIDENT gave a short address.

*Papers.* The following papers were read:—

1. On the Advantage of Retaining the Staff in the Bladder during the Operation of Lithotomy. By E. Morris, M.D., Spalding.
2. The Difficulties of Signing Certificates of Lunacy under the Existing State of the Law; with Cases. By F. D. Walsh, Esq., Lincoln.

The members, after a most agreeable meeting, were hospitably entertained by Mr. Lowe.

LANCASHIRE AND CHESHIRE BRANCH:  
ORDINARY MEETING.

AN ordinary meeting of the members of this Branch was held on Thursday, the 18th instant, at the Infirmary, Chester; T. W. CALLON, M.D., Vice-President, in the chair. There were present twenty-five members and visitors.

*Papers.* The following papers were read:—

1. On some Facts and Observations in Obstetrics. By G. C. Watson, M.D., Chester.

2. Two Cases of Volvulus. By E. Waters, M.D., Chester.
3. On the Treatment of Ascites and Anasarca. By J. B. Nevins, M.D., Liverpool.
4. A Case of Thoracic Aneurism. By M. A. E. Wilkinson, M.D., Manchester.

After the meeting, the members dined together at the Albion; G. Southam, Esq., President, in the chair.

Correspondence.

DR. TWEEDIE AND HIS REVIEWER.  
LETTER FROM A. TWEEDIE, M.D.

SIR,—The remarks of the reviewer of my *Lectures on Fevers*, in the last number of the BRITISH MEDICAL JOURNAL, render an explanation on my part imperative; and I feel satisfied that, when I have made my statement, my medical brethren will not feel disposed to endorse the charge of plagiarism brought against me.

Let me state, then, in the first place, that six years ago, when I acceded to the request of the President to deliver a course of lectures at the College of Physicians on the Pathology of Fevers, I determined to avail myself of the ample store of facts recorded in the register of cases kept with great accuracy at the Fever Hospital. This, as one of the attending physicians, I had a right to do; but, in sketching for myself the statistical information I should require, I perceived that the mechanical details would involve a much greater sacrifice of time and labour, than my other avocations, with the addition of the preparation of my lectures, would allow. In looking round for assistance in extracting the details from the hospital register, according to the plan I proposed, I mentioned incidentally my dilemma to Dr. Murchison, who had been recently appointed junior assistant-physician to the hospital. He kindly offered his assistance, for which I felt grateful, as it allowed me to bestow more time on other parts of a subject so extensive as the pathology of fevers.

Although I should have been satisfied with a shorter average, he suggested that the inquiry should embrace the experience of the hospital for the preceding ten years; and I readily adopted the amended plan, pointing out to him the arrangement of the tables according to my ideas. After much delay, necessitated by the nature of the undertaking, the tables were produced, to which were appended such deductions as some of the details brought out. The manuscript was handed to me by Dr. Murchison, with the distinct understanding on his part that it was to be used for my lectures; and, accordingly, I had them transferred to canvas, and suspended in the theatre of the College for the purpose of illustrating my observations.

Soon afterwards, Dr. Murchison mentioned to me that he was preparing a paper for the Medico-Chirurgical Society, on the Etiology of Fevers, in which he intended to introduce these tables. This paper was read at the Society *two months at least after my first series of lectures was delivered*; so that I had no opportunity of doing more than to acknowledge to my audience my obligations to Dr. Murchison for the assistance he had rendered me in preparing the tables under my direction. I may also incidentally mention, that for much statistical matter he was indebted to me; for I communicated freely and unreservedly to him the information I received from my correspondence with leading provincial physicians in regard to recent prevalence of fevers, and their types as they had observed them. Dr. Murchison attended my lectures at the College, and I will not say that he pro-



fited by them; but, at all events, he became acquainted with my views and practical experience.

My lectures were subsequently published in the *Lancet*; and, as I was on terms of friendship with him, I mentioned to him some months ago my intention to republish them. He then told me that, in alluding to the assistance I had received from him in the statistical details, I had stated that he had undertaken the tables "at my suggestion"—an expression which (though strictly accurate) had led some of his friends to think that he had received remuneration for the assistance he had voluntarily afforded me. I then asked him if there were any other alterations he desired to be made; and his reply was, that he should be satisfied with the omission alluded to, and which I made accordingly.

In regard to my having omitted to refer to his paper on the change of type in fevers, let me state in explanation, that the observations in my lectures have reference to the question of change of type not in fevers only, but in acute diseases in general; and, if there be apparent similarity in our views in respect of the change of type as applied to fevers, let Dr. Murchison remember the long discussions we had on this point, and the possibility that he may have committed to paper joint views which he now charges me with borrowing.

And I may now observe, that Dr. Murchison can have no reasonable ground of complaint against me, inasmuch as his assistance in compiling the tables under my directions, and the deductions therefrom, were freely and voluntarily given; and that, as attending physician, my consent to making use of the hospital records by the junior assistant-physician might, according to custom, have been withheld; and that, moreover, he had ample opportunity, during the four years that have elapsed since my lectures were delivered at the College of Physicians, of having any fancied grievance rectified on my part; besides that I gave such an opportunity a few weeks before the appearance of my work, by putting the question direct to him. I can also affirm that, until his charge against me was publicly made in his preface, I had every reason to consider him not only a well-disposed colleague, but a personal friend. I must, therefore, ascribe his conduct towards me on the present occasion to the most unworthy motives.

In conclusion, I wish to remark that my lectures do not profess to be a comprehensive treatise or compilation, but rather a practical commentary on an obscure class of diseases which have occupied my attention for more than forty years past. I have claimed nothing for myself but an earnest desire to be truthful; and, if I have done any individual author injustice, or omitted to accord merit where it is due, I sincerely regret it; but be assured, Mr. Editor, that I am not a plagiarist. It is to me, I must add, a matter of surprise that, without due inquiry, you should have given circulation to such a calumny.

I have given a statement of facts, and shall not again trespass on your columns, but leave the matter at issue to the tribunal of the profession.

I am, etc., A. TWEEDIE.

17, Pall Mall, December 22nd, 1862.

[Dr. Tweedie informs us that the tables which he required for the illustration of his Lectures on Fever, delivered at the Royal College of Physicians in 1858, and a part of the notes appended to them, were handed to him for his use by Dr. Murchison at least a year before his lectures were delivered. The tables and the notes were the bases of the paper subsequently published by Dr. Murchison in the Medico-Chirurgical Society's *Transactions*. This paper was especially referred to in the comments which were made unfavourable to Dr. Tweedie in our last week's JOURNAL. Dr. Tweedie, moreover, in the above letter, tells us that, some months ago, before his Lectures were published as a separate volume, he

asked Dr. Murchison "if there were any other alterations he desired to make, and his reply was that he should be satisfied with the omission alluded to." In addition to this, we learn from Dr. Tweedie that, during the interval—nearly four years—which has elapsed between the delivery of Dr. Tweedie's lectures at the College of Physicians, and their subsequent publication, Dr. Murchison has been on constant and intimate terms of communication with Dr. Tweedie, and has never made the slightest reclamation or objection to any statement made in Dr. Tweedie's lectures, beyond that referred to in Dr. Tweedie's letter. Under these circumstances, we feel bound to say that our reviewer would not have made the statements he has done had he been aware of the facts now stated by Dr. Tweedie. He took the case as it stood before him in the works of the two authors; and was certainly totally ignorant of the fact that Dr. Murchison had unreservedly placed his notes and tables in Dr. Tweedie's hands when Dr. Tweedie was preparing his lectures. We must add, however, that the reviewer was naturally led into error by the remark on the subject made in the preface of Dr. Murchison's work, and that it was under the misconception thus occasioned that he was led into making the charges, which were not warranted by the facts of the case. EDITOR.]

#### LUNACY CERTIFICATES: HALL *versus* SEMPLE.

LETTER FROM G. BODINGTON, L.R.C.P.ED.

SIR,—I wish to offer a few remarks in support of Mr. E. Berney's recommendation, "that the medical profession ought to take up this case in a determined and vigorous manner, and assist Dr. Semple substantially," etc.

First, as to the ground of "culpable negligence", on which *alone* he was convicted and cast in heavy damages. This was taken on the notion that he had written and signed a certain medical certificate, constituting a legal document, on the strength of which Mr. Hall was seized and coerced. I deny that it ever became a legal document at all, and was never intended as such by Dr. Semple, unless on the condition of its being seconded by a similar certificate by another medical man acting independently and entirely on his own account. But there was no such other certificate, inasmuch as Mr. Guy's was "informal", and was never amended, as it might have been, within a period of fourteen days after a copy of it had been sent to the Commissioners in Lunacy. It did not transpire at the trial why the Commissioners did not demand an "amendment" of Guy's certificate, but rather decided to discharge the patient at once; and why they were not subpoenaed to give evidence on that point and others connected with the case is somewhat surprising, seeing that they could have shown that the "informality" of Guy's certificate, and the discharge of Mr. Hall thereupon, totally invalidated Dr. Semple's certificate, and that, in fact, the latter never became a legal document at all on which Mr. Hall could have been arrested and confined. How, then, could an action founded on "culpable negligence" lie as against that invalidated medical certificate, which never became a legal document on which steps could be taken? Surely the action at law lay against those who signed the order for the arrest and confinement of Mr. Hall, or those who received him on informal and invalidated medical certificates, if against anybody at all. Mr. Guy's certificate was never "amended"; and, consequently, the single certificate of Dr. Semple became impotent and worthless, and not amenable to the charge of "culpable negligence".

As to the arrest and removal of Hall, Dr. Semple had nothing to do with that, as the Court admitted. I contend, therefore, that unless there had been another and perfectly legal certificate, no action at law could



properly lie against Dr. Semple; but, had there been two such, and the action had been brought, it must have been against both the authors of them, who would have defended themselves conjointly.

I think it is a case for the medical profession to take up; and should it not be done through the British Medical Association? For, if I have stated the facts correctly, and my law of the case be correct (which may be very doubtful, of course), then it must be admitted that Dr. Semple has been cruelly victimised, and the legal rather than the medical profession lies under a load of disgrace. I shall certainly subscribe to the fund necessary for the vindication of Dr. Semple, either by a new trial, or any other means which may be advised. As the law stands at present, I would advise medical men, when called in to certify as to insanity, to take with them their solicitor, or the minister of the parish, or chief constable, and take notes there and then of what passes; and, if additional expense is incurred, have it paid, and further insist upon an ample and honourable fee being paid to themselves for such a risky business.

I ought to have stated above, that had Dr. Semple's certificate been a legal document, on which Hall could have been confined, notwithstanding Mr. Guy's "unamended" and informal one, then the Commissioners would hardly have ventured to discharge the patient in the summary way they did.

I am, etc., G. BODINGTON.

Sutton Coldfield, December 22nd, 1862.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS.** At the ordinary general meeting of the Fellows, held on Monday, Dec. 22nd, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Cayley, William, M.D., 14, Old Burlington Street  
Gervis, Henry, M.D., 12, St. Thomas's Street, Borough  
Montgomery, Edmund, M.D., 25, Queen's Road, Regent's Park  
Pearl, Geoffrey, M.D., 47, Victoria Street, Westminster  
Thompson, Edmund Symes, M.D., 3, Upper George Street, Portman Square  
Tonge, Morris, M.B., 3, Lancaster Terrace, Hyde Park Gardens  
Tuckwell, Henry Matthews, M.B., Oxford

At the same meeting, the following gentleman, having undergone the necessary examination, and satisfied the College of his proficiency in the science and practice of Medicine, Surgery, and Midwifery, was duly admitted to practise Physic as a Licentiate of the College:—

Nicholson, Edmund Curtis, Dublin

**ROYAL COLLEGE OF SURGEONS.** At a meeting of the Council, on Dec. 18th, the following members of the College were reported to have undergone the necessary examinations for the Fellowship, to the satisfaction of the Court of Examiners.

Adams, William, Harrington Square: diploma of membership dated July 5, 1850  
Bodington, George Fowler, Cleveland Terrace, Middlesborough: November 9, 1849  
Brown, Robert Charles, Preston, Lancashire: Nov. 5, 1858  
Helsham, Hector, Doughty Street, Mecklenburgh Sq.: August 14, 1846  
Hutchinson, Jonathan, Finsbury Circus: August 2, 1850  
Mason, Francis, Conduit Street, Hanover Square: July 23, 1858  
Sharpin, Henry Wilson, Bedford: March 22, 1850  
Watson, William Spencer, Southampton Street: July 3, 1857

The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on December 18th.

Davies, David, Aberdare: diploma of membership dated August 18, 1843  
Hall, William, Lancaster: July 17, 1840  
Holbrow, Anthony, Stonehouse, Gloucestershire: March 5, 1819  
Keys, George F., Warwick Street, Regent Street: April 16, 1841  
Morton, David Thomas, H.M. Indian Army: July 8, 1836  
Roberts, Richard Chambers, Ruabon, Wales: Dec. 17, 1837

**APOTHECARIES' HALL.** On December 18th, the following Licentiates were admitted:—

Deans, John, Melbourne, Derbyshire  
Douglass, George, Gateshead-on-Tyne  
Evers, Charles, St. Bartholomew's Hospital  
Foster, Balthazar Walter, Queen's College, Birmingham  
Lyell, Henry, Guy's Hospital  
Mallam, Henry Parr, Southampton Street  
Pearce, Francis Drake, Kingsbridge, Devon  
Pointer, George Augustus, Camden Town

At the same Court, the following passed the first examination:—

Burrell, Edwin, Guy's Hospital  
Haigh, Thomas Hinchliffe, Leeds  
M'Nair, Frederick, Guy's Hospital  
Sutton, Frederick, Guy's Hospital  
Wey, William John, Middlesex Hospital

### APPOINTMENTS.

BUMPSTEAD, Thomas B., Esq., appointed Surgeon to the Cambridge County Gaol, in the room of the late A. W. Thurnall, Esq.  
\*COOPER, W. White, Esq., appointed Consulting Ophthalmic Surgeon to St. Mary's Hospital.  
CURRIE, Ronald, M.D., appointed Resident Surgeon to the Birmingham Lying-in Hospital.  
DICKSON, Walter, M.D., R.N., appointed Medical Inspector to the Board of Customs, in the room of the late \*James O. McWilliam, M.D., C.B.  
GARDNER, William T., M.D., elected Physician to the Glasgow Royal Infirmary, in the room of the late \*Joseph Bell, M.D.  
GENTLE, Peter, M.D., appointed House-Surgeon to the Northern Infirmary, Inverness.  
HARVEY, Alexander, M.D., elected Physician to the Aberdeen Royal Infirmary, in the room of the late George J. Nicoll, M.D.  
\*HART, Ernest, Esq., appointed Ophthalmic Surgeon to St. Mary's Hospital, in the room of \*W. W. Cooper, Esq.  
LIDDARD, Thomas, Esq., appointed Resident Surgeon to the Birmingham Lying-in Hospital.  
\*MCLEOD, George H. B., M.D., appointed a District Medical Inspector of Glasgow, in the room of the late \*Joseph Bell, M.D.  
MALLET, Frederic B., M.D., appointed Assistant House-Surgeon to the Bolton-le-Moors Infirmary.  
PETTIGREW, James, M.D., appointed Assistant Conservator in the Museum of the Royal College of Surgeons.  
THOMSON, William, Esq., appointed House-Surgeon to the London-derry Infirmary.

### ARMY.

HEATH, Staff-Assistant-Surgeon R. E., M.D., to be Assistant-Surgeon 88th Foot, *vice* T. R. Williams, M.B.  
O'BRIEN, Staff-Assistant-Surgeon T. M., to be Assistant-Surgeon 95th Foot, *vice* A. H. Orpen.  
WHITE, Staff-Assistant-Surgeon R., to be Assistant-Surgeon 23rd Foot, *vice* T. F. Langstaff.

### To be Staff-Assistant-Surgeons:—

LANGSTAFF, Assistant-Surgeon T. F., 23rd Foot.  
ORPEN, Assistant-Surgeon A. H., 95th Foot.  
WILLIAMS, Assistant-Surgeon T. R., M.B., 88th Foot.

### INDIAN ARMY.

HOMAN, Surgeon S. A., Bengal Army, to be Surgeon-Major.  
LITTLER, Surgeon J. H., M.D., Bengal Army, to be Surgeon-Major.  
SMITH, Surgeon-Major C. I., Madras Army, to be Deputy Inspector-General of Hospitals.  
SMITH, Assistant-Surgeon G., M.D., Madras Army, to be Surgeon.

### ROYAL NAVY.

COURTENAY, Joshua P., Esq., Assistant-Surgeon, to the *Excellent*.  
YARDE, William, M.D., Assistant-Surgeon, to the *Industry*.

### DEATHS.

BINGLEY. On December 13th, aged 23, William P. Bingley, Esq., of University College, London.  
EAGLE, Francis, Esq., at 6, Bethnal Green Road, aged 53, on December 12.  
HAWTHORNE, John S., Esq., Surgeon, at Liverpool, aged 36, on December 19.  
HORTON, F. W. P., Esq., Surgeon, at North End, Fulham, aged 55, on December 17.  
\*LYON, Edmund, M.D., at Manchester, aged 72, on December 17.  
WESTMACOTT. On December 21, at 10, St. Mary's Terrace, Paddington, aged 13 months, Hamilton S. R., youngest son of John G. Westmacott, M.D.

**STORING OF PETROLEUM.** The Commissioners of Sewers of the City have refused licences to store petroleum to Mr. C. Hawkins, of Bishopsgate Street, and Messrs, Blundell, Spence and Co., of Upper Thames Street. The commissioners seemed disposed to prevent altogether the storing of petroleum within the city of London. (*Chemical News*.)



**GARIBALDI'S HEALTH.** The *Zenzero* of Florence announces that Garibaldi now leaves his bed, and can walk about on crutches in his room.

**VACANCIES.** The following appointments are vacant:—House surgeon to the Glamorganshire and Monmouthshire Infirmary and Dispensary, Cardiff; resident medical officer to the Eastern Dispensary, Bath; dispenser to the General Hospital, Nottingham; medical officer to the Wavertree district of the West Derby Union; assistant physician and clinical assistant at the Middlesex Hospital; the latter office is open to competitive examination among those educated at the hospital.

**LEEDS PHILOSOPHICAL SOCIETY.** The new and handsome pile of buildings dedicated to the purposes of the Leeds Philosophical Society was formally inaugurated last week by an eloquent address from Professor Owen. The new and commodious edifice, which embraces within its walls an excellent library and a very complete museum, is in the Italian style of architecture, and has cost, in its enlargement and renovation, several thousands of pounds. The theatre in which the distinguished professor's inaugural address was given was crowded with a fashionable audience on Tuesday afternoon, the chair being occupied by Mr. T. P. Teale, president of the association. In the evening there was a brilliant *conversazione* in the new building, the ordinary attractions of which had been interestingly supplemented by loans of valuable paintings, statuary, and other objects of art.

**ST. THOMAS'S HOSPITAL.** The Governors of this institution are understood to be negotiating with the Fishmongers' Company for the purchase of a plot of ground in the Walworth Road, a little beyond the Elephant and Castle, as a site for the new hospital. The piece of ground is between seven and eight acres in extent and is nearer the more populous portions of Southwark than the Surrey Gardens, and on a better level. The building in all its parts, it is said, could be erected simultaneously, whereas in such a locality as the Surrey Gardens it would have to be put up in sections. The Fishmongers' Company are understood to have offered the site to the hospital authorities for £40,000, *plus* certain expenses, which are not to exceed £5,000. The negotiation, of course, cannot be concluded without the approval of the Governors of the hospital.

**THE HUNTERIAN MUSEUM.** Mr. W. Lodewyk Crowther, surgeon of Tasmania, has presented to the Council of the Royal College of Surgeons of England two fine jaws of the sperm whale, captured off the South-west Cape of Tasmania, each measuring fifteen feet, and belonging to animals which yielded eleven tons of oil, realising in London the sum of £950. This esteemed member of our profession has also presented a jaw of the *Delphinus orca*, better known as the thrasher or whale's enemy. The Council of the College has just appointed Dr. James Pettigrew of Edinburgh, an assistant in their museum. This gentleman has already greatly distinguished himself, having attained the senior anatomy prize of the University of Edinburgh, for the best essay "On the Arrangement of the Muscular Fibres of the Ventricular Portion of the Vertebrate Heart." The researches on which this essay was founded, procured for him the honour of being appointed Croonian Lecturer to the Royal Society for 1860; and it has received the additional honour of publication in the *Transactions* of the Society. The communication was illustrated by one hundred and twenty-two dissections and a corresponding number of drawings. Dr. Pettigrew obtained the appointment (£200 *per annum*) without the slightest interest, simply on his own intrinsic merits, a fact creditable alike to the Council of the College of Surgeons and to this gentleman.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.  
**TUESDAY. ....** Guy's, 1½ P.M.—Westminster, 2 P.M.  
**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.  
**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1.30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.  
**FRIDAY. ....** Westminster Ophthalmic, 1.30 P.M.  
**SATURDAY....** St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—DECEMBER 20, 1862.

[From the Registrar-General's Report.]

	Boys ..	Girls ..	Births.	Deaths.
During week.....	973	950	1923	1419
Average of corresponding weeks 1852-61 .....			1753	1341
<b>Barometer:</b>				
Highest (Sun.) 30.245; lowest (Sat.) 29.413; mean, 29.977.				
<b>Thermometer:</b>				
Highest in sun—extremes (Sun.) 64.9 degs.; (Thur.) 45.5 degs.				
In shade—highest (Wed.) 52 degrees; lowest (Sun.) 33.7 degs.				
Mean—42.1 degrees; difference from mean of 43 yrs.+2.3 degs.				
Range—during week, 18.3 degrees; mean daily, 16.1 degrees.				
Mean humidity of air (saturation=100), 86.				
Mean direction of wind, S.W.—Rain in inches, 0.22.				

## TO CORRESPONDENTS.

**\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.**

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

H. B.—Apply to James Glaisher, Esq., F.R.S., Lewisham, Kent.

P. S.—Our correspondent must please to remember, that the signing of a certificate of lunacy is a voluntary act on the part of a medical practitioner. We must confess that a good deal on this subject which we have of late read in some of the medical press, seems to us to be sheer cant. We have already said, and repeat it, that no medical man should sign a certificate of lunacy who has not clear and distinct personal proof (from act or deed) of the lunatic's lunacy. Of all the thousand certificates heretofore signed by thousands of medical men, can our correspondent point out a single instance in which the properly cautious signer has come to grief through the act? In the case of Dr. Philbrick, again, who has been so cruelly and unjustly treated, we find the aforesaid press abusing the law, and the coroner and the jury, and the rest of the apparatus of a coroner's inquest; whereas we will defy any one carefully and honestly to read the history of that inquest, and not admit, that if our profession had been fair and true to itself, the verdict never would have been given, nor the injustice perpetrated. It would be a much more easy and simple, and certainly a much less invidious task, for us, in cases of this kind, to lay the blame on the law or the judge, the coroner or any other abstract party, rather than to admit that the profession can err. But we certainly think it the more honest, and we are sure it is the wisest course, not to allow professional bias to get the better of truth and justice. It will be a bad day for us when we are unable to look our own short-comings in the face.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. W. MADDEN; Mr. TOYNBEE; Dr. C. J. RENSHAW; Mr. SYMPSON; Dr. POWELL; Mr. GOLDSMITH; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. KIDD; Dr. WALLER LEWIS; Dr. F. H. HARTSHORNE; Dr. MITCHINSON; Dr. TWEEDIE; Dr. LATHAM; and Dr. BODINGTON.



## INDEX.

## A.

- Abdomen, Dr. Habershon on Diseases of, *rev.*, 280; Mr. Hutchinson on tumour in, 296; abscess within, containing fœtid gas and fluid, *ib.*; mode of establishing adhesions of tumours in, 565; wounds of, 572
- Abortion, case of with second ovum, 49, 210
- Abscess in abdomen, containing fœtid gas and fluid, 296; in anterior mediastinum, 593
- Absorption by the lymphatics, 119
- Academy of Medicine, New York, commencement of session, 372
- of Medicine in Paris, ovariectomy in, 14; proceedings in, 204, 397, *et passim*; discussion on cow-pox in, 233; prizes in, 649
- of Sciences, proceedings in, 15, 205, 397, *et passim*
- Acclimatisation of sponges, 603
- Acephalous monster, 627
- Acland, Dr. H. W., address at St. Mary's Hospital, 5
- Aconite, poisoning by, 523, 619
- Acrobats, accidents to, 203
- Actions for malpraxis in midwifery, 232, 265, 449. *See* Medical Evidence
- Adelon, M., biography of, 205
- Adulteration of butter in Liverpool, 121; of tobacco, 227; of milk, 497
- Advertisements in scientific journals, a French view of, 421; charlatanic, in newspapers, 650
- Affinity, chemical, time required for, 205
- Africa, Mr. Meller on fevers of South-East Coast of, 437
- Agassiz, M., labours of, 371
- Air expelled from vagina, 210; in veins after death, 627
- Aitken, Dr. W., the *Pharmacopœia* and the Metrical System, 544; Growth of the Recruit and Young Soldier, *rev.*, 561
- Albuminate of iron and soda, 491
- Alcohol from coal-gas, 215; use of in disease, Mr. Higginbottom on, 274; letters on, 292, 427; as food, Dr. Inman on, 351, 475; in disease, Dr. W. T. Gairdner on, 360; leading article on, 361; Sir R. Martin on, 592; in hospitals, 603
- Alcoholic Intoxication, Chronic, Dr. Marcet on, *rev.*, 445
- Alford, Mr. H. J., removal of cartilage from knee-joint, 383
- Algiers, native medical students in, 450
- Alison, the late Dr. W. P., Dr. Acland on, 7
- Alkalies in rheumatism, 398
- Allison, Mr. W., the case of Mr. Pollard, 265
- Alopecia areata, Dr. H. Jones on, 579
- Alps, conformation of the, 633
- Althaus, Dr. J., Spas of Europe, *rev.*, 534
- Alum in bread, difficulty of detecting, 420
- Amalgams of chromium and of manganese, 456
- Amaurosis from abscess of antrum, 76
- American medical weights and measures, 21; military surgery, defects of, 78; medical embalmers, 95; medical war news, 102, 126, 216, 240, 364, 501, 523, 527, 631, 632, 658; coroners, 261; practitioners, effect of war on, 448, 495; hospitals, 183, 548; medical colleges, 574. *See* also Army, American.
- Ammonium, iodide of, 74; compound of with arsenic, *ib.*
- Amputation, primary, dangers of, 19; Mr. Whipple on Mr. Teale's plan of, 227; two hundred years ago, 316; at hip-joint, 593; of thigh, and compression of aorta, 619
- Amyl, nitrate of, 74
- Anæsthesia in diseases of lungs, 262
- Anæsthetic, sulphuric ether as an, 491
- Anæsthetics in midwifery, Dr. Skinner on, 108; Dr. Murphy on, 257; letters on, 572, 655; in surgery, Mr. Paget on, 158; Mr. Lister on, 417
- Analysis, Volumetrical, Mr. Scott's Handbook of, *rev.*, 283
- Analyst, public, appointment of in Dublin, 404
- Anchylolysis of knee, tenotomy and disruption in, 243; treatment of by M. Maisonneuve, 397
- Anencephalous fœtus, 572
- Aneurism, Dr. Chuckerbutty on iodide of potassium in, 61, 85; of iliac and femoral arteries, treated by digital pressure, 210, 476; popliteal, cases of, 400; of aorta bursting into pericardium, 427; medicinal and surgical treatment of, 444; Mr. Syme's plan of treating, *ib.*; of external iliac artery, 627
- Aniline, 659
- Animalcules, masses of iron formed by, 400
- Animals, longevity of, 76; living, Dr. Sharpey on experiments on, 163; proceedings of Society for Prevention of Cruelty to, 216; remarks on experiments on, 260; diminution of progeny among, 405; domesticated, goitre in, 472
- Ankle-joint, Mr. Garraway on compound dislocation of, 442
- Annandale, Mr., surgical cases in the Edinburgh Royal Infirmary, 619
- Anstie, Dr., introductory address by, 415
- Antediluvian frogs, 372
- Antrum, abscess of, attended with amaurosis, 76
- Anus, imperforate, 426, 451, 476; Mr. Masters on, 555; artificial, recovery from, Mr. F. Cox on, 498, 664
- Aorta, aneurism of, Dr. Chuckerbutty on iodide of potassium in, 61, 85; bursting into pericardium, 427; abdominal, compression of in amputation of thigh, 619
- Apnoea, of newly-born children, Mr. Greaves on, 8, 35, 64; report of Committee of Royal Medical and Chirurgical Society on, 19; from chloroform, Dr. Kidd on, 300
- Apoplexy, relation of disease of cerebral arteries and hypertrophy of heart to, 398, 585
- Apothecaries' Hall of Ireland, regulations of, 368
- Society of London, regulations of, 334; annual dinner of, 574; pass lists, *see* Medical News in each number.
- Apothecaries in Spain, 397
- Appendix vermiformis, death from cherry-stone in, 126
- Areca-nut, Dr. E. Morris on tænia treated by, 413
- Arinck, Dr., gun-cotton as a styptic, 617
- Arm-presentation, spontaneous evolution in, 50
- Army, medical officers in, wounded, 72, 143; medical school, opening of session of, 404; diet in, 478, 480; medical attendance in, 478; health of, 497; hospital corps, 527; sickness in in India, 527; order of Legion of Honour conferred on a medical officer of, 548
- American, drunkenness in, 8, 22; shortcomings of surgery in, 78; a surgeon's certificate in, 102; mortality in, 141; enlistment of soldiers for, 287, 448; conduct of medical officers in, 306; blundering in medical matters in, 364; chiropodists in, 501; death of a surgeon in, 507; sick list of, 631, 658; incompetency of surgeons in, 632; medical news, *see* American medical war-news.
- French, deaths of medical officers in Mexico, from yellow fever, 124; statistics of, 445
- Arrest of development of right lower limb, 543



- Arsenic, compound of ammonium with, 74; retention of in the body, 425; in ornamental flowers, alleged poisoning by, 448; in preparations of bismuth, 655.
- Arsenious vapours, 268
- Arteries, cerebral, relation of disease of to apoplexy, 398, 585
- Artery, iliac, aneurism of treated by digital pressure, 210; popliteal, aneurism of, 400; carotid, ligature of after fracture of facial bones, Mr. Garraway on, 489, 546; external iliac, aneurism of, 627.
- Artificial pupil, Mr. T. Windsor on, 464; anus, recovery from, 498, 544; mineral waters, 632
- Asphyxia, report of committee of Royal Medical and Chirurgical Society on, 19; from chloroform, Dr. Kidd on, 300
- Assistants, qualified and unqualified, 143, 213, 403.
- ASSOCIATION, BRITISH MEDICAL, notice of annual meeting, 16, 44, 73, 97; notice regarding subscriptions, 44; meetings of Committee of Council, 44, 425; notice to honorary secretaries, 73; the London meeting of, 72, 116, 117, 141; *Social Science Review* on, 125; thirtieth annual meeting, Dr. Burrows's address at, 129; Dr. Walshe's Address in Medicine, 133; report of thirtieth annual meeting, 144, 177; installation of President, 144; report of Council, *ib.*; election of auditors, 149; appointment of Dr. Lochée as Vice-President, *ib.*; vote of thanks to the Council, *ib.*; election of General Secretary, *ib.*; the case of Mr. Webber and Mr. Wells, 149, 150, 177; *soirée* at the Royal College of Surgeons, 149; papers, 150, 151, 152, 153, 177, 178; report of Medical Benevolent Fund, 151; *soirée* at the Royal College of Physicians, 151; new Committee of Council, *ib.*; place of meeting for 1863, 152; registration of births, deaths, and marriages, in Ireland, 152; Mr. Paget's Address in Surgery, 152, 155; Dr. Sharpey's Address in Physiology, 162, 177; committee on the action of medicines, 153, 177; vote of thanks to authors of papers, 178; religious service at the meetings of the Association, *ib.*; the Pharmacopœial weights and measures, 178; votes of thanks, *ib.*; dinner, 179; conduct of *Lancet* regarding meeting and JOURNAL, 173, 201, 212, 231, 266, 285, 309; new members, 207, 263; members present at the annual meeting, *ib.*; state of in Lancashire, 234, 291; proceedings of Committee of Council regarding payment of subscriptions, 494; programme of the annual meeting in 1863, 525; notice regarding new members, 526
- Bath and Bristol Branch, annual meeting, 97; ordinary meetings, 370, 594
- Birmingham and Midland Counties Branch, annual meeting, 45; general meetings, 422, 652
- Cambridge and Huntingdon Branch, annual meeting, 75
- East Anglian Branch, annual meeting, 47
- East York and North Lincoln Branch, general meeting, 369
- Lancashire and Cheshire Branch, annual meeting, 16, 234; notice of meetings, 475, 498; institution of lectures in, 493; registration of disease, 672; ordinary meeting, 673
- Metropolitan Counties Branch, annual meeting, 47; special general meeting, 594, 626
- Midland Branch, annual meeting, 45; quarterly meetings, 451, 673
- North Wales Branch, resolution regarding College of Surgeons, 41; annual meeting, 74
- Reading Branch, annual meeting, 97
- Shropshire Ethical Branch, annual meeting, 369
- South-Eastern Branch, annual meeting, 46; East Kent district meetings, 312, 670; West Kent district meeting, 370
- South Midland Branch, annual meeting, 73; general meeting, 498
- Association, South-Western Branch, annual meeting, 209
- Yorkshire Branch, annual meeting, 123
- Association, British, for, Advancement of Science, arrangements for annual meeting, 317; thirty-second annual meeting of, 364, 423; grants of, 396; biological science in, 430
- Christian Medical, annual meeting of, 184, 479
- General Medical of France, want of a journal in, 564
- of German naturalists, next meeting of, 450
- Herefordshire Medical, resolutions at annual meeting of, 454
- International, for Promotion of Social Science, questions in hygiene proposed at, 162; arrangements for, 267
- Manchester Medico-Ethical, petition on Medical Act, 126; memorial on coroner's court, 501
- Medical, in Italy, 119
- of Medical Officers of Asylums, annual meeting, 54
- Metropolitan, of Medical Officers of Health, officers of, 184
- National, for Promotion of Social Science, secretaries of departments, 43; next annual meeting of, 538, 575
- Assurance Company, Scottish Widows', 70, 212
- Assurance, life, benefit of, 102
- Asylum for idiots at Earlswood, 48, 490; new lunatic, for London, 125; Richmond lunatic, 485
- Atlee, Dr. W. L., successful removal of ovarian cyst, 492
- Atropia, internal use of, 543
- Attitude of slain in battle, 102
- Australia, diseases of heart in, 502; gratuitous medical services in, 591
- Aveling, Dr., the polyptrite, 49
- B. 516
- Bailey, Mr., scarlatina in Liverpool, 498
- Baker, Mr. W. M., statistics of cancer, 209
- Balfour, Dr. T. G., report on health of army, 497
- Balloon ascent, Mr. Glaisher's, 317, 477; Mr. Glaisher's description of physiological effects of, 625
- Baly, the late Dr., claims of sister of, 215
- Bandagist, sign of a, 176
- Barègine, 535, 599
- Barker, Dr. T. H., pump-water, 100; remarks on Gardner's case, 629
- Barreswil, M., copper in gingerbread, 472
- Basham, Dr. W. R., case of animal poisoning, 382
- Baths, animal, 287
- Bawtree, Dr., rupture of uterus, 570
- Bayonet, wounds by, absence of in American war, 143; body transfixed by a, 288
- Beetle, a valuable, 106
- Begbie, Dr. J., Contributions to Practical Medicine, *rev.* 560
- Belcher, Mr. P., fracture of the spine, 531.
- Bell, Dr. J. H., ruptured vagina, 426
- Dr. Joseph, death of, 658
- Professor T., bust of, 527
- Belladonna, poisoning by berries of, 372; liniment of, 631, 650
- Bennet, Dr. J. H., Mentone and the Riviera, *rev.*, 561
- Bennett, Dr. J. Hughes, treatment of pneumonia, 195; therapeutical inquiry on acute pneumonia, 433
- Bequests, 54, 215, 293, 371, 429, 455, 548, 573, 631
- Bernard, M. C., researches on the sympathetic nerve, 287
- Bernays, Mr. A. J., Science of Home Life, *rev.*, 115
- Berney, Mr. E., case of Hall *versus* Semple, 656
- Bickersteth, Mr. E. R., excision of knee-joint, 400
- Binocular ophthalmoscopy, Mr. J. Z. Laurence on, 457
- Biological science in the British Association, 430
- Birmingham charitable institutions, annual collections for, 466
- Bismuth, arsenic in preparations of, 655



- Blondin, M., performances prohibited by Mayor of Shrewsbury, 396; the female, accident to, 428
- Blood, action of chloroform on, 126; Dr. Sharpey on researches on, 165, 166; coagulation of in vessels, Mr. W. Cooper on, 488
- Blood-cells, changes in, 543
- Bloodletting in acute diseases, Mr. Hardey on, 461
- Blower, Mr. W., London pump-water, 52
- Bloxam, Mr. C. L., Bowman's Handbook of Medical Chemistry, *rev.*, 511
- Bodington, Dr. G., the therapeutical inquiry, 629; lunacy certificates, 674
- Boeck, M., communication of syphilis by vaccination, 538
- Boerhaave, Dr. Acland on character of, 7
- Boils, subcutaneous treatment of, 52
- Bone, introduction of nitrate of silver into tumours of, 262; Mr. Holmes on diseases of, 467; urine in diseases of, 586
- Bonnet, M., inauguration of statue of, 119
- Borax added to milk, 497
- Bouchut, M., veratrine in rheumatism, 205; study of meningitis by the ophthalmoscope, 450; raw meat in diarrhoea, 472; gelatiniform effusion in pleura, 587
- Boudin, M., marriages of consanguinity, 120, 549
- Boulton, Dr. P., fibroid infiltration of stomach, 556
- Bousquet, M., origin of cow-pox, 233
- Bowman, Mr. J. E., Handbook of Medical Chemistry, *rev.*, 511
- Mr. W., glaucomatous affections and iridectomy, 377
- Boycott, Dr., case of extensive visceral disease, 571
- Bradford, mortality in, 631
- Brain, curability of wounds of, 205; inflammation of in a parturient woman, Dr. Copeman on, 297; zoological significance of, 423
- Bread, difficulty of detecting alum in, 420
- Brent, the family of the late Mr. G. S., and Dr. Wakley, 527, 565
- Brewster, Sir D., characteristics of the age, 566
- Bristowe, Dr. J. S., introductory lecture at St. Thomas's Hospital, 388
- Broadbent, Mr., obturator hernia, 543
- Broca, M., recurrence of lipomatous tumours, 114
- Brodie, Sir B. C., Psychological Inquiries, *rev.*, 228; death of, 446, 452; funeral of, 471; resolutions regarding, 493, 571, 592; bust of, 501; life of, 512; letter from President of Royal Medical and Chirurgical Society regarding, 624
- Bronchopneumonia, double, Dr. Waters on, 607
- Bronzed skin, Dr. E. Morris on case of, 510
- Brown, Dr. F. J., change of air as a curative agent, 533
- Brugnoli, M., wound of heart, and recovery, 312
- Bryan, Dr. J. M., sloughing of scrotum followed by restoration of integuments, 498
- Bryson, Dr., health of navy, 549
- Buckland, Mr. F., physical conformation of a trapezist, 651
- Burder, Dr. G. F., the proposed new grain, 214
- Burnes, Dr. James, death of, 372
- Burrows, Dr., President's address at meeting of British Medical Association, 129
- Butler, General, sanitary regulations at New Orleans, 630
- Butter, adulteration of in Liverpool, 121
- Byles, Judge, on punishment, 651
- Cab-drivers, Dr. Shann on diseases of, 251
- Cadge, Mr. W., recurring fibroid tumour, 507
- Cæsalpinia Bonducella in intermittent fever, 658
- Cæsarean section, cases of, 232, 627; M. Pajot on, 310
- Cahill, Dr. T., plugging the nose, 653
- Calculi, urine a solvent of, 43, 289
- Calculus, operation for removing a, 400; vesical, 654
- Calvo, M., salts of tin in gonorrhoea, 585
- Cameron, Dr., chronic peritonitis, 498
- Canadian partridges, 414
- Cancer removed from orbit, Mr. C. H. Moore on, 192; statistics of, 209; of œsophagus, 281; sugar in urine in, 472; of liver, 571
- Canterbury, Mr. Rigden on public health in in 1861, 608
- Cantharides, use of tincture of in impending death, 618
- Capital punishment, 536
- Carbuncle, subcutaneous treatment of, 52
- Carbuncular eruption during typhoid fever, 585
- Carpenters, Dr. Shann on diseases of, 251
- Cartilages, removal of from knee-joint, Mr. Whipple on, 227; Mr. H. J. Alford on, 393
- Carus, Dr., his views on physiognomy, 566
- Castor-oil, domestic use of in China, 268; mode of administering, 538
- Cataract removed from an old man, 427
- Catheterism of Eustachian tube, dangers and difficulties of, 114
- Cattle fattened by cod-liver oil, 371
- Ceely, Mr. R., address at meeting of South Midland Branch, 88; small-pox in sheep, 498
- Census of population and houses, 479; of England and Wales, 502
- Centenarian, death of a, 353
- Chadbourne, Professor, effect of powdered ice on boiling water, 491
- Chalmers, Dr. W., death of, 501
- Chambers, Dr., his views on the action of alcohol, 361
- Chancre, M. Sigmund on, 408; M. von Bärensprung on, 440; M. Rollet on, 485; M. Diday on, 505; M. Ricord on, 581; M. Clerc on, 584
- Change of air as a curative agent, Dr. Brown on, 533
- Charcot, M., exophthalmic goitre, 397
- Chemistry, physiological, Dr. Sharpey on progress of, 166; Medical, Messrs. Bowman and Bloxam's Handbook of, *rev.*, 511
- Cherry-stone in appendix vermiformis, death from, 126
- Chest, Mr. C. Heath on punctured wound of, 243; Dr. Goode on patulous openings in, 410; shape of fingers in chronic disease of, 618
- Children, newly-born, Mr. Greaves on apnoea of, 8, 35, 64; mortality of in factory districts, 293; opiates given to, 374; proposed remedy for desertion of, 397; raw meat in chronic diarrhoea of, 472; Dr. J. B. Harrison's Letters on Diseases of, *rev.*, 617
- China, domestic use of castor-oil in, 268; medical history of war in, 539
- Chiropodists in the American army, 501
- Chlorine mixture, 600, 656
- Chloroform, leading article on, 13; Dr. Skinner on administration of in midwifery, 108; deaths from, 119, 184, 471; action of on the blood, 126; in surgery, Mr. Paget on, 158; Mr. Lister on, 417; letters on, 237, 292, 452; Dr. Murphy on use of, 257; how to ascertain purity of, 290; Dr. Kidd on accidents from, 299, 354; inquiry by Royal Medical and Chirurgical Society into action and use of, 520, 564, 573; as a remedial agent, Dr. S. Dyer on, 661
- Cholera in India, 527
- Cholmeley, Dr. W., introductory lecture at Grosvenor Place School, 390
- Chromhidrosis, nature of, 43
- Chromium, amalgam of, 456
- Chrysanine, 659
- Chuckerbutty, Dr., iodide of potassium in aneurism, 61, 85
- Church, Mr. W. J., president's address at meeting of Bath and Bristol Branch, 111
- Cider in diabetes, 371
- Civil list pensions, 72
- Clay, Dr. C., alleged consultation with a homœopath, 176, 231, 235, 261, 308, 316
- Mr. J., placenta prævia, 543; transfusion, *ib.*; laceration of perinæum, 627
- Clendon, Mr. J. C., evils attending infant dentition, 31
- Clerc, M., his views on syphilis, 584



- Climate, leprosy removed by change of, 115; of South Devon, Dr. Shapter on, *rev.*, 559
- Clitoris, removal of in masturbation, 290
- Clubfoot, cause of, 466
- Coal-beds, scientific view of, 173
- Coal-gas, igniting point of, 122; alcohol from, 215
- Coal-mines, accidents in, 374, 450
- Cobbold, Dr. T. S., human entozoa, 425
- Coccyx, Cæsarean section in case of osteosarcoma of, 232
- Cod-liver oil as food for cattle, 371
- Colin, M., absorption by the lymphatics, 119; pulsations of the sinus of the superior vena cava, 586
- College, King's, introductory lecture at, 385; appointment of Dr. Garrod, 537
- King and Queen's, of Physicians in Ireland, new hall of, 21, 314; regulations of, 348
- Medical, for ladies, 102
- Queen's, Birmingham, prizes in, 216
- Queen's, in Dublin, proposed new, 314
- Royal Medical Benevolent, celebration of "Founder's Day", 217; laying first stone of new wing, 524
- Royal, of Physicians of Edinburgh, regulations of, 341
- Royal, of Physicians of London, pass lists, 54, 77, 124, 371, 428, 453, 631, 657, 675; new laws, 118; *soirée* in, at meeting of British Medical Association, 151; examination in surgery by, 204; officers of, 293; by-laws regarding title of Dr., 259, 316; regulations of, 327; fellows, *ib.*; members, *ib.*; licentiates, 329; duties and conduct of fellows, members, and licentiates of, 330; application to regarding construction of hospitals, 364; examiner in surgery, 523, 537; Dr. Radcliffe's lectures at, 588, 644; new members of Council, 672
- Royal, of Surgeons of Edinburgh, regulations of, 342
- Royal, of Surgeons of England, election of examiner in, 14, 41, 54; election of members of council in, 15: resolution of North Wales Branch regarding proceedings of, 41, 75; the President's defence of, 42; fellowship dinner of, 53; appointments in, 54; pass lists, 54, 124, 183, 477, 546, 573, 675; hospitals and schools recognised by, 103; *soirée* in, at meeting of British Medical Association, 149; circular of, 176; regulations of, 331; members, *ib.*; fellows by examination, 332; fellows by election, 333; certificate in midwifery, 334; resolution of Shropshire Ethical Branch regarding, 369; income and expenses of, 429; analysis of list of, 478; new assistant conservator in museum of, 547
- Royal, of Surgeons in Ireland, regulations of, 366; registration, *ib.*; letters testimonial, *ib.*; fellowship, 367; diploma in midwifery, *ib.*; classical examination, *ib.*; sessional examination, *ib.*; regulation of schools, 368; bust of late Prince Consort in, 466; new diplomas in medicine, 624; letter of Archbishop of Dublin to, 671
- University, prizes in, 184, 501; introductory lecture at, 391; dinner of medical men educated at, 548
- Colleges, Queen's, in Ireland, exhibitions in, 450; medical, of United States, 574
- Colour as a test of race, 424; rose, produced by chemical precipitation, 455
- Compression in aneurism, 445; digital, femoral aneurism cured by, 210, 496
- Condy's fluid an antidote for poisons, 656
- Conference, international temperance, 267
- Congress, scientific, of France, meeting of, 233; Italian scientific, 361, 496; ophthalmic, 449, 502
- Consanguinity, effect of marriages of, 120, 176, 449, 450, 549, 565
- Constitution, Dr. Latham on, 25
- Consumption. *See* Phthisis.
- Consumptive patients, conditions affecting, 424
- Conversazione*, a foreign idea of, 151
- Convulsions, Mr. Paget on relation of to rigors, 159; puerperal, Dr. Copeman on case of, 506; with mania, 541
- Cooper, Prof., removal of clitoris for masturbation, 290
- Mr. W., embolia and thrombosis, 488
- Coote, Mr. H., rupture of left ventricle, 76; plastic surgery, 418
- Copeman, Dr. E., chloroform, 237; rare cases in midwifery, 297, 506, 556, 663
- Copenhagen, medical news from, 233
- Copper on gingerbread, 472
- Cornish, Mr. C. H., rupture of the sclerotic, 243
- Coroner, for Central Middlesex, Dr. Lankester's candidature and election as, 13, 22, 42; for West Middlesex, 42, 100; for South Devon, 118; Liverpool, episode in court of, 121
- Coroners, medical and legal, *Social Science Review* on, 13; American, 261
- Cotton supply, 501
- Court-martial on a naval assistant-surgeon, 549
- Cow-pox, origin of, 233
- Cox, Mr. F., artificial anus and recovery, 498, 664
- Cramming, 554
- Crampton, the late Sir P., monument to, 474
- Craven, Mr. R. M., dislocation of the femur, 385; perforation of ileum, *ib.*
- Crawford, Mr. J., colour as a test of race, 424
- Criminal lunatics, female, 371
- Crookes, Mr. W., remarks on thallium, 268
- Crosse, Mr. T. W., cases of enchondroma, 414
- Cryptogamia, regions of, 217
- Curriers, diseases of, 252
- Cutler, Dr. E., veratrum viride, 74; American methods of treating morbus coxarius, 196
- D.
- Dante a pharmacist, 287, 397
- Daturine as a mydriatic, 115
- Davis, Mr. W. G., imperforate anus, 476
- Davy, Dr. John, action of small quantities of arsenic, 425
- Deaf and dumb, the offspring of marriages of consanguinity, 549. *See* Consanguinity.
- Death, Mr. Paget on causes of, 157; impending, recovery from by large doses of tincture of cantharides, 618
- Debility, General, Mr. Smee on, *rev.*, 511
- Deception, case of, 472
- Deconde, M., formula for sycosis, 268
- Deductive method, the, 628
- Deformities, congenital, causes of, 466
- Delivery of a living child from a dying mother, 288, 537
- De Luca, M., effects of haschisch, 539
- Demeaux, M., on improvement in public health, 176
- Demel, Dr., a surgical proceeding in Paris, 590
- Dentition, infant, Mr. Clendon on evils attending, 31
- Desgranges, M., case of ovariectomy, 592
- Desmarts, M., logwood as a disinfectant, 313
- Desormeaux, M., mortality in the Hôpital Necker, 204
- Devay, Dr., effects of marriages of consanguinity, 565
- Devon, Dr. Shapter on Climate of South of, *rev.*, 559
- Diabetes, alleged prevalence of in certain constitutions, 143; Dr. Pavy on Nature and Treatment of, *rev.*, 254; cider in, 371; insipidus, 427; mellitus, pathological distinctions in, 543; Mr. Spender on, 558; unusual complication of, 587
- Diaclastic method, M. Maisonneuve's, 397
- Diaphragm, action of chloroform on, 300
- Diarrhoea of children, raw meat in, 472
- Diday, M., mental alienation and syphilis, 233; reinfection of syphilis, 450; his views on duality of syphilis, 505; syphilis in glass-blowers, 565
- Diet in London and Paris, 266; in the army, 478, 480
- Dieudonné, Dr., pulverisation of medicated liquids, 223
- Digitalis, Dr. H. Jones on action of, 187
- Diphtheria, Dr. Greenhow on clinical illustrations of, 106; in Peru, 211; Mr. R. W. Ellis on cases of, 278; nitrate of silver in, 571



Disease, fermentative theory of, 39, 92; Dr. Farr on determining effects of treatment in, 193; geographical distribution of, 211  
 Diseases of occupations, Dr. Shann on, 249  
 Disinfectant, logwood as a, 313  
 Dislocation of femur, Mr. R. M. Craven on, 385; compound, of ankle-joint, Mr. Garraway on, 442; of spine, with fracture, 499  
 Dissected bodies, burial of, 118  
 Dissections, new regulations in Paris regarding, 592  
 Dobell, Dr. H., the therapeutic inquiry, 238; case of hereditary malformation, 626  
 Doctor, the title of, 259, 315, 670; titles of a, 473  
 Dogs, extensive slaughter of, 547  
 Drainage, treatment of hydrocele by, 401  
 Dredging, results of, 241  
 Drinks, consumption of, 268  
 Drop-counting apparatus, 501  
 Drowning, report of Royal Medical and Chirurgical Society on death from, 19  
 Druggists, exemption of from juries, 124, 215  
 Drunkenness, in American army, 8, 22; diminution of, 78  
 Dublin, public analyst in, 404; medical news from, 474; the Archbishop of, and the College of Surgeons of Ireland, 671  
 Dumas, Dr., employment of ice in hernia, 586  
 Dumont-Pallier, M., commencement of periuterine hæmatocele, 313  
 Duncalfe, Mr. H., president's address to Birmingham and Midland Counties Branch, 86; imperforate anus, 451  
 Duncan, Dr. S., hydrargyrum cum cretâ, 620  
 Dunn, Mr. R., medical psychology, 635  
 Dutertre, M., the Portuguese man-of-war, 616  
 Dyeing by chemical precipitations, 455  
 Dyer, Dr. S. S., chloroform as a remedial agent, 661

E.

Earle, Dr., corroding ulcer of uterus, 451  
 Education, Sir B. Brodie on, 228  
 Electricity of muscle, Dr. Radcliffe on, 588  
 Elephantiasis, scrotal, removal of, 596  
 Ellam, Mr. J., the new *Pharmacopœia*, 600  
 Ellis, Dr. G., rennet wine, 290  
 —, Mr. R. W., cases of diphtheria, 278  
 Embalming in American federal army, 95  
 Embolism, Mr. W. Cooper on, 488  
 Enchondroma, Mr. T. W. Crosse on, 414  
 Entozoa, propagation of, 15; human, 425  
 Epilepsy with enlarged frontal sinus, 543; Dr. Radcliffe on pathology of, 645  
 Erysipelas, production of, 93  
 Esquirol, inauguration of statue of, 592  
 Esterle, Dr., removal of living child from dying mother, 288; death of, 450, 538  
 Ether in midwifery, Dr. Murphy on, 257; as an anæsthetic in military surgery, 491  
 Eulenberg, M., connexion of disease of cerebral arteries and cardiac hypertrophy with apoplexy, 398, 585  
 Eustachian tube, difficulties and dangers of catheterism of, 114  
 Evidence, medical. *See* Medical Evidence  
 Examining boards, regulations of, 319, 323, 366  
 Exanthems, classification of, 288; anomalous, 595  
 Excision of joints, Mr. Whipple on, 227; Mr. Holmes on, 467; of knee-joint, 400; of scapula, 593; of head of humerus, 619  
 Exhibition, International, rewards to French exhibitors at, 96; jury awards at, 103; lunatics at the, 267; medals to Professors Hyrtl and Hebra, 287  
 Experience, Dr. Latham on, 57  
 Experiments on living animals; Dr. Sharpey on, 163  
 Experts, evidence of, 429; medical, necessity of, 562  
 Eye, Mr. H. Walton on sympathetic inflammation of,

34; loss of through leech-bite, 143; alleged abuse of operations on, 472; Mr. Wordsworth on restoration of sight in after many years, 484  
 Eyelid, Mr. Solomon on asthenic erysipelatos disease of, 642

## F.

Fabbri, M., albuminate of iron and soda, 491  
 Face, fracture of bones of, Mr. Garraway on, 489, 546  
 Faculty of Physicians and Surgeons of Glasgow, office-bearers of, 454  
 Faradisation as a galactagogue, 654  
 Farcy, supposed case of, 382  
 Farini, M., 658  
 Farr, Dr. W., on determining effects of treatment, 193  
 Farre, Dr. A., appointed physician-accoucheur to the Princess Alice, 650  
 Fat an antidote to strychnia, 620  
 Fees in Dublin medical schools, increase of, 474  
 Feigned diseases, detection of, a new speciality, 267  
 Female doctors in medicine, 11, 96, 537; Blondin, the, 267  
 Femur, dislocation of, Mr. R. M. Craven on, 385; extensive disease of, 571  
 Fergusson, Mr. W., introductory lecture at King's College, 385; his treatment of aneurism by manipulation, 445  
 Fermentative theory of disease, 39, 92  
 Fever, Continued, Dr. Tweedie on, *rev.*, 642, 665; Dr. Murchison on, *rev.*, *ib.*  
 — intermittent, endermic use of quinine in, 397; hemeralopia during, 585; a new remedy for, 658  
 — typhoid, at Bensâon, 120; carbuncular eruption in course of, 585; Dr. E. L. Fox on diagnosis of from acute phthisis, 612  
 — yellow, in the West India squadron, 99; in Zillah Saugor, 372; absence of in New Orleans, 630  
 — on South-East Coast of Africa, Mr. Meller on, 437  
 Fibroid tumour, recurring, Mr. Cadge on, 507; infiltration of stomach, Dr. Boulton on, 556  
 Fingers, shape of in chronic chest-disease, 618  
 Finizio, Professor, delivery in case of narrow pelvis, 204  
 Fistula, vesico-vaginal, Dr. K. King on, 36; operation for, 401; vesico-uterine, 598  
 Fleming, Dr. A., inquiry into action of medicines, 101; treatment of tapeworm, 529, 599; cumulative action of medicines, 543; internal use of atropia and strychnia, *ib.*  
 Fletcher, Mr. F. D., removal of uterine tumour, 499; acephalous monster, 627; aneurism of internal iliac artery, with air in veins, *ib.*  
 Flexion, treatment of aneurism by, 445  
 Flint drift, the, 125  
 Flourens, M., curability of wounds of brain, 205  
 Flies, varieties of, 431  
 Fly-traps, 405  
 Fœtus, anencephalous, 572; acephalous, 627  
 Food. *See* Diet; purity of in Westminster, 651  
 Forceps, Dr. Swayne on statistics of operation with, 245  
 Forces of living organism, Dr. Sharpey on, 170  
 Foreign body in appendix vermiformis, death from, 126; in umbilicus, cyst from, 313  
 Forster, Mr. J. C., introductory lecture at Guy's Hospital, 387  
 Foucault, M., measurement of speed of light, 398  
 Fowl, black skeleton of a, 592  
 Fowler, Mr. J., Dr. Inman's views on alcohol, 427  
 — Dr. R., Dr. Mayne's charge against, 452, 476  
 Fox, Dr. E. L., difficulties in diagnosis of acute phthisis, 612  
 — Dr. W. T., phlegmasia dolens, 50; imperforate rectum, 426  
 — Dr. Wilson, introductory lecture at University College, 391



Fracture of skull, Mr. P. G. Hewett on, 84; Dr. A. W. Williams on, 219; of facial bones, Mr. Garraway on, 489, 546; of spine, 499; Mr. Hutchinson on, 529; Mr. Belcher on, 531; of sternum, 593; of ribs, 654

France, suicide in, 217

Francis, Dr. D. J. T., Addison's disease, 74

Frédéricq, Dr., bichromate of potash in nasal polypi, 115

Freeman, Mr. S., President's address at meeting of East Anglian Branch, 253

Frémy, M., therapeutical uses of malt, 289

French, Mr. J. G., subcutaneous treatment of boils and carbuncles, 52

French legislative assembly, medical men in, 235

Frogs, antediluvian, 372

Fruits, comparative production of, 454

**G.**

Gairdner, Dr. W. T., Clinical Medicine, *rev.*, 359; dinner to, 500

Galactagogue properties of Faradisation, 654

Gambling, attempt to suppress at Ems, 215

Gangrene treated by oxygen, 313

Gardner's case, letter on, 629

Garibaldi, wound of, 317, 421, 497, 538; Mr. Partridge's visit to, 309, 322, 396, 471; his reports, 373, 523; M. Nélaton's report on, 496, 538; extraction of ball from, 563; letter to M. Nélaton, 632; *Dublin Medical Press* on case of, 650

Garraway, Mr. E., compound dislocation of ankle-joint, 442; fracture of facial bones and ligature of carotid, 489, 546; strangulated inguinal hernia, 530

Garrett, Miss E., application for admission to classes at St. Andrew's, 503, 537

Gas, cause of explosion of in pipes, 422

Gastric juice, acid principle in the, 289

Gastritis, chronic, and fibroid infiltration, Dr. P. Boulton on, 556

Gelineau, Dr., unusual effects of quinine, 401

Generation, spontaneous, 241, 365; Dr. J. Wyman on, 311

Geographical distribution of disease, 211; course of pestilential disease, 594

Gestation, prolonged, 233, 255

Ghost, a real, 113

Gibb, Dr., removal of laryngeal tumours, 548

Gibbon, Dr. S., gratuitous medical services, 264

Gift to Halifax Infirmary, 500

Gingerbread, copper in, 472

Gladstone, Mr., election as Rector of the University of Edinburgh, 548

Glairine, 599

Glaisher, Mr., his balloon-ascents, 317, 477, 625

Glassblowers, syphilis among, 565

Glaucoma and iridectomy, Mr. W. Bowman on, 377

new theory of, 624

Glue, preparation of for ready use, 607

Goître, exophthalmic, 205, 262; modified in the puerperal state, 397; in domesticated animals, 472

Gonorrhœa, injection of salts of tin in, 585

Goode, Dr. H., fistulous openings in chest, 410

Gorilla, a supposed, 549, 574

Grace, Mr. H., double uterus with simultaneous gestation, 49

Grain, the pharmacopœial, 69, 93, 214, 215, 261, 470, 494, 495

Gratuitous medical services. *See* Medical services.

Greaves, Mr. G., apnœa neonatorum, 8, 35, 64; vascular tumour, 426

Greenhow, Dr. E. H., clinical illustrations of diphtheria, 106; infant mortality in factory districts, 293

Griffin, Mr. R., the murder of Mr. Puckett, 77, 123; Poor-law medical reform, 545

Guérin, M. J., suggestion regarding Garibaldi, 497

Gun-cotton, fatal explosion of, 372; as a styptic, 617

Guyon, M., leprosy removed by change of climate, 115

## H.

Habershon, Dr. S. O., Diseases of the Abdomen, *rev.*, 280

Hæmatocele, periuterine, Dr. Graily Hewitt on, 83; commencement of, 313

Hæmaturia, 654

Hæmorrhage after delivery, transfusion in, 233; during labour, question of induction of by chloroform, 292

Hæmorrhoids and Prolapsus of Rectum, Mr. H. Smith on, *rev.*, 68

Hakes, Mr., fractured ribs and hæmaturia, 654

Halford, Dr. G. B., application on behalf of the University of Melbourne, 287

Hall, Dr. A., puerperal convulsions, 541

— Dr. S., vital statistics of Tasmania, 211

— *versus* Semple, remarks on case of, 622, 656, 674

Haller, Dr. Acland on, 5

Hamel, Dr. J., death of, 455

Hands, enchondroma of, Mr. Crosse on, 414; disease of from *post mortem* examinations, 492; hereditary malformation of, 626

Hanging, case of death from, 43

Hankel, M., phosphorescent pork, 235

Hardey, Mr. R., venesection in acute diseases, 461

Harley, Dr. G., report on case of twin (?) abortion, 210; air expelled from vagina, *ib.*; value of urinary analysis in hepatic disease, 221; secret poisoning, 425; jaundice, 635

Harrison, Dr. J. B., Letters on Diseases of Children, *rev.*, 617

Hart, Mr. E., disruption of ankylosis of knee-joint, 243; treatment of aneurism, 444

Harvey, a French picture of, 120

Haschisch, effects of, 539

Hastings, Sir Charles, *soirées* of, 547

Hawkins, Mr. Caesar, appointed Sergeant Surgeon to the Queen, 564

— Mr. Charles, construction of hospitals, 79; death of Sir B. Brodie, 452

Headland, Dr. F. W., introductory lecture at Charing Cross Hospital, 415

Health in the Tropics, Mr. W. J. Moore on, *rev.*, 616

Heart, rupture of left ventricle of, 76; Dr. C. H. Jones on action of digitalis on, 188; recovery after wound of, 312; connection of hypertrophy of with apoplexy, 398, 585; Dr. J. Russell on advanced disease of with delayed symptoms, 482; diseases of in Australia, 502; right, Dr. S. Monckton on incompetence of, 508

Heath, Mr. C., Manual of Minor Surgery, *rev.*, 69; punctured wound of chest, 243

Hebra, Professor, Exhibition medal awarded to, 287

Heintz, M., how to ascertain purity of chloroform, 290

Hemeralopia during intermittent fever, 585

Henry, Dr. A., new idea of the rights of authors, 526

— Mr. M., his retirement from the profession, 537

Herapath, Dr. W. B., arsenic in bismuth, 655; Dr. and Mr., 647

Herbalist, conduct of a, 322

Hernia, strangulated inguinal, Mr. C. H. Marriott on, 295; Mr. E. Garraway on, 530; strangulated crural with artificial anus, Mr. F. Cox on, 498, 664; obturator, 543; scrotal, with atrophy of testes, Mr. J. Hutchinson on, 555; employment of ice in, 586; radical cure of in a child, 619

Herpes, scirrhus of stomach after disappearance of, 473; circinnatus, case of, 571

Heterogeny. *See* Generation, Spontaneous.

Hewett, Mr. P. G., compound fracture of skull, 84; introductory lecture at St. George's Hospital, 289

Hewitt, Dr. Graily, lectures on diseases of women, 81

Hicks, Dr. J. B., cases of vaginal closure, 542

Higginbottom, Mr. J., non-alcoholic treatment of disease, 274



igginson, Mr., dislocation and fracture of spine, 499 ;  
 extensive disease of femur, 571  
 ill, Mr. M. B., foreign opinions on syphilis, 407, 440,  
 485, 505, 581  
 ill sanatoria in India, 616, 617  
 inton, Mr. J., five years experience in midwifery, 614  
 ip-joint, Dr. E. Cutter on American modes of exten-  
 sion in diseases of, 196 ; amputation at, 593  
 irsch, M., black skeleton of a fowl, 592  
 istology, Dr. Sharpey on advances in, 169 ; teaching  
 of in London and Paris, 592  
 istorical picture-painting, 120  
 odges, Dr. R., arm-presentation and spontaneous  
 evolution, 50  
 odgkin, Dr. T., weights to be used in medicine, 178, 197  
 odson, Mr. C. F., therapeutical inquiry on scarlatina,  
 553 ; chlorine mixture, 656  
 offman, M., chrysaniline, 659  
 ogan, Dr., results of tonic and stimulating treatment,  
 288  
 olloway, "Professor", in a court of law, 591  
 olmes, Mr. T., System of Surgery, *rev.*, 417, 443, 446 ;  
 treatment of aneurism, 444 ; diseases of bones, 467 ;  
 excision of joints, *ib.*  
 olt, Mr. B., immediate treatment of stricture of ure-  
 thra, 244  
 omœopath, alleged consultation of Dr. Clay with a,  
 176, 231, 235, 261, 308, 316 ; a foreign reverend, 397  
 omœopathy, Mr. Heckstall Smith on, 91 ; articles on  
 in *London Medical Review*, 94 ; practice of in Liver-  
 pool, 121 ; Yorkshire Branch on, 123 ; Dr. E. Wells on,  
 303 ; renunciation of in America, 472, 473 ; therapeu-  
 tics of, 558  
 ong Kong, medical profession in, 478  
 Hood, Dr. W. C., the plea of insanity, 71  
 Hôpital de la Charité, destruction of, 365 ; St. Antoine,  
 enlargement of, 450  
 Horse, death of at age of 45, 397  
 Horsehair sutures, 620  
 Hospital, Charing Cross, prizes at, 126 ; introductory  
 lecture at, 415  
 ——— Convalescent, at Newcastle, 658  
 ——— Fowey Cottage, 548  
 ——— Guy's, introductory lecture at, 387 ; donation  
 of students for relief of Lancashire operatives, 511  
 ——— Herbert military, 500  
 ——— Japanese, at Nagasaki, 478  
 ——— King's College, Dr. Budd's resignation, 42  
 ——— Lock, new, 184  
 ——— London, introductory lecture at, 388  
 ——— Middlesex, prizes at, 103 ; introductory lec-  
 ture at, 392  
 ——— new military, in Paris, 43, 421 ; new, at Devon-  
 port, 78  
 ——— Prague Lying-in, mortality from puerperal dis-  
 eases, 143  
 ——— Royal London Ophthalmic, vacancies in, 78  
 ——— St. Bartholomew's, introductory lecture at, 387  
 ——— St. George's, application of Mr. Morley's legacy  
 to, 260 ; introductory lecture at, 389  
 ——— St. Luke's, election of physician to, 14  
 ——— St. Mary's, introductory lecture at, 393  
 ——— St. Thomas's, income and expenditure of, 102 ;  
 removal of, 118, 479, 624, 647 ; introductory lecture at,  
 388 ; the *Times* on management of, 494 ; statement of  
 medical officers on reconstruction of, 520 ; report of  
 sanitary committee on, 567 ; proposed new site of, 676  
 ——— University College, meeting of committee, 429  
 ——— Westminster, introductory lecture at, 415  
 Hospitals, management of in Rome, 38 ; Mr. C. Haw-  
 kins on construction of, 79 ; of Lyons, treatment of  
*internes* of, 143 ; American Federal, 183 ; hygiene of  
 in France, 204, 496 ; of London, statistics of, 261 ;  
 payment by patients of in America, 310 ; Dublin,  
 changes in, 314 ; College of Physicians consulted on

construction of, 364 ; Dr. Bristowe on construction of,  
 388 ; census of London, 547 ; American Confederate,  
 548 ; admission of medical men to practice of, 589 ;  
 use of alcohol in, 603 ; gratuitous services in. *See*  
 Medical services, gratuitous.  
 Hoyland, Mr. C. W., recovery after transfusion of the  
 thorax, 618  
 Humerus, excision of head of, 619  
 Hunter, John, Dr. Acland on, 6  
 Hunterian museum, additions to, 575, 676  
 Hutchinson, Mr. J., abdominal tumour discharging *per*  
*vaginam*, 296 ; abdominal abscess, *ib.* ; introductory  
 lecture at London Hospital, 390 ; fracture of spine,  
 529 ; scrotal hernia and atrophy of testis, 555  
 Hydatids in the brain, heart, and spleen, 43 ; of omen-  
 tum simulating ovarian tumour, 210  
 Hydrargyrum cum cretâ, changes in, 620  
 Hydrocele treated by drainage, 401  
 Hydrogen, peroxide of, 74  
 Hydrophobia, supposed, Dr. H. Porter on, 65 ; letter on,  
 213 ; alleged contagion of, 473 ; death from, 490  
 Hyrtl, M., Exhibition medal awarded to, 287 ; anatomy  
 of the retina, 290

## I.

Ice, effect of on boiling water, 491 ; in hernia, 586  
 Idiots, asylum for, 48, 499  
 Ileum, Mr. R. M. Craven on perforation of, 385  
 Illegal practice, prosecutions for in France, 95, 398, 543  
 Incombustible dresses, 478  
 Income-tax, South Eastern Branch on, 47  
 Incurables, British home for, 548  
 India, native medical officers in, 500 ; cotton in, 501 ;  
 cholera in, 527 ; leprosy in, 602 ; army in, *see* Army ;  
 Mr. W. J. Moore on Sanitary Art in, *rev.*, 616  
 Indoor servants, Dr. Shann on diseases of, 252  
 Infanticide, frequency of, 311 ; suggestions for prevention  
 of, 396 ; Dr. W. B. Ryan on, *rev.*, 418  
 Infants with teeth at birth, 548. *See* Children.  
 Infirmary, Halifax, gift to, 500  
 Inman, Dr. T., alcohol as food, 351, 475  
 Inoculation of syphilis, M. Rollet on, 485  
 Insanity, public notions of, 36 ; Dr. W. C. Hood on plea  
 of, 71  
 Inspection of phenomena, Dr. Sharpey on means of, 164  
 Institution, Royal, lectures at, 455  
 Intestine opening into bladder, Mr. W. H. Masters on,  
 555  
 Introductory lectures. *See* Lectures.  
 Ionian harvests and marriages, 658  
 Ireland, funeral of the late primate of, 184  
 Iridectomy, M. Sichel on, 119 ; Mr. W. Bowman on,  
 377 ; chloroform in, 452  
 Irish dispensary medical officers, petition of, 21  
 Iron, removal of taste of, 43 ; Perchloride of in Consump-  
 tion, Dr. J. Jones on, *rev.*, 229 ; masses of formed by  
 animalcules, 401 ; and soda, albuminate of, 491 ; effect  
 of on tissues, *ib.*  
 Irwin, Dr., recovery from transfixion by a bayonet, 288  
 Isidor, M., marriages of consanguinity among Jews, 176  
 Italian surgery, 563, 600. *See* Garibaldi.  
 Italy, medical students in, 176

## J.

Jackson, Dr. C. T., action of chloroform on the blood, 126  
 Jacopi, Dr., classification of the exanthemata, 288  
 Japanese remedy for seasickness, 371 ; plants, 455 ; hos-  
 pital, 478  
 Jaundice, Dr. Harley on therapeutical inquiry into, 635  
 Jenner, Dr., memorial to, 547  
 Jewish mode of taking oaths, 125  
 Jobert de Lamballe, M., daturine as a mydriatic, 115  
 Joints, excision of, Mr. Whipple on, 227 ; Mr. Holmes on,  
 467  
 Joking, practical, fatal result of, 575



Jones, Dr. C. H., pathology and treatment of skin-diseases, 171, 198, 577; remedies and the study of their actions, 187; non-syphilitic psoriasis, 481, 573; causation of non-organic paralysis, 505

——— Dr. J., Perchloride of Iron in Consumption, *rev.*, 229

Jordan, Mr. F., the laryngoscope, 451; supramalleolar annulus, 627

Joset, M., medical properties of wild thyme, 289

JOURNAL, BRITISH MEDICAL, Birmingham and Midland Counties Branch on, 45; the *Lancet's* remarks on, 173, 201, 212, 231, 266, 285; Shropshire Ethical Branch on, 369

Journals, new, 365, 538; French view of advertisements in, 421

Juries, exemption of druggists from, 124, 215

## K.

Kidd, Dr. C., prevention of chloroform accidents, 299 354; chloroform in iridectomy, 452

King, Dr. case of vesico-vaginal fistula, 36

Knee-joint, disruption of ankylosis of, Mr. Hart on, 243; Mr. Whipple on removal of cartilage from; Mr. H. Alford on, 383; excision of, 400

Kœberle, M. prolonged gestation, 233

Kousso in tapeworm, 599

Kozeluk, Dr. G., hemeralopia accompanying intermittent fever, 585

Küchenmeister, Dr., diagnosis of trichina, 402

Kurzak, M., tannin an antidote for strychnia, 620

## L.

Labalbary, Dr., carbuncular eruption during typhoid fever, 585

Laborie, Dr., pelvic articulations during labour, 585

Labour, effect of chloroform on hæmorrhage in, 292; difficult from obliterated cervix uteri, 401; rupture of vagina during, 426; reduced mortality in, 495; statistics of presentations in, 543; anæsthesia in, 572, 655; state of pelvic articulations during, 585; Mr. Pridham on sudden death after, 608; premature, induction of, 653

Labourers, Dr. Shann on diseases of, 250

Ladies, medical college for, 102

Lamiral, M., acclimatisation of sponges, 603

Lancashire, distress in, 262, 424, 511, 540, 602

*Lancet*, attack of on the BRITISH MEDICAL JOURNAL, 173, 201, 212, 231, 246, 285, 309

Landouzy, M., diabetes mellitus and insipidus, 143

Lane, Mr. J. R., vesico-uterine fistula, 598

Langmore, Mr. J. C., twin (?) abortion, 49, 210

Lankester, Dr., his election as coroner for Central Middlesex, 13, 22, 42; infanticide, 311; glairine and bare-gine, 599; purity of food in Westminster, 651

Larghi, Dr., treatment of bony tumours, 262

Laryngitis, acute, Mr. H. Walton on, 225; catarrhal, Dr. H. Salter on, 287

Laryngoscope, Mr. Durham on, 411; Dr. Sieveking on, 638

Larynx, removal of tumours from, 548; examination of, Dr. Sieveking on, 638

Lasègue, M., unusual complication of diabetes, 587

Latham, Dr., general remarks on practice of medicine, 1, 25, 57

Laudanum, poisoning by, 538

Laugier, M., gangrene treated by oxygen, 313

Laurence, Mr. J. Z., binocular ophthalmoscopy, 457

*Law Times* on actions against medical men, 449

Lead, loss of, 368

Lectures, on diseases of women, Dr. Graily Hewitt's, 81; special clinical, instituted in Paris, 233; on Midwifery, Dr. Murphy's *rev.*, 255; on catarrhal laryngitis, Dr. H. Salter's, 271; introductory, at King's College, 385; at St. Bartholomew's Hospital, 387; at Guy's Hospital,

*ib.*; at St. Thomas's Hospital, 388; at St. George's Hospital, 389; at Grosvenor Place School of Medicine, 390; at London Hospital, *ib.*; at University College, 391; at Middlesex Hospital, 392; at St. Mary's Hospital, 393; at Charing Cross Hospital, 415; at Westminster Hospital, *ib.*; at Liverpool Royal Infirmary; School of Medicine, 416; institution of by Lancashire and Cheshire Branch, 493; on certain disorders of the brain and nervous system, Dr. Radcliffe's, 588, 644 on Continued Fevers, Dr. Tweedie's *rev.*, 642

Lee, Dr., diseased meat in London, 287; Vichy waters, 603; division of labour in a lunatic colony, 657

—— Dr. E., Notice of Menton, *rev.*, 283; Vichy and its Mineral Waters, *rev.*, *ib.*

—— Mr. H., aneurism treated by digital pressure, 210

—— Dr. R., ovariectomy, 597

Leeches, preservation of, 226

Legion of Honour, order of conferred on an English army assistant-surgeon, 548

Lens, crystalline, subconjunctival dislocation of, 243

Lente, Dr., sulphuric ether as an anæsthetic in military surgery, 491

Leprosy in the West Indies, 54; removed by change of climate, 115; in the East Indies, 602

Letters on Diseases of Children, Dr. J. B. Harrison's, *rev.*, 617

Libel against a medical man, action for, 15

Life, duration of in Sweden, 455

Life assurance, 102

Light, speed of, 398

Lime, phosphate of in phthisical sputa, 312

Lincoln, President, a practical ethnologist, 262

Liniment, belladonna, of new *Pharmacopœia*, 631, 650

Lint and its uses, 501

Lipomatous tumours, recurrence of, 114

Liquorice, trade in, 292

Lister, Mr. J., anæsthetics in surgery, 417

Lithotomy, in females, Mr. T. Paget on incontinence of urine after, 279; case of, 400

Little, Dr. W. J., causes of congenital deformities, 466

Littlejohn, Dr., appointed officer of public health in Edinburgh, 593

Liver, Dr. Harley on urinary analysis in disease of, 221; formation of sugar in, 254; cancer of, 571

Liverpool, Royal Infirmary School, introductory lecture at, 416; prizes, 429; scarlatina in, 498, 628; medical relief in, 568

Living organism, Dr. Sharpey on forces of, 170

Livingstone, Dr., letter from, 574

Logwood as a disinfectant, 313

Londe, M., death of, 496

London, lunatic asylum for, 125; food in, 266

*London Medical Review* and homœopathy, 94

Londoners, general *physique* of, 30

Long, Mr., operations for aneurism, 400

Lorimer, Dr., epilepsy and enlarged frontal sinus, 543

Lorinser, Dr., urine in diseases of bones, 586

Lower extremities, Dr. J. Russell on painful affections of, 28, 105, 221

Lowndes, Mr., cancer of liver, 571; anencephalous foetus, 572; vesical calculus, 654

Lunacy legislation, 72, 236, 404; for Scotland, 102; remarks of Commissioners in, 117; salaries of Commissioners in, 287; certificate, action for granting one, 622, 656, 647

Lunatic, murder of a surgeon by a, 55; see Puckett; asylum for London, 125; escape and suicide of a, 632; colony, pathological division of labour in a, 657; pauper, killed by his keeper, 658

Lunatics in England and Wales, 124; criminal, 125, 371; treatment of at Melbourne, 216; the *Times* on treatment of, 231; at the Exhibition, 267; Commissioners' statistics of, 398; in America, 421

Lund, Mr., arrest of development, 543

Lungs, anæsthesia in disease of, 262



Lupus, Dr. H. Jones on, 577  
 Lussana, Dr., acid principle in gastric juice, 289  
 Lymphatics, absorption by, 119

## M.

McClintock, Dr. A. H., turning in cases of disproportion, 235  
 Macfarlane, Dr. J., address to, 602  
 McWilliam, the late Dr., appeal on behalf of family of, 142, 153, 525  
 Madge, Dr. H., fibrous tumour impeding delivery, 49  
 Maggiorani, M., acid phosphate of lime in phthisical sputa, 312  
 Magni, Professor, theory of glaucoma, 624  
 Maisch, Mr., preservation of leeches, 226  
 Maisonneuve, M., his diaclastic method, 397; surgical proceeding of, 590  
 Male-fern, oil of in tænia, Dr. Fleming on, 529  
 Malpractice, action for, 125, 232, 265, 399  
 Malt, therapeutic uses of, 289  
 Man, distinctive characters of, 419, 423; colour as a test of races of, 424  
 Manganese, amalgam of, 456  
 Marcet, Dr. W., Chronic Alcoholic Intoxication, *rev.*, 445  
 Marriages of consanguinity, 120, 176, 449, 450, 549, 565; Ionian, 658  
 Marriott, Mr. C. H., strangulated inguinal hernia, 295  
 Marston, Dr. J. A., report on syphilis, 263  
 Martin, Sir R., alcohol in India, 592  
 ——— Dr. R., introductory lecture at St. Bartholomew's Hospital, 387  
 ——— M., preservation of meat, 404; administration of castor oil, 538  
 Martyn, Dr. P., induction of premature labour, 653  
 Masters, Mr. W. H., intestine opening into bladder, 555  
 Masturbation, removal of clitoris in, 290  
 Mattei, M., difficult labour from obliterated cervix uteri, 401  
 Mayne, Dr. R. G., imputed plagiarisms from, 452, 476, 526, 546  
 Mayors, medical, 526, 547, 574  
 Meadows, Dr., Manual of Midwifery, *rev.*, 255  
 Meat, diseased, in London, 287, 479; preservation of, 404; raw, in diarrhœa of children, 472  
 Mechanical medicine in New York, 370  
 Mediastinum, anterior, abscess in, 593  
 Medical assistants, unqualified, 143, 213, 403  
 ——— attendance on servants, liability of masters to pay for, 372; in the army departments, 478; on the poor in Liverpool, 568  
 ——— Benevolent Fund, report of, 151  
 ——— Chemistry, Messrs. Bowman and Bloxam's, *rev.*, 511  
 ——— College for Ladies, 102  
 ——— Colleges of United States, 574  
 ——— Council, Dr. E. Wells on, 302; decision on weights in new *Pharmacopœia*, 495  
 ——— evidence in courts of law, 203, 303; against medical brethren, 232, 265, 310, 399, 562, 621; *Law Times* on, 549; an American judge on, 549. *See* Medical experts.  
 ——— examining bodies, regulations of, 319, 323, 366  
 ——— experts, necessity for, 562  
 ——— history of war in China, 539  
 ——— Institution, Liverpool, reports of, 498, 627, 654  
 ——— journal, a new, 365  
 ——— legislation, Council of British Medical Association on, 145; discussion on, 147  
 ——— men in French legislative assembly, 235; mortality of, 525; admission of to practice of hospitals, 589  
 ——— missions, 184  
 ——— officers of Irish dispensaries and workhouses, petition of, 21  
 ——— profession at Hong Kong, 478

Medical psychology, Mr. Dunn on, 635  
*Medical Review, London*, homœopathic contributions to, 94  
 ——— schools, *Social Science Review* on, 365; introductory lectures at, 385, 415; opening of the, 393; opinion of *Gazette Hebdomadaire* on, 449; of Dublin, 501  
 ——— Section of Manchester Royal Institution, report of, 426, 543  
 ——— services, gratuitous, 258, 304, 307, 469, 522; letters on, 264, 315, 475; in Australia, 591; resolutions of Metropolitan Counties Branch on, 594, 626; well paid, 601  
 ——— students, address to by Dr. Acland, 5; education of, 176; addresses to, *see* Lectures, introductory; Algerine, 451; in Paris, disturbances by, 549; treatment of in France, 565  
 ——— titles, 259, 670; letters on, 315  
 ——— Vocabulary, Dr. Mayne's, alleged unfair use of, 452, 476, 526, 546  
 ——— war news, American, 78, 102, 126, 216, 240, 448, 473, 495, 523, 633  
 ——— weights and measures, in America, 21; of new *British Pharmacopœia*, 69, 93, 179, 261, 471, 494, 495, 562; Dr. Hodgkin on, 197; Dr. Burder on, 214; Dr. Parkes on, 500; Dr. Aitken on, 544; letter on, 600  
 Medicated liquids, Dr. Dieudonné on pulverisation of, 223  
 Medicine, Dr. Latham on practice of, 1, 25, 57; practice of by females, 11, 96, 102, 503, 537; Academy of in Paris, *see* Academy; Faculty of in Paris, conferences on quackery, 95; supplementary lectures at, 262; Dr. Walshe's Address in, 133; Clinical, Dr. W. T. Gairdner on, *rev.*, 359; mechanical, in America, 370; school of in Paris, 427; Domestic, Mr. Savory's, *rev.*, 511; Practical, Dr. Begbie's Contributions to, *rev.*, 560; new diploma in, of Irish College of Surgeons, 624  
 Medicines, investigation of action of, 40, 175, 285, 446; Dr. Fleming on, 101; appointment of Committee of Association on, 153, 177; Dr. Handfield Jones on action of, 187; Dr. H. Dobell on, 238; Mr. E. Woakes on, 239; Committee of Metropolitan Counties Branch on, 594; Dr. Bodington on, 629; cumulative action of, 543  
 Meller, Mr. C., fevers of south-east coast of Africa, 437  
 Memory in disease, Mr. Dunn on, 635  
 Meningitis studied by the ophthalmoscope, 450  
 Menstruation, Dr. Graily Hewitt on pain irrespective of, 81  
 Mentone, Mr. P. C. Price on, *rev.*, 283; Dr. E. Lee on, *rev.*, *ib.*; Dr. J. H. Bennet on, *rev.*, 561  
 Mesmerism in Plautus, 19  
 Metrical system, the, 430, 562; Dr. Stiff on, 460; action of Medical Council on, 495; letters on, 500, 544, 600  
 Mexican population, the, 239  
 Midwifery, Dr. Skinner on anæsthesia on, 108; Dr. Murphy's Lectures on, *rev.*, 255; Dr. Meadows's Manual of, *rev.*, *ib.*; Dr. Copeman's cases in, 297, 506, 556, 663; anæsthesia in, 572, 655; chair of clinical, in Paris, candidates for, 574; Mr. Hinton on five years experience in, 614  
 Midwives, privileges of in France, 262  
 Military surgery in America. *See* American war news.  
 Milk, adulterated, in New York, 78; borax in, 497; a reason for adulterating, 523; administration of castor-oil in, 538; secretion of, promoted by Faradisation, 654  
 Milroy, Dr. G., geographical course of pestilential disease, 594  
 Mineral waters, Dr. Althaus on, *rev.*, 534; in France, 604; preparation of, 632  
 Molluscum contagiosum, Dr. H. Jones on, 579  
 Monckton, Dr. S., incompetence of the right heart, 508



- Moore, Mr. C. H., cancer removed from orbit, 192; effect of syphilis on the fingers, 443  
 ——— Mr. W. J., Health in the Tropics, *rev.*, 616  
 Morley, Mr. Atkinson, his bequest to St. George's Hospital, 260  
 Morris, Dr. E., tænia treated by areca-nut, 413; bronzed skin, 510  
 ——— Mr. W. W., chlorine mixture, 600  
 Mortality in Lancashire, 495; of medical men, 525; in Sheffield, 574; in Bradford, 631  
 Mounier, M. E., dyeing by chemical precipitation, 455  
 Murchison, Dr. C., Treatise on Continued Fevers, *rev.*, 642, 665  
 Murder of a surgeon by a lunatic, 55, 77; trial for in Manchester, 234  
 Murphy, Dr. E. W., Lectures on Midwifery, *rev.*, 255  
 Muscular tissue, development of in vertebrate animals, 402; Dr. C. B. Radcliffe on action of, 588, 644  
 Muse, Dr., tincture of cantharides in impending death, 618  
 Mushet, Dr. W. B., his candidature for the West Middlesex coronership, 42, 100  
 Mussels, poisonous, 479  
 Mydriatic, daturine as a, 115
- N.
- Naval medical officer, wounded, 143; assistant-surgeon, court-martial on a, 549  
 Navy, invalids in, 547; health of, 549; a grievance of surgeons of, 651  
 Near-sight, relief of without spectacles, 265  
 Neck, tumour of, 572  
 Nélaton, M., ovariectomy by, 14, 176; Garibaldi's wound, 496, 538; refusal of a seat in the French Chamber of Deputies, 624  
 Nerve, sympathetic, action of ganglions of, 287; seventh, Dr. W. Roberts on double paralysis of, 355  
 Nerves, centripetal, Dr. C. H. Jones on irritation of extremities of, 505  
 Nervous system, Dr. Sharpey on physiology of, 167; action, Dr. Radcliffe on, 588, 644  
 Newman, Dr. W., hydatids in omentum simulating ovarian tumour, 210  
 Nightingale, Miss, health of, 501; fund, 658  
 Nipple-shield, a new, 49  
 Nitric acid, explosion of, 658  
 Noble, Dr. D., diabetes mellitus, 543  
 Nose, plugging the, 653  
 Nottingham, Dr., wounds of abdomen, 572
- O.
- Œsophagus, pneumonia attending cancer of, 281; stricture of, 653  
 Officier de santé, an English, 471  
 Omentum, hydatids in, simulating ovarian tumour, 210  
 Operations, surgical, Mr. Paget on management of patients after, 155  
 Ophthalmic congress, 449; report of, 502  
 Ophthalmoscope, illustration of utility of, 361; meningitis studied by, 450; binocular, Mr. J. Z. Laurence on, 457; Mr. J. C. Wordsworth on a case illustrating use of, 484  
 Opium, Dr. H. Jones on action of, 190; given to children, 374  
 Oppler, Dr., formation of urea, 402  
 Orbit, Mr. C. H. Moore on removal of cancer from, 192  
 Osborn, Mr. A. G., pyæmia, 403; recovery from artificial anus, 544  
 Osborne, Mr. J. W., effect of motion of vessels in producing sea-sickness, 423  
 Outdoor servants, Dr. Shann on diseases of, 251  
 Ovarian tumour simulated by hydatids in omentum, 210; Inflammation, Dr. Tilt on, *rev.*, 229  
 Ovariectomy in France, 14, 176, 205, 421; cases of, 50, 492, 592; success of, 143, 494; discussions on in Royal Medical and Chirurgical Society, 521, 597, 623, 652, 670
- Owen, Professor, antediluvian frogs, 372; zoological characters of man, 423  
 Oxygen, gangrene treated by, 313  
 Ozanam, M. solution of cotton and silk, 659
- P.
- Paget, Mr. J., address in surgery, 152, 155  
 ——— Mr. T., incontinence of urine after lithotomy in females, 279  
 Pain, Dr. Latham on, 1; in female generative organs irrespective of menstruation, Dr. Graily Hewitt on, 81  
 Painful affections of lower limbs, Dr. J. Russell on, 28, 105, 221  
 Painters, Dr. Shann on diseases of, 252  
 Pajot, M., delivery in narrow pelvis, 310  
 Pakrowsky, Dr., effect of iron on tissues, 491  
 Paley, Mr. E., appointment to asylum at Melbourne, 658  
 Pannus, 427  
 Paper from bark, 267  
 Papulæ, Dr. H. Jones on, 198  
 Paralysis, double, of portio mollis and portio dura, Dr. W. Roberts on, 355; non-organic, Dr. C. H. Jones on, 505; of cranial nerves, 543  
 Paris, food in, 266  
 Parkes, Dr. E. A., the *Pharmacopœia* and the metrical system, 494, 500  
 Parliamentary intelligence, 102, 184  
 Parrish, Dr., pharmacy in America, 658  
 Partridge, Mr., his mission to Garibaldi, 309, 322, 396, 471; reports on Garibaldi's wound, 373, 523  
 Partridge, the Canadian, 414  
 Pasha of Egypt, the, 267  
 Pasteur, M., his researches on fermentation, 39, 92; spontaneous generation, 241  
 Patton, Dr., seeds of pumpkin in tænia, 291  
 Pauperism and mortality of Lancashire, 424. *See* Lancashire.  
 Pavy, Dr., Nature and Treatment of Diabetes, *rev.*, 254  
 Payen, M., treatment of diseased trees and shrubs, 456  
 Pelvis, deformed, how to act in cases of, 204; disproportionate, delivery in, 235, 310; articulations of during labour, 585  
 Penmanship, importance of, 501  
 Percy, Dr., healthy urine a solvent of calculi, 43, 289  
 Pericarditis, 627  
 Perinæum, laceration of, 627  
 Periostitis, diffuse, Mr. Holmes on, 467  
 Peritonitis, chronic, 498  
 Permanganates as antidotes for poisons, 656  
 Peru, diphtheria in, 211  
 Pessaries, medicated, in uterine disease, 426  
 Pestilential disease, geographical course of, 594  
 Petroleum, bill for safe keeping of, 124; combustibility of, 416; storing of, 675  
 Pharmacopœia, London, resignation of rights of, 41; British, weights and measures of, 93, 123, 178, 261, 470, 494, 495; letters on, 214, 500, 544, 600; Dr. Hodgkin on, 197; Dr. Stiff on, 458; alleged possession by druggists of prescriptions of, 592, 650  
 Pharmacy in Spain, 241; in America, 658  
 Philbrick, Dr., alleged neglect by, 621  
 Phlebitis, crural, unconnected with pregnancy, Dr. Ranking on, 358  
 Phlegmasia dolens, vessels concerned in production of, 50  
 Phlegmon, diffuse, complicating diabetes, 587  
 Phosphorescent pork, 235  
 Phthisis, Dr. Latham on, 58; Dr. J. Jones on Perchloride of Iron in, *rev.*, 229; coexistence of cancer with, 281; Dr. E. Smith on Early and Remediable Stages of, *rev.*, 282; acid phosphate of lime in sputa of, 312; Dr. E. L. Fox on difficulties in diagnosis of, 612; clubbed fingers in, 618  
 Physicians, female, 11, 96



- Physiological state ministers, 125  
 Physiology, Dr. Sharpey's address in, 162, 177  
 Physiognomy, Sir D. Brewster on doctrine of, 566  
 Pietra Santa, M., the silent prison system, 548  
 Pine-forests, winter villas in, 143  
 Pirogoff, M., report on Garibaldi's wound, 523  
 Pittard, the late Mr., subscription for family of, 125  
 Placenta prævia, statistics of, 256; Mr. Rigden on cases of, 532; cases of, 543, 614  
 Planet, a new, 397  
 Plants, Japanese, 455  
 Plastic surgery, 418  
 Playfair, Professor, noxious vapours, 532  
 Pleura, gelatiniform effusion in, 587  
 Plugging the nose, 653  
 Pneumonia, Dr. Waters on, 3; Dr. Latham on, 57; Dr. J. H. Bennett on treatment of, 195; Dr. Bennett on therapeutic inquiry into, 433  
 Podophyllin, 635  
 Poisoning, secret, 363, 425; by belladonna berries, 372; animal, 382, 397; by arsenic in ornamental articles, 448; by mussels, 479; from negligence, 523, 538; by strychnia, 541; antidotes in, 620; by aconite, 619  
 Poisons, antidotes for, 620, 656  
 Poitevin, Robert, titles of, 473  
 Pollard, Mr., prosecution of, 232, 265, 399  
 Polyptrite, 49  
 Polypus, uterine, instrument for removing, 49; fibrous uterine, expelled during labour, 587; nasal, bichromate of potash in, 115  
 Poncia, Mr. F. T., anæsthesia in labour, 572  
 Poor, medical relief of in Liverpool, 568  
 Poor-law medical reform, 545  
 Population and houses, 479; growth of, 602  
 Pork, phosphorescent, 235  
 Porter, Dr. H., case of supposed hydrophobia, 65  
 Portio dura and mollis, Dr. Roberts on double paralysis of, 355  
 Potash, bichromate of in nasal polypi, 115  
 Potassium, iodide of in aneurism, Dr. Chuckerbutty on, 61, 85  
*Post mortem* examinations, disease of hands from, 492  
 Pregnancy, intrauterine, pain from, 83; prolonged, 233, 255; arrest of exophthalmic goitre during, 397; unsuspected, 426  
 Presentations, statistics of, 543  
 Pressure, digital, in aneurism, 210  
 Price, Mr. P. C., Winter Climate of Menton, *rev.*, 283  
 Prichard, Mr. A., sphacelus of the tongue, 487  
 Pridham, Mr. T., suddenly fatal case after labour, 608  
 Priestley, Dr. W. O., introductory lecture at Middlesex Hospital, 392  
 Prizes at International Exhibition, 103; at Middlesex Hospital, *ib.*; at Charing Cross Hospital, 126; at University College, 184; Birmingham Queen's College, 216; at Liverpool Royal Infirmary School of Medicine, 429; of French Academy of Medicine, 649  
 Progeny, diminished among higher animals, 405  
 Prurigo, Dr. C. H. Jones on, 172  
 Psoriasis, therapeutical inquiry into, Dr. C. H. Jones on, 481; letters on, 546  
 Psychological Inquiries, Sir B. Brodie's, *rev.*, 228  
 Psychology, medical, Mr. R. Dunn on, 635  
 Public health in Scotland, 550; in Canterbury in 1861, Mr. Rigden on, 608  
 Puckett, Mr., murder of, 55, 72, 77, 123; subscription for family of, 95, 123, 429, 478, 565, 601  
 Puerperal Diseases, Dr. R. U. West's Illustrations of, *rev.*, 445  
 Pulsatile respiration, Dr. Thorburn on, 305  
 Pulverisation of medicated liquids, Dr. Dieudonné on, 223; progress of, 473  
 Pumpkin-seeds in tænia, 291  
 Pumps, London, water of, 52, 100  
 Punch on Dr. Lankester as coroner, 14  
 Punishment, capital, 536, 651  
 Pupil, artificial, Mr. T. Windsor on operation for, 464  
 Purdy, Mr. F., pauperism and mortality in Lancashire, 424  
 Purpura, Dr. C. H. Jones on, 171  
 Purulent absorption, 92  
 Pyæmia, 92, 403
- Q.
- Quackeries, general resemblance of, 591  
 Quackery, M. Trousseau on, 95; prosecutions for. *See* Illegal practice.  
 Quadruple birth, 658  
 Quatrefages, M., his views on man, 419  
 Quinine, Dr. C. H. Jones on action of, 191; endermic use of in intermittent fever, 397; unusual effects of, 401
- R.
- Radcliffe, Dr. C. B., lectures on nervous and muscular action and epilepsy, 588, 644  
 ——— Mr. J. N., suicide in England, 422  
 Radford, Dr. T., rupture of uterus, 20  
 Ranking, Dr. W. H., crural phlebitis unconnected with pregnancy, 358  
 Ransie, Dr., marriages of consanguinity, 449  
 Recruit, Dr. Aitken on the Growth of the, *rev.*, 561  
 Rectum, imperforate, 426, 451  
 Religious service at the meetings of the British Medical Association, 178  
 Remedies, investigation of action of. *See* Medicines.  
 Rennet wine, 290  
 Reproduction, Dr. Sharpey on physiology of, 168  
 Reptile, a feathered, 501  
 Respiration, pulsatile, Dr. Thorburn on, 305  
 Retina, comparative anatomy of, 290  
 Rheumatism, veratrine in, 205; alkaline treatment of, 398  
 Richards, Mr. D., spina bifida and hydrocephalus, 426  
 Richardson, Dr. B. W., new therapeutic agents, 74; anomalous exanthems, 595  
 Ricord, M., lecture by, 143; appointment to household of Prince Napoleon, 262; his views on syphilis, 581  
 Rigden, Mr. G., cases of placenta prævia, 532; public health in Canterbury during 1861, 608  
 Rights of authors, a new idea of, 526  
 Rigor mortis, Dr. Radcliffe on, 645  
 Rigors, relation of to convulsions, 159  
 Roberts, Dr. W., charge against Dr. Clay of meeting a homœopath, 235; double paralysis of portio dura and portio mollis, 355; diabetes insipidus, 427; changes in blood-cells, 543  
 Robertson, Mr. A., Scottish Widows' Assurance Company, 212  
 Robinet, M., purity of frozen water, 492  
 Roeser, M., bellows-sound in splenic tumours, 547  
 Rokitansky, M., address to, 15; created a *Hofrath*, 119, 262  
 Rollet, M., his views on syphilis, 485  
 Rome, hospital management in, 38  
 Ropemakers, Dr. Shann on diseases of, 252  
 Roques, Dr., cyst produced by foreign body in umbilicus, 313  
 Rose, Dr. C., nipple-shield, 49  
 Rouget, M. C., development of muscular tissue, 402  
 Roux, M., treatment of hydrocele by drainage, 401  
 Royal medical appointments, 564  
 Rubidium, wide distribution of, 15  
 Russell, Dr. J., painful affections of lower extremities, 28, 105, 221; advanced disease of heart with delayed symptoms, 482  
 Ryan, Dr. W. B., Infanticide, *rev.*, 418
- S.
- Sago-palm, the, 456  
 Salter, Dr. H., catarrhal laryngitis, 271  
 ——— Mr. S. J. A., amaurosis attending abscess of antrum, 76



- Saltpetre, manufacture of, 633  
 Sanitaria, hill, in India, 616; in Bombay, 658  
 Sanitary measures at New Orleans, 527  
 Sankey, Mr. W., herpes circinnatus, 571; diphtheria, *ib.*  
 Sanson, M., marriages of consanguinity, 176  
 Savory, Mr. J., Compendium of Domestic Medicine, *rev.*, 511  
 Scapula, excision of, 593, 619  
 Scarlatina, in Liverpool, 498, 628: Mr. Hodson on therapeutic inquiry into, 553  
 Science of Home Life, Dr. Bernays on, *rev.*, 115  
 Sclerotic, Mr. C. H. Cornish on rupture of, 243  
 Scotland, proportion of sexes in, 15; lunacy bill for, 102; public health in, 550  
 Scott, Dr. H., deception practised on, 472, 550  
 — Mr. R. H., Volumetrical Analysis, *rev.*, 283  
 Scottish Widows' Assurance Company, 70, 212  
 Scrotum, sloughing of entire, followed by recovery, 498; elephantiasis of, removed by operation, 596  
 Sea-sickness, a Japanese remedy for, 371; effect of motion of vessels on, 423  
 Semple, Dr., action against, 622, 656, 675  
 Sergeant-surgeons to the Queen, 564, 576  
 Servants, liability of masters to pay for medical attendance on, 372  
 Sewage of towns, value of, 162; pollution of rivers by, 567  
 Sexes, proportion of in Scotland, 15  
 Shann, Dr. G., president's address to Yorkshire Branch, 248  
 Shapter, Dr. T., Climate of South of Devon, *rev.*, 559  
 Sharpey, Dr., address in physiology, 162  
 Shearer, Dr., scarlatina in Liverpool, 628  
 Sheep, small-pox among, 204, 310, 430, 498  
 Sheffield, mortality in, 574  
 Shock, Mr. Paget on, 158  
 Shoemakers, Dr. Shann on diseases of, 251  
 Shortt, Dr. J., unsuspected pregnancy, 426  
 Shrumpton, Dr., French *litières*, 626  
 Sichel, M., case of iridectomy, 119  
 Sickness. *See Vomiting.*  
 Sieveking, Dr., introductory lecture at St. Mary's Hospital, 393; laryngeal disease and the laryngoscope, 638  
 Sight, Mr. Wordsworth on a case of restoration of after many years, 484  
 Sigmund, M., his views on syphilis, 407; on syphilisation, 420  
 Silent prison system, effects of, 548  
 Silver, nitrate of, as a therapeutic agent, 95  
 Simpson, Professor, narrow escape of, 575  
 Skeleton, black, of a fowl, 592  
 Skin, Dr. C. H. Jones on diseases of, 171, 198, 577  
 Skinner, Dr. T., anæsthesia in midwifery, 108; effect of chloroform on hæmorrhage in labour, 292; the therapeutic inquiry, 546; galactagogue properties of Faradisation, 654  
 Skull, Mr. Hewitt on compound fracture of, 84; Dr. A. W. Williams on compound comminuted fracture of, 219  
 Slayter, Dr., yellow fever in the West India squadron, 99  
 Small-pox among sheep, 204, 310, 430, 498  
 Smee, Mr. A., General Debility, *rev.*, 511  
 Smethurst in the Probate Court, 523  
 Smith, Dr. Archibald, diphtheria in Peru, 11  
 — Dr. E., Early and Remediable Stages of Consumption, *rev.*, 282; conditions affecting consumptive patients, 424; tobacco-smoking, 425  
 — Mr. H., Hæmorrhoids and Prolapsus of the Rectum, *rev.*, 68  
 — Dr. R. A., combustibility of petroleum, 416  
 — Mr. Thomas, horsehair sutures, 620  
 — Mr. T. Heckstall, president's address to South-Eastern Branch, 90  
 — Dr. Tyler, cases of ovariectomy, 50  
 — Mr. W., poisoning by oil of wormwood, 626  
 Smiths, Dr. Shann on diseases of, 252  
*Social Science Review*, the, 41; on female physicians, 96; on London medical schools, 365  
 Society, Acclimatisation, proceedings of, 575  
 — Dublin Obstetrical, officers of, 574  
 — Epidemiological, reports of, 99, 211, 594  
 — Ethnological, first meeting of, 548  
 — Great Western Railway Provident, annual meeting of, 43  
 — Junior Medical, intended meetings of, 293; report of, 654  
 — Kent Medical Benevolent, annual meeting of, 78  
 — Leeds Philosophical, inauguration of new building of, 676  
 — Liverpool Medical, reports of, 498, 571, 627  
 — Medical, of London, Lettsomian lectures at, 478  
 — Medico-Chirurgical, of Edinburgh, opening meeting of, 593  
 — Midland Medical, reports of, 451, 543, 627; officers of, 454  
 — Obstetrical, reports of, 49, 210, 235, 426, 541; circular of council of, 240  
 — Pathological, of London, first meeting of, 404; new president of, 537  
 — Pharmaceutical, proceedings in, 650  
 — for Relief of Widows and Orphans of Medical Men, notice of, 142  
 — Royal, medical presidents of, 496; anniversary meeting of, 602  
 — Royal Geographical, meeting of, 574  
 — Royal Medical and Chirurgical, discussion on treatment of rheumatism, 40; reports of, 51, 76, 209, 263, 596, 626, 652; inquiry into action of chloroform by, 520, 564, 573; discussions on ovariectomy at, 521, 623; letter of president to Sir B. Brodie, 624  
 — Western Medical, reports of, 598, 653  
 Soda and iron, albuminate of, 491  
 Solomon, Mr. J. V., relief of near sight without spectacles, 265; asthenic erysipelatous disease of eyelids, 642  
 Sore-throat, malignant, 239  
 South-Western Railway Company and the late Dr. Baly, 215  
 Southam, Mr. G., president's address to Lancashire and Cheshire Branch, 16  
 Spain, contest between physicians and surgeons in, 119; pharmacy in, 241; medical regulations in, 397; punishment for granting certificate of lunacy in, 422  
 Spas of Europe, Dr. Althaus on, *rev.*, 534  
 Speciality, a new, 267  
 Spence, Mr., amputation at hip-joint, 593  
 Spender, Mr. J. K., diabetes mellitus, 558  
 Sphacelus of tongue, Mr. A. Prichard on, 487  
 Spina bifida and hydrocephalus, 426  
 Spine, fracture of, Mr. Hutchinson on, 529; Mr. P. Belcher on, 531  
 Spirit-writing, 4  
 Spirits, consumption of, 631  
 Spleen, enlarged, 478; bellows-sound in hypertrophy of, 547  
 Sponges, acclimatisation of, 603  
 Spontaneous generation, 241, 311  
 Sporting doctors, 647  
 Squint. *See Strabismus.*  
 Starfishes, depth at which they exist, 496  
 Statistics, medical, Dr. Shann on, 249  
 Steele, Mr. A. B., tumour of the neck, 572  
 Sternum, fracture of, 593  
 Stertor, Mr. Lister on, 417  
 Stethoscope, the, 365  
 Stiff, Dr. W. P., the *British Pharmacopœia* in reference to weights and measures, 458  
 Stimulating treatment, results of, 288  
 Stokes, Dr., medical evidence, 563



Stomach, scirrhus of following herpetic eruption, 473 ; Dr. Boulton on fibroid infiltration of, 556 ; perforation of, 628  
 Strabismus, internal, Mr. H. Walton on, 383 ; external, Mr. H. Walton on, 580  
 Strychnia, poisoning by, 541 ; internal use of, 543 ; tannin an antidote to, 620 ; fat an antidote to, *ib.* ; Condyl's fluid an antidote for, 656  
 Styptic, a portable, 405 ; gun-cotton as a, 617  
 Sugar, formation of in the liver, 254 ; in urine of persons affected with cancer, 472  
 Suicide from toothache, 68 ; of an Austrian military surgeon, 119 ; causes of, 306 ; prevalence of in England, 422  
 Suicides in England and Wales, 102 ; in France, 217, 374  
 Sun, physical condition of, 614  
 Supramalleolar annulus, 627  
 Suprarenal capsules, disease of, 74 ; Dr. E. Morris on, 510  
 Surgeon, murder of a by a lunatic, *see* Puckett ; action against a, 125  
 Surgeons, Spanish, petition of, 119 ; army, in America, conduct of, 306, 633  
 Surgery, Minor, Mr. Heath's Manual of, *rev.*, 69 ; Mr. Paget's address in, 155 ; Mr. Holmes's System of, *rev.*, 417, 443, 466 ; plastic, 418 ; military, sulphuric ether an anæsthetic in, 491 ; Italian, 563, 600  
 Suspended animation, report of committee of Royal Medical and Chirurgical Society on, 19  
 Swayne, Dr. J. G., statistics of forceps operations, 245  
 Sweden, banks of iron in, formed by animalcules, 401 ; duration of life in, 455  
 Swinden, Mr., perforation of stomach, 628  
 Sycosis, local application for, 268  
 Syme, Mr., his treatment of aneurism, 444 ; excision of scapula, 593, 619  
 Sympathetic, cervical, effects of division of, 472  
 Sympson, Mr. T., address at meeting of Midland Branch, 111  
 Syncope from chloroform, 299  
 Syphilis, non-dependence of insanity on, 233 ; report on, 261 ; Mr. Hill on foreign opinions regarding, 407, 440, 486, 505, 581 ; effect of on fingers and toes, 443 ; reinfection of, 450 ; communicability of with vaccine matter, 538 ; among glass-blowers, 565  
 Syphilisation, M. Sigmund's views on, 420  
 Syphon-trocar for ovariectomy, 51

## T.

Tænia, origin of, 15 ; pumpkin seeds in, 291 ; Dr. E. Morris on areca-nut in, 413 ; Dr. Fleming on oil of male fern in, 529 ; kousso in, 599  
 Tallow-tree, 451  
 Tailors, Dr. Shann on diseases of, 249  
 Tanner, Dr., medicated pessaries in uterine disease, 426  
 Tannin an antidote to strychnia, 620  
 Tapeworm. *See* Tænia.  
 Tartuffe of the medical press, the. *See* Lancet.  
 Tasmania, vital statistics of, 211  
 Tea, adulteration of, 229  
 Teeth at birth, 548  
 Temperance conference, 267  
 Testimonials, to Mr. Tomes, 125 ; proposed, to Mr. Wakley, 259 ; to Mr. W. Latimer, 548 ; to Mr. Day, 574  
 Testis, scrotal hernia with atrophy of, Mr. Hutchinson on, 555  
 Tetanus, case of, 555  
 Thallium, 15 ; description of, 268  
 Therapeutical inquiry. *See* Medicines, investigation of action of.  
 Thief, a, 450  
 Thorax. *See* Chest.  
 Thorburn, Dr. J., pulsatile respiration, 305 ; aneurism bursting into pericardium, 427

Throat, Dr. T. Williams on perforating ulcer of, 66  
 Thrombosis, Mr. W. Cooper on, 488  
 Thyme, wild, properties of, 289  
 Tice, Dr., the late, 240  
 Tilt, Dr. E. J., Uterine and Ovarian Inflammation, *rev.*, 229  
 Tin, salts of in gonorrhœa, 585  
 Tissues, effect of iron on, 491  
 Titles, medical. *See* Medical titles.  
 Tobacco, effects of smoking, 176 ; adulterations of, 227 ; effect of smoking on the pulsation, 425  
 Todd, the late Dr., memorial of, 78  
 Tomes, Mr. J., testimonial to, 125  
 Tongue, Mr. Prichard on sphacelus of, 487  
 Tonic treatment, results of, 288  
 Tonsure, conjunctival, 15  
 Toothache, suicide from, 68  
 Trachea, examination of by the laryngoscope, 641  
 Tracheotomy, Mr. H. Walton on, 225  
 Traill, Dr., death of, 184, 206  
 Transfusion in hæmorrhage after delivery, 233 ; in placenta prævia, 543  
 Transmission, hereditary, of a deformity, 626  
 Trapezist, physical conformation of a, 651  
 Treatment, Dr. W. Farr on determining effects of, 193  
 Trees, diseased, treatment of, 456  
 Trichina, diagnosis of, 402  
 Triquet, M., catheterism of the Eustachian tube, 114  
 Trousseau, M., fermentative theory of disease, 39, 92 ; conferences on quackery, 95 ; exophthalmic goitre, 262 ; how to produce adhesion of abdominal tumours, 565 ; shape of fingers in chronic disease of chest, 618  
 Tubbs, Mr., causes and prevention of infanticide, 396  
 Tumour, fibrous, of uterus, impending delivery, 49 ; abdominal, discharging by vagina, Mr. J. Hutchinson on, 296 ; vascular, 426 ; uterine, 499 ; recurring fibroid, Mr. Cadge on, 507 ; of neck, 572  
 Tumours, lipomatous, recurrence of, 114 ; osseous, treatment of, 262 ; of larynx, removal of, 548 ; abdominal, how to promote adhesions of, 565  
 Turning in cases of disproportion, 235  
 Tweedie, Dr., Lectures on Continued Fevers, *rev.*, 642, 665 ; letter from, 673  
 Twin abortion, supposed case of, 49, 210 ; pregnancy, with convulsions and mania, Dr. Copeman on, 506  
 Tyndall, Professor, forms and actions of water, 551 ; conformation of the Alps, 633

## U.

Ulcer, perforating, of throat, Dr. T. Williams on, 66 ; corroding, of uterus, 451  
 Umbilicus, cyst produced by foreign body in, 313  
 University of Aberdeen, regulations of, 338  
 ——— of Brussels, appointments in, 102  
 ——— of Cambridge, regulations of, 336 ; degree of M.B., *ib.* ; degree of M.D., *ib.* ; degree of M.C., *ib.* ; pass list, 601  
 ——— Catholic, of Dublin, rumour regarding charter to, 650  
 ——— of Dublin, regulations of, 346 ; matriculation, *ib.* ; degrees and licenses, *ib.* ; new chancellor of, 527, 548  
 ——— of Durham, regulations of, 337 ; registration, *ib.* ; license, *ib.* ; bachelor in medicine, *ib.* ; doctor in medicine, *ib.*  
 ——— of Edinburgh, graduation in in 1862, 206 ; pass list, 214 ; regulations of, 338, 341 ; election of rector of, 501 ; opening of session of, 503 ; number of students in, 602  
 ——— of Glasgow, regulations of, 338  
 ——— of London, pass lists, 266, 293, 601 ; regulations of, 323 ; matriculation, *ib.* ; bachelor of medicine, *ib.* ; doctor of medicine, 326 ; other regulations, *ib.* ; examinations in, 478  
 ——— of Melbourne, request for donations to, 287



University of Oxford, degrees of D.C.L. conferred by, 21; regulations of, 335; notice of examinations in, 454  
 — Queen's, in Ireland, regulations of, 347; exhibitions in, 450  
 — of St. Andrew's, regulations of, 338; special regulations, 341; pass lists, 453, 547, 573; application of a lady for admission to lectures at, 503, 537

Urea, source of, 402

Urethra, Mr. Holt on immediate treatment of stricture of, 244

Urine, healthy, a solvent of calculi, 43, 289; Dr. Harley on analysis of in liver-disease, 221; Mr. T. Paget on incontinence of in females after lithotomy, 279; sugar in, in cancer, 472; in diseases of bones, 586

Uterus, rupture of, 20, 83, 570; fibrous tumour of impeding delivery, 49; Dr. Graily Hewitt on disorders of producing pain, 82; Dr. Tilt on Inflammation of, *rev.*, 229; treatment in rupture of, 235; difficult labour from obliterated cervix of, 401; medicated pessaries in disease of, 426; corroding ulcer of, 451; removal of tumour of, 499; fibrous polypus of, expelled during labour, 587; inversion of, 630

#### V.

Vacancies, 21, 102, 124, 216, 267, 317, 371, 404, 454, 478, 500, 574, 601, 631, 658, 676

Vaccination, compulsory, in New York, 11; certificates of competency in, 118; statistics of, 371; communicability of syphilis by, 538

Vaccine, origin of, 233

Vagina, air expelled from, 210; rupture of, 426; closure of, 542

Vaginal examinations, 256

Valerius, Dr., fibrous polypus expelled from uterus, 587

Vapours, noxious, 532, 550

Vaullegard, Dr., ovariectomy, 265

Veins, air in, in a case of aneurism, 627

Vena cava, superior, pulsations of sinus of, 422, 586

Venesection, Mr. Hardey on disease of, 461

Venetian water-cisterns, 461

Ventilation, neglect of in America, 41

Veratrine in articular rheumatism, 205

Veratrum viride, 74

Vernois, M., as an orator, 397

Verruca necrogenica, 492

Vertebrate animals, development of muscular tissue in, 402

Vesico-uterine fistula, 598

Vesico-vaginal fistula, Dr. K. King on, 36; operation for, 401

Vessels, effect of motion of in producing sea-sickness, 423

Vichy and its Mineral Springs, Dr. E. Lee on, *rev.*, 283; statistics of, 603

Vipers, deaths from bites of, 397

Vivisection, Dr. Sharpey on, 163; remarks on, 216, 260

Voltaire, heart and MSS. of, 632

Volumetrical Analysis, Mr. R. H. Scott on, *rev.*, 283

Volunteer medical officers, treatment of, 364

Vomiting, its causes, 281

Von Bärensprung, M., his views on syphilis, 440

#### W.

Wakley, Dr., and the family of the late Mr. Brent, 527

— the late Mr., proposed testimonial to, 258; will of, 404

Wallich, Dr., depth at which star-fishes exist, 496

Walshe, Dr., address in medicine, 133

Walton, Mr. H., sympathetic inflammation of eyeball, 34; acute laryngitis, 225; internal squint, 383; external squint, 580

War, effect of on medical profession in America, 473, 495, *see* America and Army; in China, medical history of, 539

Water of London pumps, 52, 100; supply of in Venice, 461; boiling, effect of powdered ice on, 491; frozen, purity of, 492; forms and action of, 551

Waters, Dr. A. T. H., cases of disease of chest, 3, 607

Waters, mineral, a French opinion of, 232; origin of, 534; chemical composition of, 535; in France, 604; artificial preparation of, 632

Way, Dr. J., stricture of œsophagus, 653

Weather, prediction of, 43, 397, 548

Webber, Mr., and Mr. S. Wells, case of, 150, 177

Weber, Dr. H., historico-geographical pathology, 211

Webster, Dr. J., Cæsarean section, 626; transposition of viscera, *ib.*

Weights and measures, in America, 21; of new *Pharmacopœia*, 69, 93, 178, 214, 215, 261, 430, 470, 494, 495, 500, 544, 562, 600; Dr. Hodgkin on, 197; Dr. Stiff on, 458; uniform, 442

Wells, Dr. E., President's address to Reading Branch, 302

— Mr. S., syphon trocar for ovariectomy, 51; and Mr. Webber, case of, 150, 177; history and progress of ovariectomy, 652

West, Dr. R. U., Illustrations of Puerperal Diseases, *rev.*, 445

Whipple, Mr. J., President's address to South Western Branch, 227

Whittle, Dr. E., introductory lecture at Liverpool Royal Infirmary School of Medicine, 416

Wiblin, Mr. J., removal of elephantiasis of scrotum, 596

Wilks, Dr., disease of hands from *post mortem* examinations, 492

Williams, Dr. A. W., compound comminuted fracture of skull, 219

— Dr. J., Observations on Diseases of Females, *rev.*, 283

— Dr. P. H., gratuitous medical services, 315, 475

— Dr. T., perforating ulcer of throat, 66

Windsor, Mr. T., cataract, 427; pannus, *ib.*; operation for artificial pupil, 464; paralysis of cranial nerves, 543

Wine, rennet, 290

Woakes, Mr. E., on therapeutics, 239

Women, Dr. Graily Hewitt on Diseases of, 81; Dr. J. Williams on Diseases of, *rev.*, 283; practice of medicine by, 96, 503, 537

Wordsworth, Mr. J. C., restoration of sight after many years, 484

Wormwood, oil of, poisoning by, 626

Wyman, Dr. J., spontaneous generation, 311

#### Y.

Yeo, Mr., ovariectomy, 654

#### Z.

Zoological gardens of Bois de Boulogne, contributions to, 437; plants in, 604























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